Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2022 calen	dar year, or tax	year begin	ning 7/()1	, 20	22, and endi	ng 6/	30	,	20 2023	3
В	Check i	f applicable:	С							D Employ	er identi	fication nun	nber
	Ad	Idress change	Junior Ac	hieveme	nt of th	ne Palm	Beache	S		59-	2333	738	
	H _{Na}	ame change	& Treasur				2000110	_		E Teleph			
	-	tial return	700 S Ros			204				(56	1) 3'	73-669	6
	-		West Palm	Beach,	FL 3340)1				(30	1) 3	13 007	0
		al return/terminated								C o		5 1	405 607
	H	nended return	E						III N In Hain	G Gross r			405,697.
	Ap	pplication pending		ess of principa	officer: Cla	udia Ki	rk Bar	to	` '			_	Yes X No
			Same As C	Above					If "No,	l subordinate: " attach a list	. See ins	tructions.	Yes No
<u> </u>		exempt status:	X 501(c)(3)	501(c) (nsert no.)	4947(a)(1)	or 527					
J	Wel	bsite: ww	w.juniorad	chievem	ent.com				H(c) Group	exemption n	umber		
K		of organization:	X Corporation	Trust	Association	Other		L Year of forma	tion: 198	1 M:	State of le	egal domicile	:: FL
Pa	rt I	Summar	ʹϒ										
	1	Briefly descri	ibe the organiza	tion's miss	ion or most	significant a	activities:0	ur missi	on is	to ins	pire	and p	repare
a		young pe	ople to su	cceed :	in a glo	bal eco	nomy t	nrough c	lassro	om pro	grams	and	
Governance		simulati	ons that	focus o	n financ	ial lit	eracy,	work re	adines	s, and			
Ĕ		entrepre	eneurship.										
8	2	Check this bo						isposed of m				sets.	
Ğ			oting members of										36
တ္			dependent votir								4		33
≝			r of individuals								5		13
Activities &			r of volunteers (6		862
ĕ			ed business rev								7a		0.
	b	Net unrelated	d business taxal	ole income	from Form 9	990-1, Part	I, line II.				7b		0.
	_	0 tilti		t \ ////	11-1					Prior Year			ent Year
<u>e</u>			and grants (Pa							1,503,2	255.	⊥,	307,621.
Revenue			vice revenue (Pa								0.4		7 500
ě			ncome (Part VIII							11 1	24.		7,589.
ш.			e (Part VIII, col							11,1		- 1	42,685.
			e – add lines 8							1,514,3	386.	⊥,	357,895.
			imilar amounts			-	-						
			I to or for memb										
S	15		er compensation						-	805,6	146.		921,697.
Expenses	16a	Professional	fundraising fees	(Part IX, o	column (A),	line 11e)							
ф	b	Total fundrais	sing expenses (Part IX, co	lumn (D), lin	e 25)		228,526.					
ш	17	Other expens	ses (Part IX, col	umn (A), li	nes 11a-11d	, 11f-24e)				370,9	981.		435,874.
			es. Add lines 13							1,176,6			357,571.
			s expenses. Sub							337,		<u> </u>	324.
5 g		1101011001000	oxponsos. out	Tract III o 1	0 110111 11110					ng of Curre		Fnd	of Year
ts o	20	Total assets	(Part X, line 16)	١						1,189,1			242,732.
\sse Bala	21		es (Part X. line 2							202,8			256,103.
Net Assets Fund Balanc	22		, , ,	-,									
Z _L	22		r fund balances.	Subtract ii	ne zi ironi i	IIIe 20				986,3	305.		986,629.
	rt II	Signatur											
Unde	er penalt olete. De	ties of perjury, I de eclaration of prepa	eclare that I have exa arer (other than office	ımined this retu r) is based on	urn, including act all information o	companying scl f which prepare	hedules and si er has any kno	atements, and to wledge.	the best of n	ny knowledge	and belie	ef, it is true,	correct, and
c:		Signature of	officer						Date				
Siç He	jn ro							,	D		TEO.		
пе	16		ia Kirk Ba t name and title	rto					Preside	ent & C	LEU		
		21 1	oreparer's name		Preparer's sign	nature		Date		a I	1,, 1	PTIN	
_		, ,	•	D.7	r reparer s sign	iatui C		Date		Check	⊣ "		
Pa			n Brown, C							self-employ	ed	P01520	825
Pre	epare	Firm's name		•	•	TIN & S		, LLC					
Us	e On	ly Firm's addre		[LLAGE]	BLVD, SU	ITE 110	1		Firm's EIN 59-1498723				
			WEST I	PALM BE	ACH, FL	33409				Phone no.	561-	-686-1	
Mar	/thal	DS discuss th	nis return with th	o proparor	chown show	102 Soo inc	tructions		·	·		X Voc	. No

 4d Other program services (Describe on Schedule O.)
 See Schedule O

 (Expenses \$ 231,731. including grants of Total program service expenses
 \$ 1,088,098.

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Form **990** (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) Junior Achievement of the Palm Beaches Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			· L
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2022) Junior Achievement of the Palm Beaches

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7f		Λ
h	as required?	7g		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
-	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TEF 801051 00101100	_		

Form 990 (2022) Junior Achievement of the Palm Beaches 59-2333738 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 36 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 33 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

373-6696

Claudia Kirk Barto 700 S Rosemary Avenue #204 West Palm Beach FL 33401 (561)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the p	CI SOI IS at	ovc.								
Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	sate	ed an	y cu	rrent officer, direct	or, or trustee.	
		Pos	ition	(C)		ack me	ore			
(A) Name and title	(B) Average hours	is	s both dir	an c	unles officer truste	eck moss pers and a ee)	ì	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Claudia Kirk Barto	40									_
President & CEO	0			Χ				140,000.	0.	0.
(2) Terisa Heine	2	X						0.	0.	0
Director (3) Dena Kennedy	0 2	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(4) Dr. Mary Dupont	2	21						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(5) Melissa Nash	2									
Director	0	Х						0.	0.	0.
(6) Welsonne Renoir	2									
Director	0	X						0.	0.	0.
(7) Curtis James	2									
Director	0	X						0.	0.	0.
(8) Ed Tierney	2									
Director	0	Х						0.	0.	0.
(9) Jay Boggess	2									_
Director	0	Х						0.	0.	0.
(10) Chris Losquadro	2	.,						0	0	0
Director	0	Х						0.	0.	0.
(11) Kathy Burstein Director	2	Х						0.	0.	0
(12) Alyssa Freeman	2	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(13) Steven Fuino	2	Λ						0.	0.	<u> </u>
Director	2	Х						0.	0.	0.
(14) Cara Perry	2	1.						J.	0.	<u></u>
Director	0	Х						0.	0.	0.

Pai	t VII Section A. Officers, Directors, Tr	ustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	(continu	ıed)
		(B)			((C)							
	(A) Name and title	Average hours per	box	, unle	:heck :ss pe	erson	than is botl or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F)	ınt
		week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the o an	f other nsation fro rganization d related anizations	n
(15)	Kyle Morris Director	2	Х						0.	0.			0.
(16)	6) Robert Anderson 2									<u> </u>			
<u>()</u>	Director	- - -	Х						0.	0.			0.
(17)	7) Colleen Scerri 2									<u> </u>			
	Director 0 X 0. 0.									0.			
(18)	18) Al Loureiro 2										0.		
(19)	Ricky Wade	2							0.	<u> </u>			<u> </u>
<u>\.</u> -/_	Director	0	Х						0.	0.			0.
(20)	Jill Marasa	2											
	Director	0	Χ						0.	0.			0.
(21)	Josh Vandagriff	2											
	Director	0	Χ						0.	0.			0.
(22)	Azlina Goldstein	2											
(0.0)	Director	0	X						0.	0.			0.
(23)	James McBrayer	2	3.7							•			^
(24)	Director	0	Х						0.	0.			0.
(24)	Owen Robinson	2							0	0			^
(2E)	Director	0	Х						0.	0.			0.
(25)	Michael Becker	2	-		Х				0	0			0
	Imed.Past Chair Subtotal	1 0							140,000.	0.	ļ		0.
	Total from continuation sheets to Part VII, Sect								0.	0.			0.
	Total (add lines 1b and 1c)								140,000.	0.			0.
	Total number of individuals (including but not limited										ensatio	1	0.
	from the organization 1		.0.00		. 0,	0	. 000.			o an appartuation domination	7011001101		
												Yes	No
3	Did the organization list any former officer, direct	ctor, truste	e, ke	ey er	mple	oyee	e, or	high	nest compensated	employee	2		37
	on line 1a? If "Yes,"compléte Schedule J for suc	en inaiviau	ıaı								. 3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1	50,00	00?	If "	Yes,	" cor	nple	ete Schedule J for		. 4		X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comper	nsatio	n fro	om dule	any e <i>J fa</i>	unre or su	late	ed organization or	individual	. 5		X
Section B. Independent Contractors										- 11			
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
	(A) Name and business add	lress							(B) Description (of services	Compe	C) nsation	1
									2000.191.011				
2	Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	o tho	se I	isted	d abo	ve)	who received more	than			
	<u> </u>	J											

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Junior Achievement of the Palm Beaches

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and

Employler Identification number

59-2333738

(A)	(B)	(C) P	osition	(do no	t check	k more tha both an of	an one	(D)	(E)	(F)
Name and title		a	nd a di	rector/	truste	both an oi	micer	Reportable	Reportable	Estimated
Traine and the	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-2/1099- MISC/1099-NEC)	amount of other compensation from the organization and related organizations
(1) Trey FoggChairman	$-\frac{2}{0}$	_		Х				0.	0.	0.
(2) John McGowan Secretary	$-\frac{2}{0}$	-		Х				0.	0.	0.
(3) Elijah Wooten Vice Chairman	$-\frac{2}{0}$			X				0.	0.	0.
(4) Michael Percy	2	+								
Strategic Chair (5) Thomas Pinckney	0 2			X				0.	0.	0.
Develop. Chair (6) Carla Thrower	0 2			X				0.	0.	0.
Audit Chair (7) Sam Edwards	0 2			Χ				0.	0.	0.
Brand Chair (8) Jodi Chu	0 2	.		Χ				0.	0.	0 .
Board Member	0			Χ				0.	0.	0
(9) Chelsea Furman Asst Secretary	$-\frac{2}{0}$	-		Χ				0.	0.	0.
(10) Christina Weimer Treasurer	$-\frac{2}{0}$			Х				0.	0.	0 .
(11) Mark Veil Treasurer	$-\frac{2}{0}$	_		Х				0.	0.	0 .
(12)										-
(13)										
(14)										
(15)		-								
(16)		<u> </u>								
(17)		<u> </u>								
(18)										
(19)		<u> </u>								
(20)										
(21)										

Form 990 (2022) Junior Achievement of the Palm Beaches 59-2333738 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с 65,120 Gifts, **d** Related organizations 1d e Government grants (contributions) 1e 51,250 Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 1,191,251 Noncash contributions included in 1g lines 1a-1f........ h Total. Add lines 1a-1f..... 1,307,621 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,589 7,589 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7c **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$_ 65,120. of contributions reported on line 1c). 8a See Part IV, line 18 60,987 **b** Less: direct expenses..... 8b 47,802 13,185 **9a** Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 22,275 611420 22,275 Revenue Tuition & Fees 611420 7,225 7,225

29,500

37,089

0

,357,895

d All other revenue...

12

e Total. Add lines 11a-11d . . .

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3	
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	140,000.	112,000.	14,000.	14,000.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	625,666.	474,105.	9,740.	141,821.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	023,000.	1/1/103.	3,740.	141,021.
9	Other employee benefits	98,157.	57,028.	6,071.	35,058.
10	Payroll taxes	57,874.	44,164.	1,798.	11,912.
11	Fees for services (nonemployees):	·		·	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A), amount, list line 11g expenses on Schedule 0.)	6,328.	5,855.	1.	472.
13	Office expenses	0,320.	3,033.	1.	172.
14	Information technology				
15	Royalties				
16	Occupancy	34,047.	30,191.	2,367.	1,489.
17	Travel	48,259.	38,547.	292.	9,420.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,233	30,0111	2321	3, 2231
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,351.	7,278.	73.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Program & Support Fee	126,923.	126,923.		
b	Outside Services	101,246.	93,917.	4,255.	3,074.
С	Program Supplies Expense	84,379.	80,063.	1,974.	2,342.
d	Dues & Subscriptions	21,203.	15,350.	300.	5,553.
•	All other expenses.	6,138.	2,677.	76.	3,385.
25	Total functional expenses. Add lines 1 through 24e	1,357,571.	1,088,098.	40,947.	228,526.
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)				

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,171,823.	1	934,936.
	2	Savings and temporary cash investments				2	125,723.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	14,820.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, contribut	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		-		,	
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	. , ,	``		7	
Ø	8	Inventories for sale or use				8	
set	9	Prepaid expenses and deferred charges		 -	1,500.	9	2 500
Assets	-				1,500.	9	2,500.
ŗ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	205,875.			
	b	Less: accumulated depreciation		191,755.	15,802.	10c	14,120.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>		15	150,633.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,189,125.	16	1,242,732.
	17	Accounts payable and accrued expenses			72,820.	17	56,103.
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>	130,000.	19	200,000.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ië	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u> _		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			202,820.	26	256,103.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	>	ζ			
ā	27	Net assets without donor restrictions			986,305.	27	986,629.
m	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
इ	30	Paid-in or capital surplus, or land, building, or equipm		<u></u>		30	
SS	31	Retained earnings, endowment, accumulated income,		<u></u>		31	
t A	32	Total net assets or fund balances			986,305.	32	986,629.
뿔	33	Total liabilities and net assets/fund balances			1,189,125.	33	1,242,732.
RΔ	Δ		TEEA0111L	09/01/22	, , , , , , , , , , , , , , , , , , , ,		Form 990 (2022)

Dai	t XI Reconciliation of Net Assets				
rai	Check if Schedule O contains a response or note to any line in this Part XI				П
_					
1	Total revenue (must equal Part VIII, column (A), line 12)			57,8	
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,3	57,	
3	Revenue less expenses. Subtract line 2 from line 1	3			324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	g	86,3	305.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	9	86,	629.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the expenitation changed its method of accounting from a prior year or checked "Other" explain		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:	ca on a			
	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 separ	ate			
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
Ja	Guidance, 2 C.F.R Part 200, Subpart F?		За		Χ
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Forn	1 990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name o	of the organization	Julitur Acii.		he Palm Beaches			Employer identific		
			Coast, Inc.				59-233373		
Part			<u> </u>	organizations must			' '	ctions.	
	ř.	•		(For lines 1 through 12,		•	•		
1			,	hurches described in sec	•	b)(1)(A)(i).		
2				tach Schedule E (Form					
3		•		nization described in sec					
4	<u> </u>	-	tion operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	inter the hospital's	
	name, city	y, and state:							
5	An organi section 1	zation operated for 70(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in	
6	A federal,	state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7	X An organiz	zation that normally in 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental un	t or from the general pu	blic described	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	=					oniunctio	on with a land-grant colle	ane	
3	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organi	zation organized a	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).		
12	or more p	ublicly supported of	rganizations describe	ely for the benefit of, to ed in section 509(a)(1) o supporting organization	r sectio	on 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on	
а	Type I. A s	supporting organizati	on operated, supervise	ed, or controlled by its sup t a majority of the directo	ported o	organizat	ion(s), typically by givino	the supported on. You must	
b	manageme	supporting organizent of the supporting	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You	
С	Type III fur	nctionally integrated on(s) (see instructi	. A supporting organizations). You must com	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported	
d	Type III no functional	n-functionally integ	rated. A supporting organization generall	ganization operated in cor y must satisfy a distribuns Sand D, and Part V.	nnection	with its s	supported organization(s t and an attentiveness) that is not requirement (see	
е	Check this	s box if the organiz	ation received a writ	ten determination from supporting organization	the IRS	that it is	a Type I, Type II, Typ	e III functionally	
f									
g	Provide the fo	ollowing informatio	n about the supporte	d organization(s).					
((i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
<u>(B)</u>									
(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		, p		,		
Cale	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	850,205.	1,112,724.	1,328,999.	1,503,255.	1,368,608.	6,163,791.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ŕ	,	,	,		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	850,205.	1,112,724.	1,328,999.	1,503,255.	1,368,608.	6,163,791.
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)						0.
6	Public support. Subtract line 5 from line 4						6,163,791.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	850,205.	1,112,724.	1,328,999.	1,503,255.	1,368,608.	6,163,791.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						6,163,791.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20			ne 11, column (f))		100.00%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14			15	60.87%
16a	33-1/3% support test—2022. If the and stop here. The organization						
b	33-1/3% support test—2021. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	test, check this I	pox and stop here	e. Explain in Part \	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organizat	test, check this l tion qualifies as a	pox and stop here publicly supporte	Explain in Part \education	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the te	esis listed below,	please complete i	art II.)				
Sec	tion A. Public Support		1					
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
2	any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is organization, check this box and							[]
Sec	tion C. Computation of Pul	olic Support P	ercentage					
15	Public support percentage for 20	22 (line 8, colum	n (f), divided by li	ne 13, column (f)))		15	%
16	Public support percentage from 2	2021 Schedule A,	Part III, line 15				16	%
	tion D. Computation of Inv							
	Investment income percentage f				umn (f))		17	%
	Investment income percentage fi	•	• •	-		<u> </u>	18	%
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	he organization o	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/39	%, and lin	ne 17
h	33-1/3% support tests—2021. If t			•		-		<u> </u>
	line 18 is not more than 33-1/3%							

59-2333738

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No		
1	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.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2				
	uescribed in section 303(a)(1) or (2).					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was					
	accomplished (such as by amendment to the organizing document).	5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,					
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a				
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b				

Sch	nedule <i>i</i>	A (Form 990) 202		Junior			of t	he	Palm	Beach	es	59-2333	738	F	Page 5
Pa	art IV	Supporting	Organizati	ons (con	tinued)										1
11	Has	the organization a	accented a di	ft or contrib	hution fro	om any of t	the follo	wina	nersons	s?				Yes	No
		rson who directly o				•		Ū	•		11b and 11c	below.			
		governing body of				3						,	11a		
	b A far	mily member of a	person desc	ribed on lin	ie 11a ab	ove?							11b		
		6 controlled entity of a	•			ve? If "Yes" to	o line 11a,	11b, o	r 11c, proi	vide detail .	in Part VI.		11c		
Se	ction	B. Type I Sup	porting Or	ganizatio	ons										1
1	Did t	the governing bod	ly memhers	of the gove	rning hor	dy officers	actina	in the	eir offici	al canac	rity or mem	hershin of on	Δ	Yes	No
•	or m office orga than were	ore supported orgers, directors, or inization(s) effectione supported one allocated among the tax year.	ganizations h trustees at al ively operated rganization, d	ave the pov I times duri d, supervise describe ho	wer to reg ing the ta ed, or con w the po	gularly app ax year? If ntrolled the wers to ap	ooint or "No," d organi point ar	elect lescrii izatio nd/or	at least be in Pa n's activ remove	t a major a rt VI how vities. If to officers,	rity of the or w the suppo the organiza , directors,	rganization's orted ation had mor or trustees			
2	Did t that bene	the organization of operated, superview out the operating organization	ised, or contr e <i>purposes of</i>	olled the su	upporting	organizati	ion? If '	"Yes,	" explair	n in Part	VI how pro	viding such	2		
Sa	, ,	C. Type II Sup		raanizati	one										
<u> </u>	Cuon	c. Type ii Sup	porting o	gamzan	0115									Yes	No
1	Were	a majority of the o	organization's	directors or	trustees o	durina the t	ax vear	also a	a maiorit	v of the c	directors or t	rustees			
	of ea	ach of the organiz porting organization	zation's suppo	orted organi	ization(s))? If "No,"	describ	e in F	Part VI 🕆	now conti	rol or mana	gement of the	1		
Se	ction	D. All Type III	Supportin	g Organi	zations	5									
1	Did t	he organization p	orovide to eac	h of its sur	norted o	rganization	ns hv tl	he la	st day n	f the fifth	h month of	the		Yes	No
•	orga	nization's tax yea	ar, (i) a writte	n notice de	scribing t	the type ar	าd am้oเ	unt of	f suppor	t provide	ed during th	e prior tax			
		, (ii) a copy of the nization's governi											1		
•	\ \\/ora	any of the organ	nization!a offi	aara diraat	oro or tr	ustans sith	or (i) o	nnain	tad ar a	lastad b	u the curre	urtad			
2	orga	e any of the orgar nization(s) or (ii) organization main	serving on th	e governing	a bodv ot	f a support	ted oraa	inizat	ion? <i>If</i>	"No." ext	blain in Par i	t VI how	2		
3	By re	eason of the relatio	nship describe	ed on line 2,	above, d	id the organ	nization'	s sup	ported o	rganizatio	ons have a s	ignificant			
	all tii	e in the organizati mes during the ta <i>is regard.</i>											3		
Se	ction	E. Type III Fui	nctionally	Integrate	d Supp	orting O	rganiz	zatio	ns						1
1	Choo	k the box next to t	the method the	at the organi	zation us	ad to satisfi	v the Int	oaral	Dart Toc	t during t	the year (see	instructions)			
				ū		•		Ū	i ait ies	it during t	ine year (3ee	inistructions).			
	一	The organization s			·					O /	1				
		Γhe organization i Γhe organization s	•			-			•			nental entity (.	see instr	uction:	s).
2	. Activ	vities Test. Answe	er lines 2a an	d 2b below	<i>.</i> .									Yes	No
	supp orga	substantially all of orted organization(inizations and exp onsive to those si	(s) to which th plain how the	e organizatio ese activitie	on was re es directly	sponsive? If furthered	lf "Yes," ' their ex	then xemp	in Part \ t purpos	/I identify ses, how	those supp the organiz	orted zation was			
		tantially all of its		ai iiZaliUi iS,	anu now	uie orgalii	ı∠atıUII (uelell	iiiiieu li	iai iiiest	z activities (,0,13แนเซน	2a		
	more	he activities desc	ion's support	ed organiza	ation(s) w	ould have	been e	ngag	ed in? İ	f "Yes." ε	explain in Pa	rt VI the			
		ons for the organ for the organization			support	ed organiz	atıon(s)) wou	id have	engaged	d in these a	ctivities	2b		
3	Pare	nt of Supported (Organizations	. Answer li	ines 3a a	nd 3b belo	w.								
	a Did t each	the organization he of the supported	nave the power	er to regula s? <i>If "Yes"</i>	rly appoi or "No,"	nt or elect provide de	a majo etails in	rity o Part	f the off VI.	ficers, di	rectors, or t	rustees of	3a		
		he organization exported organization										of its	3b		

Sch	edule A (Form 990) 2022 Junior Achievement of the Palm	Bead	ches 59-23	33738 Page
Pai	rt 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 trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir ist complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA Schedule A (Form 990) 2022

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

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
RΛΛ		Calaad	ule A (Form 990) 2022

BAA Schedule A (Form 990) 2022

Part VI

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

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No.	1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Junior Achievement of the Palm Beaches

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

2022

	& Treasure Coast, Inc.	59-2333738						
Organization ty	pe (check one):							
Filers of:	Section:							
Form 990 or 99	O-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundate	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation						
	anization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule an	nd a Special Rule. See instructions.						
General Rule								
or mo	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer (in money or property) from any one contributor. Complete Parts I and II. See instructions tributor's total contributions.							
Special Rules								
regula 16b, a	n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 tions under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Pand that received from any one contributor, during the year, total contributions of the 66 of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Completed	art II, line 13, 16a, or greater of (1) \$5,000; or						
contri literar	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
contri contri durino Gene	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the butor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes butions totaled more than \$1,000. If this box is checked, enter here the total contribut in the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the religion real Rule applies to this organization because it received <i>nonexclusively</i> religious, charing \$5,000 or more during the year.	s, but no such ions that were received the parts unless the itable, etc., contributions						
must answer "No	panization that isn't covered by the General Rule and/or the Special Rules doesn't file on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its to the doesn't meet the filing requirements of Schedule B (Form 990).							

Junior Achievement of the Palm Beaches

59-2333738

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number 59-2333738

Junior Achievement of the Palm Beaches Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
RΛΛ	TEEA0703L 07/22/22	Schodulo	B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization Employer identification number Junior Achievement of the Palm Beaches 59-2333738 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

BAA

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	reasure Coast, Inc.		59-2333738
Par	·	unds or A	
Гаі	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	ulius oi A	eccurits.
		/h\ =	·
	(a) Donor advised funds	(D) F	unds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised	funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant function charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	ds can be us purpose cor	ed only nferring Yes No
Par			
. u.	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		on of a histo	rically important land area
			fied historic structure
	Preservation of open space	o o. a oo	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a concor	vation assement on the
_	last day of the tax year.	ii oi a conser	vation easement on the
		H	Held at the End of the Tax Year
á	Total number of conservation easements.	2a	
ŀ	Total acreage restricted by conservation easements	2b	
	: Number of conservation easements on a certified historic structure included in (a)		
	Number of conservation easements included in (c) acquired after July 25, 2006 and not on a		
•	historic structure listed in the National Register	2 d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tl	ne organizatio	on during the
	tax year		
4	Number of states where property subject to conservation easement is located	_	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har		
•	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations.	vation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	ction 170(h)((4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that disconservation easements.	d expense st lescribes the	atement and balance sheet, an organization's accounting for
Par		or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or research i Part XIII the text of the footnote to its financial statements that describes these items.	atement and n furtherance	I balance sheet works of art, e of public service, provide in
ŀ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	erance of publ	lic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.(ii) Assets included in Form 990, Part X.		\$
	(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 finan amounts required to be reported under FASB ASC 958 relating to these items:		
á	Revenue included on Form 990. Part VIII. line 1		\$

Part III Organizations Maintaining Co	mections of Art, his	toricai Treasures, C	or Other Similar A	55E(5	(COITUI	iueu)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that ma	ake significant use of its	collection	on	
a Public exhibition	d Loan o	or exchange program				
b Scholarly research	e Other					
c Preservation for future generations		•		-	-	-
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	exempt purpose in			
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	r receive donations of art intained as part of the or	, historical treasures, or ganization's collection?	other similar assets	Yes	, [No
Part IV Escrow and Custodial Arrang reported an amount on Form 990, Part	ements. Complete if the X, line 21.	e organization answered	"Yes" on Form 990, Pa	rt IV, lin	e 9, or	
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes	 . Г	No
b If "Yes," explain the arrangement in Part XIII and						
bit res, explain the arrangement in rare xiii and	complete the following tal	no.		Amoun	nt .	
c Beginning balance			1c	Amoun		
d Additions during the year.						
e Distributions during the year						
3 ,						
f Ending balance						
2a Did the organization include an amount on Fo b If "Yes," explain the arrangement in Part XIII			-		<u> </u>	No
3	·	•			<u> </u>	_
Part V Endowment Funds. Complete if	the organization answered	l "Yes" on Form 990. Par	t IV. line 10.			
(a) Curren			- + '	(e)	Four years	back
1 a Beginning of year balance	(a) (iii)	(0) 1110) 04110 24011	(u) imas jaura zuen	107		
b Contributions				+		
				+		
c Net investment earnings, gains,						
and losses				_		
d Grants or scholarships				-		
e Other expenditures for facilities and programs						
f Administrative expenses				+		
q End of year balance				-		
2 Provide the estimated percentage of the curre	ant year and halance (line	a 1a column (a)) hold s				
	ent year end balance (iii)	e rg, coluinin (a)) nelu a	15.			
a Board designated or quasi-endowment						
b Permanent endowment	5					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered	for the			
organization by:					Yes	No
(i) Unrelated organizations				3a(i)		
(ii) Related organizations				. 3a(ii)		
b If "Yes" on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.		11		
Part VI Land, Buildings, and Equipme						
Complete if the organization answered		V. line 11a. See Form 99	0. Part X. line 10.			
Description of property				(4)	Pook vs	duo.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book va	iue
1 a Land		()				
b Buildings						
c Leasehold improvements						
d Equipment		25 262	25 262			
• •		25,363.	25,363.			0.
e Other	1	180,512.	166,392.			120.
i utai. Aud iiiies Ta tiii uugit Te. (Colurrin (a) must 6	:quai ruiiii 990, Pätt X, C	oiuitiit (B), IIIIE 10C.)			14,	120.

BAA Schedule D (Form 990) 2022

Part VII	Investments — Other Securion Complete if the organization answere		Form 990 Part IV line	N/A a 11h Saa Form 990 Part Y lina 1	2
(a) Descri	ption of security or category (including name of		(b) Book value	(c) Method of valuation: Cost	
	al derivatives				,
	held equity interests				
(3) Other					
(A)					
(A) (B) (C) (D) (E)					
(C)					
(D)					
<u>(F)</u>					
(G)					
(H)					
(l)					
Part VIII	(b) must equal Form 990, Part X, column (B) li			NT / 7	
Part VIII	Investments — Program Rel Complete if the organization answere	ateu. ed "Yes" on F	Form 990 Part IV line	N/A e 11c See Form 990 Part X line 1	3
	(a) Description of investment	<u> </u>	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(h) 15 000 Bart V (D) I	12 \			
Part IX	n (b) must equal Form 990, Part X, column (B) I. Other Assets.	IIIe 13.)			
Tartix	Complete if the organization answere	ed "Yes" on F	orm 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
		(a) Desc	cription	· · ·	(b) Book value
	cificates of Deposits -	Long Te	rm		150,633.
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	was the second forms 2000 Book V	·/ (D)	1 line 1 T N		150 622
Total. (Cold	umn (b) must equal Form 990, Part X	, column (B)) IINE 15.)		150,633.
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on F	Form 990 Part IV line	e 11e or 11f See Form 990 Part X	line 25
1.	• • • • • • • • • • • • • • • • • • •		tion of liability		(b) Book value
	al income taxes				
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	n (b) must equal Form 990, Part X, column (B) li				
	uncertain tax positions. In Part XIII, provide the				
tax positions ui	nder FASB ASC 740. Check here if the text of th	e tootnote has b	een provided in Part XIII.		

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Part XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		evenue per Re	eturn.	
1 Total revenue, gains, and other support per audited financial statements			1	1,405,697.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	1,403,097.
a Net unrealized gains (losses) on investments	. 2a			
b Donated services and use of facilities.				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.) See Part XIII	2 d	47,802.		
e Add lines 2a through 2d.		·	2 e	47,802.
3 Subtract line 2e from line 1.			3	1,357,895.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			1,001,000.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,357,895.
Part XII Reconciliation of Expenses per Audited Financial Statem				
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per	- Ctairi	•
1 Total expenses and losses per audited financial statements			1	1,405,373.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities				
b Prior year adjustments	. 2b			
c Other losses.	. 2c			
d Other (Describe in Part XIII.) See Part XIII		47,802.		
e Add lines 2a through 2d.			2 e	47,802.
3 Subtract line 2e from line 1			3	1,357,571.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4 -	
 c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. 			4 c	1 257 571
	<i>.)</i>		5	1,357,571.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also co Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990	; Part IV, line mplete this p	es 1b and 2b; Part art to provide any	V, addition	45.000
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S		Tota	1 \$	47,802.
·		Tota	. <u>\$</u> 1 <u>\$</u>	47,802. 47,802.

BAA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2022

Inspection

Open to Public

Name of the organization Junior Achievement of the Palm Beaches Employer identification number 59-2333738 Treasure Coast, Inc. **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Junior Achievement of the Palm Beaches 59-2333738 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Caribbean Wind	(b) Event #2 Play for JA	(c) Other events None	(d) Total events (add column (a)			
Revenue			(event type)	(event type)	(total number)	through column (c))			
	1	Gross receipts	89,392.	36,715.		126,107.			
	2	Less: Contributions	28,405.	36,715.		65,120.			
	3	Gross income (line 1 minus line 2)	60,987.			60,987.			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs							
Expe	7	Food and beverages	33,756.			33,756.			
Direct Expenses	8	Entertainment							
Ä	9	Other direct expenses	14,046.			14,046.			
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr							
Par	t III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more								
		than \$15,000 on Form 990-EZ, lin	е 6а.	435		4 N T 1 1 1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
æ	1	Gross revenue							
	_	Ocale miles							
enses	2	Cash prizes							
Expe	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes 8	Yes%	Yes 8				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
• The gaining moonie summary, eastract me / nom me 1, column (a)									
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?									
		e any of the organization's gaming license 'es," explain:	s revoked, suspended,	or terminated during th	e tax year?	Yes No			
BAA TEEA3702L 07/05/22 Schedule G (Form 990) 2023						 dule G (Form 990) 2022			

Schedule G (Form 990) 2022	Junior Achie	vement of the Palm Beach	hes 59-2	2333738	Page 3
11 Does the organization conduc		onmembers?		Yes	No
		st, or a member of a partnership or othe		Yes	No
13 Indicate the percentage of game	0			3 a	%
				3 b	~~~~~~ %
_		ne organization's gaming/special events			
Name					
Address					
b If "Yes," enter the amount of of gaming revenue retained bc If "Yes," enter name and address	gaming revenue received by the third party \$s ss of the third party:	ty from whom the organization received by the organization \$	and the a	mount	∏No
Address					
16 Gaming manager information					
Name					
Gaming manager compensati					
Description of services provide	ed		· 		· — — — –
Director/officer	Employee	Independent contracto	r		
17 Mandatory distributions:					
a Is the organization required und	ler state law to make charita	able distributions from the gaming proce	eds to retain the		
3 3	s required under state law t	to be distributed to other exempt organiz		····· Yes	No
Part IV Supplemental Info	9, 9b, 10b, 15b, 15c,	e explanations required by Part 16, and 17b, as applicable. Al	l, line 2b, colum so provide any a	nns (iii) and (dditional	v);

information. See instructions.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior Achievement of the Palm Beaches & Treasure Coast, Inc.

Employer identification number 59-2333738

Form 990, Part III, Line 1 - Organization Mission

Our mission is to inspire and prepare young people to succeed in a global economy through classroom programs and simulations that focus on financial literacy, work readiness, and entrepreneurship.

Since 1981, Junior Achievement of the Palm Beaches & Treasure Coast has inspired the next generation to be financially capable and tenacious; equipped with the tools to solve problems creatively, manage risk effectively, and welcome opportunity. Through our innovative and experiential financial literacy, job readiness and entrepreneurship K-12 programs taught by community volunteer role models, we inspire the next generation to navigate their path toward their dreams.

Form 990, Part III, Line 4b - Program Service Accomplishments

3DE by JA is an innovative high school instructional model proven to accelerate student engagement and academic outcomes in traditional public high schools. The instructional model at 3DE schools is based around case method, wherein the cases are a platform to connect an interdisciplinary project-based approach to standards-based learning. Case Method integrates real-world concepts and experiences across all disciplines and subject areas, allowing students to gain access and skills to navigate careers in high-growth industries. The program is designed to expose students to hands-on, project-based learning challenges provided by local and national business partners. Students learn through real-world experiences to develop competencies for competitiveness, while increasing in-class engagement, discovering individual value, and accelerating academic comprehension. This comprehensive approach unlocks the creative capital of educators and fosters the behaviors, skills, and mindsets that drive student access and opportunity.

Form 990, Part III, Line 4c - Program Service Accomplishments

In JA Career Speaker Series, a volunteer guest speaker visits the classroom or participates virtually and shares information about his or her career, work, and education experience. The speaker may bring props, work samples, or other visuals to help engage students. JA Career Speaker Series is part of the JA work and career readiness pathway and can be placed in grades K-12. The learning experience is available in classroom based, remote synchronous, recorded video, or after-school/out-of-school implementation. JA learning experiences support national and state standards in reading, mathematics, social studies, and work and career readiness.

The JA Career Speaker Series Program was utilized by school counselors during their career exploration lessons with students in grades K-5. These local videos helped to expose students to real careers available in our community. 96% of school counselors agreed that these videos enhanced their lessons and they were eager to participate again each year!

Form 990, Part III, Line 4d - Other Program Services Description

The JA High School Heroes and JA College Champion programs transform high school and college students into role models who inspire elementary students by teaching the Junior Achievement curriculum. High school or college students are matched with an elementary school teacher and grouped into teams of 2 to 4 to teach a series of five 45-minute sessions, either weekly or in a day, to an elementary class. Heroes and Champions develop and enhance team building, public speaking, and leadership skills, while elementary students learn financial basics through fun and interactive lessons.

The JA Programs are aligned to State standards. All JA programs focus on one or more

Employer identification number 59-2333738

Form 990, Part III, Line 4d - Other Program Services Description

of our three pillars of student success: financial literacy, workforce readiness, and entrepreneurship. Each lesson is activity-based, reinforcing important concepts through hands-on learning.

JA Launch Lesson recruits entrepreneurs and business owners to commit one hour of their time to share their stories and open the eyes of high school students to the opportunities of creating their own companies. Entrepreneurs and business owners are paired with a school that works best for their schedules and provides discussion guidelines for shaping their talk and engaging with students. The experience offers volunteers the opportunity to connect with students, provide relevant information about their company and entrepreneurial journey, and share advice and next steps for students who are interested in starting their own businesses.

JA Inspire is more than a career fair; it brings together the business community and local schools and is designed to help launch middle school students into their future high school, college, careers and beyond. The program 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 on a job. The multi—hour experience is configurable to align with local industry and career opportunities. JA Inspire is part of the JA work and career readiness pathway and is intended for middle school students (grades 6-8). JA programs support national and state standards in reading, mathematics, social studies, and work and career readiness.

JA Inspire provides opportunities for students to learn about different career

Form 990, Part III, Line 4d - Other Program Services Description

industries. Not all students receive career mentorship at home or have access to all the career options that may be available to them. Through JA Inspire, students get the opportunity to learn about careers from caring mentors in time to plan their high school coursework, have a better path to success, and a pathway to prosperity. For businesses, this is their chance to build their future workforce through experiential and hands-on learning.

Form 990, Part VI, Line 11b - Form 990 Review Process

The President and Board of Directors review and approve the Form 990 before filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All employees and the board of directors are required to complete and sign a conflict of interest declaration upon assuming their responsibilities and annually thereafter. The Policy is emailed to the board and employees each year to be updated.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The CEO's Compensation is reviewed and determined by the Executive Committee, utilizing compensation comparisons and various criteria. It is then presented to the Board for final approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Junior Achievement of the Palm Beaches & Treasure Coast, Inc. makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

BAA Schedule O (Form 990) 2022