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DLN: 93493212009025

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
B Che	ck if ap	pplicable	C Name of organization Junior Chamber International (JCI) Inc		D Employ	yer ide	entification number
Add		-			59-07	3842	9
Nar	ne char	nge	Doing business as				
Init	ıal retur	m			E Telepho	ne nun	nber
Fina retu		nınated	Number and street (or P O box if mail is not delivered to street address) Room/suite 15645 Olive Boulevard	2	(636)	449-	3100
	ended i	return pending	City or town, state or province, country, and ZIP or foreign postal code Chesterfield, MO 63017		G Gross re	eceipts	\$ 3,900,986
			F Name and address of principal officer	H(a) I	s this a group	retur	n for
			Ian Tan		subordinates?	recuii	┌ Yes ┌ No
			15645 Olive Blvd Chesterfield, MO 63017	H(b) /	Are all subordu		┌ Yes ┌ No
					ncluded?	iates	j řesj No
I Ta	k-exem	pt status	501(c)(3)	I	f "No," attach	a lıst	(see instructions)
J W	ebsite	:⊫ ww	w јсі сс	H(c)	Group exempti	on nu	mber ►
K Form	n of ord	anızatıon	Corporation	L Year	of formation 194	14 N	State of legal domicile
							10
Pa	rt I		mary				
		-	escribe the organization's mission or most significant activities de development opportunities that empower young people to create posit	tive cha	nge		
e e	<u>-</u>	i o piovi	de development opportunities that empower young people to create positi	iive ciia	nge		
È	_						
Ë							
Governance	2 (Check t	his box দ if the organization discontinued its operations or disposed of	more th	ian 25% of its	net a	ssets
	3 1	Number	of voting members of the governing body (Part VI, line 1a)			з	26
Activities &			of independent voting members of the governing body (Part VI, line 1b)			4	25
Ě			mber of individuals employed in calendar year 2014 (Part V, line 2a)			5	16
Ę			mber of volunteers (estimate if necessary)			6	0
٩.			related business revenue from Part VIII, column (C), line 12			7a	0
			elated business taxable income from Form 990-T, line 34			7b	0
					Prior Year	<u> </u>	Current Year
	8	Contr	butions and grants (Part VIII, line 1h)		2,011,7	40	1,949,571
n lie	9	Progra	am service revenue (Part VIII, line 2g)		2,373,1	41	1,696,660
Rayenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		56,8	06	6,150
Œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,7	'50	145,974
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		4,495,4	.37	3,798,355
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		.,,,,,,	0	0
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		1,681,2	5.7	1,545,631
8		5-10	•		1,001,2	_	
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	0
五五	b	Total fu	indraising expenses (Part IX, column (D), line 25) \blacktriangleright^0				
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,587,1	11	1,899,157
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,268,3	68	3,444,788
	19	Rever	ue less expenses Subtract line 18 from line 12		-1,772,9	31	353,567
Net Assets or Fund Balances				Begi	nning of Currer Year	nt	End of Year
Set Base	20	Total	assets (Part X, line 16)		13,603,7	85	14,958,964
A B	21		liabilities (Part X, line 26)		543,0	_	1,245,742
2 2 2 3	22		ssets or fund balances Subtract line 21 from line 20		13,060,7		13,713,222
Par	t II		ature Block		· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·
Unde	r pena	lties of	perjury, I declare that I have examined this return, including accompany	ıng sche	edules and sta	temer	nts, and to the best of
			belief, it is true, correct, and complete Declaration of preparer (other tha nowledge	in office	r) is based on a	all inf	ormation of which
		****			2015-07-30		
Sign		Sign:	ature of officer		Date		
Here	3		Fan Accounting Manager e or print name and title				
		<u> </u>	Print/Type preparer's name Preparer's signature Da	te	Check If	PTIN	
Paid	1		Michael P McNerney CPA Michael P McNerney CPA Michael P McNerney CPA		self-employed	P0079	
		, [i	Firm's name F Schowalter & Jabouri PC		Firm's EIN 🟲 43	-11888	322
Pre	pare Onl		Firm's address 🕨 11878 Gravois Road		Phone no (314)	849-4	1999
use	UIII	'Y	St Louis, MO 631271805				
May t	he IR:	S discu:	ss this return with the preparer shown above? (see instructions)				✓ Yes No

Forn	n 990 (2014)					Page 2
Par		nent of Program Serv Schedule O contains a resp				
1	Briefly describ	e the organization's mission	1			
dıffe prov	rent countries are	national (JCI), Inc , (The "C ound the world The Organiz nity for young people to dev ange	ation's primar	y purpose is to contribute to	o the advancement of the g	lobal community by
2		ation undertake any signific 990 or 990-EZ?	ant program se	=	ch were not listed on	┌ Yes ┌ No
	If "Yes," descri	be these new services on S	chedule O			
3	-	ation cease conducting, or i	-		ts, any program	┌ Yes ┌ No
	If "Yes," descri	be these changes on Sched	lule O			
4	expenses Sect	ganization's program servic ion 501(c)(3) and 501(c)(4 ses, and revenue, if any, for) organızatıon	s are required to report the		
4a	(Code) (Expenses \$	1,016,808	ıncludıng grants of \$) (Revenue \$	1,802,754)
	Membership Activ	ities Publishes handbooks and m	aıntaıns communi	cations with JCI Members		
4b	(Code JCI Officers and N) (Expenses \$ Meetings Provides for travel and i	746,262 meeting expenses	ıncludıng grants of \$) (Revenue \$	558,371)
	<u> </u>					
4c	(Code) (Expenses \$	639,528	including grants of \$) (Revenue \$	0)

Programs and Publications Publishes & Distributes newsletters regarding projects and activities of the JCI Audits various chambers

Other program services (Describe in Schedule O)

See Additional Data

4d

(Expenses \$ 465,218 including grants of \$) (Revenue \$ 1,431,080)

4e Total program service expenses ► 2,867,816

Part IV Checklist of Required Schedule	art IV
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		
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		No
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 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	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	Yes	
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	Yes	
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		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		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
L		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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		Ti	ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	Yes	
ь	If "Yes," enter the name of the foreign country BE			
	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? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		1	
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

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

Check if Schedule O contains a response or note to a	line in this Part VI	_	_	_	_	_	_	_	_	_	_	

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

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

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►I an Tan

15645 Olive Blvd Chesterfield, MO 63017 (636) 449-3100

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	one l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	•	192,417	0	14,917

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section	R 1	indar	ahda	nt Cor	ntractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part V		Statement of Check if Schedu	r Revenue ile O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated camp	oaigns 1a					
ant	ь	Membership due	es 1b	1,760,871				
	С	Fundraising eve	ents 1 c	4,291				
	d	Related organiz	ations 1d	180,000				
	е	Government grants	(contributions) 1e					
ution: her Si	f	All other contributio	ons, gifts, grants, and 1f t included above	4,409				
tib G∃	g	Noncash contribution 1a-1f \$	ons included in lines					
Con and	h	Total. Add lines	: 1a-1f	🔎	1,949,571			
				Business Code				
entié	2a	Congress Revenues	S	900099	914,833	914,833		
æ Æ	ь	Conference Fees		900099	558,371	558,371		
ee	С	Sponsorship		900099	223,456	223,456		
	d							
E C	e							
Program Service	f	All other progra	m service revenue					
屳	g	Total. Add lines	2a-2f		1,696,660			
Program	3	and other simila	ome (including dividen ar amounts) tment of tax-exempt bond	•	6,150			6,15
	5		· · · · · ·	▶				
		· [(ı) Real	(11) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	С	sales expenses Gain or (loss)						
	d	Net gain or (los:	s)					
en	8a	Gross income frevents (not incl	=					
leven		T	reported on line 1c)					
7			а	85,988				
Ě	b		penses b		32,175			32,17
•	c 9a		loss) from fundraising rom gaming activities	events p-	32,173			32,17
		See Part IV, line						
	ь	Less direct exp	penses b					
			loss) from gamıng actı	vities≱				
	10a	Gross sales of i returns and allo		90,701				
	ь	Less cost of go	oods sold b	48,818				
			loss) from sales of inv		41,883	41,883		
		Miscellaneous	Revenue	Business Code				
	11a	O ther Income		900099	71,916	71,916		
	b							
	C C	All other record						
	d e	All other revenu	ue 511a-11d	🕨				
				. -	71,916			
	12		See Instructions .		3,798,355	1,810,459		0 38,32

a Development Fund

Bank Charges

c Operation Hope

d Web Development

e All other expenses

25

26

Total functional expenses. Add lines 1 through 24e

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)

	990 (2014)				Page 10
	IX Statement of Functional Expenses				
Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
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	192,417	192,417		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,135,832	967,325	168,507	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,266	25,501	7,765	
9	Other employee benefits	84,705	62,018	22,687	_
10	Payroll taxes	99,411	86,799	12,612	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	11,998		11,998	
c	Accounting	28,693		28,693	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	13,572	13,572		
13	Office expenses	70,957	50,282	20,675	
14	Information technology				
15	Royalties				
16	Occupancy	75,149	38,809	36,340	
17	Travel	643,625	642,752	873	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	535,689	512,090	23,599	
20	Interest	24,340		24,340	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,945		88,945	
23	Insurance	22,113	5,883	16,230	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				

103,228

56,969

51,542

40,097

132,240

3,444,788

103,228

51,542

40,097

75,501

2,867,816

0

56,969

56,739

576,972

0

0

Form 990 (2014)

Part X Balance Sheet

Par	tΧ	Balance Sheet Check if Schedule O contains a response or note to any line in	thıs P	art X							
		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing			36,201	1	359,280				
	2	Savings and temporary cash investments			1,851,891	2	1,453,254				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net			16,002	4	27,328				
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Paschedule L	dırecto art II	ors, trustees, key of			,				
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers		6					
× 1	7	Notes and loans receivable, net				7					
ď	8	Inventories for sale or use			114,956		133,140				
	9		Prepaid expenses and deferred charges								
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	2 705 220	63,692	9	22,849				
	ь	Less accumulated depreciation	10b		4	100	1,675,049				
	11	Investments—publicly traded securities			0		300,000				
	12	Investments—other securities See Part IV, line 11			9,645,811	12	10,214,613				
	13	Investments—program-related See Part IV, line 11			3,043,011	13	10,214,013				
	14	Intangible assets				14					
	15				82,082		773,451				
	16	Other assets See Part IV, line 11			13,603,785		14,958,964				
	17	Accounts payable and accrued expenses			221,785		507,367				
	18	Grants payable			221,765	18	307,307				
	19	Deferred revenue			16,127	19	33,700				
	20	Tax-exempt bond liabilities			10,127	20	33,700				
		·									
မ	21	Escrow or custodial account liability Complete Part IV of School				21					
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ıfıed	·							
<u> </u>		persons Complete Part II of Schedule L				22					
_	23	Secured mortgages and notes payable to unrelated third partie			0		517,018				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X o		305,125	25	187,657				
	26	Total liabilities. Add lines 17 through 25			543,037	26	1,245,742				
S di		Organizations that follow SFAS 117 (ASC 958), check here ▶									
Fund Balances	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			9,292,485	27	9,796,542				
<u>ප</u>	28			• •	128,255		111,092				
	28 29	Temporarily restricted net assets	•		3,640,008		3,805,588				
Ĭ	29	,	· ·	 	3,040,000	29	3,003,308				
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.		j anu							
ا چ	30	Capital stock or trust principal, or current funds	•			30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
Ą.	32	Retained earnings, endowment, accumulated income, or other	funds			32					
Net	33	Total net assets or fund balances			13,060,748	33	13,713,222				
	34	Total liabilities and net assets/fund balances			13,603,785		14,958,964				
							Form 990 (2014)				

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	798,355
2	Total expenses (must equal Part IX, column (A), line 25)	2			144,788
3	Revenue less expenses Subtract line 2 from line 1	3			353,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				-
5	Net unrealized gains (losses) on investments	5		13,0	060,748
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			298,906
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,7	713,222
Par				•	•
	<u> </u>				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	r period adjustments		3b		

Additional Data

Software ID: Software Version:

EIN: 59-0738429

Name: Junior Chamber International (JCI) Inc

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 465,218 including grants of \$) (Revenue \$ 1,431,080)

World Congress Annual congress for JCI members, provides training sessions, holds elections and distributes theme publications Expenses related to World Congress \$413,6770 peration Hope Countries affected by natural disasters receive assistance from JCI donations Expenses related to Operation Hope \$51,542

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of	nless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	eetsurT lenoituttenl	Officei	Key employee	e compensa	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) Shine Bhaskaran	40 00					Бе				
World President		х		х				65,000	0	0
(1) Chiara Milani	5 00	х		Х				0	0	0
Past President								Ů	Ů	
(2) Katherine Cheng-Arif	5 00	х		х				0	0	0
General Legal Counsel (3) Kazutaka Amakı	5 00									
Treasurer		Х		Х				0	0	0
(4) Victor Marawu	5 00	х		Х				0	0	0
Executive VP - Africa & Middle East		^						Ů		
(5) Ken Wong	5 00	х		х				0	0	0
Executive VP - Asia & the Pacific (6) Dawn Hetzel	5 00									
Executive VP - The America		Х		х				0	0	0
(7) Ismail Haznedar	5 00									
Executive VP - Europe		X		Х				0	0	0
(8) Basile Djossouvi	5 00	х						0	0	0
Vice President for Africa & the Middle East								Ů	Ů	
(9) David Eka Jr	5 00	х						0	0	0
Vice President for Africa & the Middle East (10) Djibrilla Maiga Ali Zourkaleini	5 00									
Vice President for Africa & the Middle East		Х						0	0	0
(11) Tshepo Thalku	5 00	х						0	0	0
Vice President for Africa & the Middle East (12) Altanbagana Shiituu	5 00									
Vice President for Asia & the Pacific		Х						0	0	0
(13) Alexander Tio	5 00	,								
Vice President for Asia & the Pacific		Х						0	0	
(14) Sang-Woo Bae	5 00	х						0	0	0
Vice President for Asia & the Pacific (15) Takahiro Inaba	5 00									
Vice President for Asia & the Pacific		х						0	0	0
(16) Andres Gutierrez	5 00	х						0	0	0
Vice President for The Americas		^_						Ů	Ů	
(17) Argenis Angulo	5 00	х						0	0	0
Vice President for The Americas (18) Jennifer Gracey	5 00									
Vice President for The Americas		Х						0	0	0
(19) Maike Mulser	5 00	,,								
Vice President for The Americas		Х						0	0	0
(20) Agnese Kulına	5 00	х						0	0	0
Vice President for Europe										
(21) Ionut Tata	5 00	х						0	0	0
Vice President for Europe (22) Jef Hendrickx	5 00									
Vice President for Europe		Х						0	0	0
(23) Jon Per Persent	5 00	V							•	
Vice President for Europe		Х						0	0	0
(24) Steven Wilson	5 00	Х						0	0	0
Vice President for Europe										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	penaent con									
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position Pos	ion (chan on is both directional	ne b	ox, u an of trus	inless ficer tee) Highe	Forme	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		trustee r	Trustee			st compensated				
(26) L Arrey Obenson	40 00			x				127,417	0	14,917
Secretary General								127,417	· ·	14,917

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DLN: 93493212009025

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization or Chamber International (JCI) Inc		Empl	loyer identificat	ion numb	er	_
			59-0	738429			
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		nds (or Accounts.	Comple	ete if the	:
		(a) Donor advised funds	Ī	(b) Funds and ot	theracco	unts	_
1	Total number at end of year	3				;	2
2	Aggregate value of contributions to (during year)	94,940				228,77	_
3	Aggregate value of grants from (during year)	105,354				394,92	;
4	Aggregate value at end of year	90,745				64,320	_
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		r advı:	sed	┌ Yes	√ No	
6	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	√ No	
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form	n 990, Part IV,	line 7.		_
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an h Preservation of a ce	ertified	d historic structi	ure		
	easement on the last day of the tax year	Г	Т				7
_	Total number of conservation easements	_	2-	Held at the E	na or the	e Year	\dashv
a		_	2a				\dashv
b	Total acreage restricted by conservation easements		2b				+
с	Number of conservation easements on a certified histo	` '	2c				\dashv
d	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	by th	e organızatıon d	urıng		
	the tax year ►						
4	Number of states where property subject to conservati	ion easement is located ►	_				
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ıng of	violations, and	┌ Yes	┌ No	
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easeme	ents d	uring the year			
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durina	the vear			
7	► \$, and emoreing conservation casements	aanng	, the year			
В	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of secti	ion 17	′0(h)(4)(B)(ı)	┌ Yes	┌ No	
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial s					
aı	**Complete If the organization answered "Y		r Oth	ner Similar A	ssets.		_
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revenuts held for public exhibition, education, or	rresea	arch in furtheran			_
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, or				olic	
	(i) Revenue included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			► \$			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		financ				
а	Revenue included in Form 990, Part VIII, line 1			► \$			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, Hi	storic	al Treas	ures, or Ot	her Sin	<u>ıilar Ass</u>	ets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records, o		•	_	_	ficant use	of its	
а	Public exhibition	d	Γ	Loan or ex	change progra	ams			
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and explain h	ow they	further the	organization'	s exempt	purpose ır	1	
5	During the year, did the organization solicit of						-	-	-
Dov	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang							Yes	l No
Fell	Part IV, line 9, or reported an an				Jii aliswelet	1 165 11	J FUIIII 3 :	5 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other asse	ets not	Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	owing ta	ble	_				
					F		Am	ount	
С.	Beginning balance				<u> </u>	1c			
d	Additions during the year				 	1d			
e	Distributions during the year				-	1e			
f	Ending balance				_	1f		-	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for es	crow or cus	stodial accoun	t liability	, 1	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	<u> </u>					<u></u>		<u> </u>
Pa	rt V Endowment Funds. Complete		nswere b)Pnor ye		Form 990, Two years back			(e)Four y	aare hack
1a	Beginning of year balance	167,968		73,241	163,145	(d)Tillee y	233,678	(e)i oui yi	204,652
b	Contributions	94,940		53,811	31,433		181,771		82,638
c	Net investment earnings, gains, and losses								
d	Grants or scholarships	112,658		59,084	21,337		252,304		53,612
e	Other expenditures for facilities	112,000							
	and programs								
f	Administrative expenses								
g	End of year balance	150,250	1	67,968	173,241		163,145		233,678
2	Provide the estimated percentage of the curr		ıne 1g,	column (a)) held as				
а	Board designated or quasi-endowment ►	0 %							
b	Permanent endowment ► 30 590 %								
C	remporarily restricted endowment	110 %							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses organization by	ssion of the organization	n that a	re held and	administered	for the		Yes	No
	(i) unrelated organizations						3a(i		No
	(ii) related organizations						. 3a(ii		
b	If "Yes" to 3a(II), are the related organization	·					. 3b	Yes	
4	Describe in Part XIII the intended uses of th								
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line :		organi	zation ans	swered 'Yes'	to Form	1990, Par	rt IV, III	ne
	Description of property			Cost or other (investment			Accumulated preciation	(d) Bo	ok value
	Buildings				2,156,	329	575,183	3	 1,581,146
	Leasehold improvements						-,-55		, ,
d I	Equipment				428,	258	413,048	3	15,210
					120,	641	41,948	3	78,693
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, co	lumn (B), line 10(c,).)		. ►		1,675,049
						S	chedule D	(Form 9	90) 2014

See Form 990, Part X, line 12.	lete if the organization a	answered 'Yes' to Fori	m 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year i	market value
(2)Closely-held equity interests			
(3)Other			
(A) Beneficial Interest in Jaycees International Foundation	9,659,142	F	
(B) Long-Term Time Deposit	550,656	F	
(C) Cash Held on Behalf of Third Party	4,815	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,214,613		
Part VIII Investments—Program Related. Com		answered 'Yes' to Fo	rm 990. Part IV. line 11c
See Form 990, Part X, line 13.	· -		
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization and (a) Description		, Part IV, line 11d See F	(b) Book value
(1) Interest Receivable	<u></u>		1,133
(2) Advances to Officers and Employees			884
(3) Income Receivable			118,954
(4) Asset Held for Resale			652,480
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			773,451
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25.	zation answered 'Yes' to	Form 990, Part IV, l	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Congress and Conference Bid Bonds	79,820		
Accrued Development Costs	78,196		
Agency Funds Due to Related Party	4,815		
Due to Foundation	24,826		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	187,657		
2 Linkship for an area to be a second of the			

Part		Revenue per Audited Financial Statements With Revenue powered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1		ner support per audited financial statements	1	4,199,892
2		out not on Form 990, Part VIII, line 12		
а) on investments 2a		
b	= -	facilities		
c		its 2c		
d)		
			2e	401,537
3	J		3	3,798,355
4		90, Part VIII, line 12, but not on line 1		3,7,00,000
		cluded on Form 990, Part VIII, line 7b . 4a		
u b	· ·) 4b		
	•		4c	
C E			5	3 709 355
		nd 4c. (This must equal Form 990, Part I, line 12) Expenses		3,798,355
rait/		nswered 'Yes' to Form 990, Part IV, line 12a.	hei	Return. Complete
1	_	er audited financial statements	1	3,547,418
		out not on Form 990, Part IX, line 25		
		facilities		
			1	
			1	
)		
	·		2e	102,631
	_		3	3,444,787
		90, Part IX, line 25, but not on line 1:	ب	3,444,707
		cluded on Form 990, Part VIII, line 7b 4a		
	•) 4b		
		· · · · · · · · · · · · · · · · · · ·		
			4c 5	2 444 797
	Supplemental In	and 4c. (This must equal Form 990, Part I, line 18)	5	3,444,787
Provid	le the descriptions required for , line 4 , Part X, line 2 , Part X	or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
Part V ,	Line 4	The intended use of the Organization's Endowment Funds is to support th JCI	e prog	grams and activities of
Part X,		The footnote regarding FIN 48 (ASC 740) provided by the taxpayer's aud states as follows "The Organization is a nonprofit organization and is existed Section 504(c)(4) of the Internal Revenue Code Therefore, no provision income taxes has been included in these financial statements. ASC 740, accounting for uncertainty in income taxes recognized in the Organization prescribes a recognition threshold and measurement attribute for the final and measurement of a tax position taken or expected to be taken in a tax provides guidance on derecognition and measurement of a tax position taken or expected to be taken in a tax in a tax return. The Organization files annual information returns with the Organization's federal information returns for years 2011 and beyond remby the Internal Revenue Service. The Organization did not have unrecogn December 31, 2014 or 2013, and does not expect this to change significant months. The Organization will recognize interest and penalties accrued on benefits as a component of income tax expense. As of December 31, 200 Organization has not accrued interest or penalties related to uncertain tax.	empt for fed Incorn's final return ken of federanized to cantly n any x posi	rom income tax under deral, state, or local me Taxes, clarifies the ancial statements and statement recognition in ASC 740 also rexpected to be taken al government. The subject to examination ax benefits as of rover the next 12 unrecognized tax and 2013, the sitions."
A djustn	, Line 2d - Other nents I, Line 2d - Other	Book Earnings of Jaycees International Foundation 227,399 Cost of Sal Statement 48,818 Fundraising Expenses Reported on Revenue Stateme Gain 71,507 Cost of Sales Reported on Revenue Statement 48,818 Fundraising Expe	nt 53,	813 Foreign Currency
Adjustn		Statement 53,813	11555	Reported on Revenue

	<u> </u>					
Part XIII Supplemental Information (continued)						
Ret	turn Reference	Explanation				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493212009025

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

e 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization or Chamber International (JCI) Inc				Employer identi	fication number		
Junio	of Chamber International (SCI) Inc	•			59-0738429			
Pa	rt I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiza	ation answered		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grant:	s and other		
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	See Add'l Data		-					
(2)								
(3)								
(4)								
(5)								
3a	Sub-total	4	6			480,907		
t	Total from continuation sheets to Part I	0	0			379,768		
(Totals (add lines 3a and 3b)	4	6			860,675		

L C				ived more than \$5,0		•	,		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		East Asia and the Pacific	Civic Service Projects in Respective Areas	14,500	Wire Transfer			
(2)		Sub-Saharan Africa	Civic Service Projects in Respective Areas	22,000	Wire Transfer			
(3)		South America	Civic Service Projects in Respective Areas	10,012	Wire Transfer			
(4)		Europe	Civic Service Projects in Respective Areas	16,000	Wire Transfer			
2				ed above that are re or counsel has pro					
3	Enter total num	ber of other	organizations or en	tities					

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

- Turciii can be	T dapheated if addition	Har space is it	ccaca.				ı
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Reimbursements to World President and Board Members for travel related expenses	Various			Wire Transfers			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	⊽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	Grants are issued to regional JCl Chambers for specific grants submitted to the World Wide headquarters

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III, Col (c)	Number of participants represents the members of the Board of Directors that are citizens of foreign countries

Additional Data

Software ID: Software Version:

EIN: 59-0738429

Name: Junior Chamber International (JCI) Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	1		Employees perform membership services and administrative support duties	Service Project Administration	97,110
East Asia and the Pacific	1		Employees perform membership services and administrative support duties	Service Project Administration	51,600
South America	1		Employees perform membership services and administrative support duties	Service Project Administration	130,142

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Sub-Saharan Africa	1		Employees perform membership services and administrative support duties	Service Project Administration	75,832			
Middle East and North Africa	0	0	Area Conference	Meetings/Seminars	22,094			
East Asia and the Pacific	0	0	A rea Conference	Meetings/Seminars	49,176			

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) A ctivities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
South America	0	0	Area Conference	Meetings/Seminars	27,671				
Europe	0	0	Area Conference	Meetings/Seminars	27,282				
Europe	0	0	Annual World Congress	Meetings/Seminars	379,768				

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DLN: 93493212009025

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Junior Chamber Internatio	nal (ICI) Inc	•				Employer ider	ntification number
dillor Chamber Internatio	nai (JCI) The					59-0738429	
	Activities. Complete required to complete th		ganızatıo	n answered "Yes" to	Form 9	90, Part IV,	line 17. Form 990-EZ
1 Indicate whether the	organization raised funds	through a	ny of the 1	following activities Che	eck all the	at apply	
a Mail solicitations		_	e	Solicitation of non			
b Internet and ema	ıl solıcıtatıons		f	Solicitation of gov	_	=	
c Phone solicitatio	ns		g	Special fundraisin	g events		
d In-person solicit	ations						
	have a written or oral agree ted in Form 990, Part VII)						Γ _{Yes} Γ _{No}
	highest paid individuals or t least \$5,000 by the orga		fundraıse	rs) pursuant to agreem	ents unde	er which the fu	ndraiser is
(i) Name and address individual or entity (fundraiser)		fundrais custo cont contrib	Did ser have ody or crol of putions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
-							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		<u>.</u>	.►				
3 List all states in which registration or licens	h the organization is regising	tered or li	censed to	l o solicit contributions o	r has bee	n notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
			(a) Event #1 100th Anniversary	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			Event (event type)	(event type)	(total number)	
Ð	1	Gross receipts	90,279	9		90,279
Revenue	2	Less Contributions	4,29	1		4,291
ĕ	3	Gross income (line 1 minus line 2)	85,988	3		85,988
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
å Ä	7	Food and beverages .				
Direct E	8	Entertainment				
占	9	Other direct expenses .	53,81	3		53,813
	10	Direct expense summary Add lir	nes 4 through 9 in column	n(d)		(53,813)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		32,175
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
enses	2	Cash prizes				
Den.	3	Non-cash prizes				
ă Д t	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes%_ ┌ No	┌ Yes%	,
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)		
9 a b	Ent Is t	er the state(s) in which the organization licensed to conduction." No," explain	ation conducts gaming ac t gaming activities in eac	tivities h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	, , , ,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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DLN: 93493212009025

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Junior Chamber International (JCI) Inc

Employer identification number

59-0738429

Par	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part II	I		
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	2		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organior a related organization	zation		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulation section 53 4958-6(c)?	ns 9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
	(i)	65,000	0	0	0	0	65,000	0	
resident	(ii)	0	0	0	0	0	0	0	
	(i)	127,417	0	0	4,800	10,117	142,334	0	
Secretary deficial	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493212009025

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Junior Chamber International (JCI) Inc

Employer identification number

59-0738429

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Organization has members who pay membership fees
Form 990, Part VI, Section A, line 7a	Members annually elect Board of Directors and Officers
Form 990, Part VI, Section B, line 11	Copies of the final Form 990 and schedules are emailed to each US board member prior to being filed with the IRS Board members are asked to review the return individually and to contact the return preparer, other board members, or executive officers with any question s or concerns
Form 990, Part VI, Section B, line 12c	If anyone voices a concern, it is investigated and resolved
Form 990, Part VI, Section B, line 15	There is an annual Salary Ranges Review Committee meeting held at World Congress which covers salaries for all employees except the Secretary General. The Salary Ranges Review Committee is made up of the President, Immediate Past President, Treasurer and Secretary General. The Secretary General's contract is initially established per JCI Constitution and Policy 16-1 and his performance is reviewed by the Executive Committee of the Board of Direct ors annually at World Congress.
Form 990, Part VI, Section C, line 19	All organization governing documents, conflict of interest policy, and financial statement s are made available to the public upon written request
Form 990, Part XI, line 9	Book Earnings of Jaycees International Foundation 227,399 Foreign Currency Gain 71,507
Form 990, Part XII, Line 2c	Organization's Secretary General reviews the audit of the financial statements for accurac y and completeness on behalf of the organizations Executive Committee

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DLN: 93493212009025

2014

OMB No 1545-0047

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Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Junior Chamber International (JCI) Inc 59-0738429 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co	(g) Section 512(b) (13) controlled entity?	
						Yes	No	
15645 Olive Blvd	The purpose of furthering charitable aims and objectives of JCI	МО	501(c)(3)	Contribution Support	N/A		No	

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

art V T	ansactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
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Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Jaycees International Foundation Inc	С	140,000	
(2) Jaycees International Foundation Inc	N	0	
(3) Jaycees International Foundation Inc	Q	40,000	

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**