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foundations)

DLN: 93493224023496

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ 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

Open to Public

		I					
A For	the 2015 ca	lendar year, or tax year beginning (01-01-2015 , and ending 12-31-20	015	_		
	k if applicable	C Name of organization Junior Chamber International (JCI) Inc			D Emplo	yer id	entification number
_ Addre	ess change	(59-07	73842	29
_ Name	e change	Doing business as					
Initial	l return				E Telepho	one nu	mber
_ Final return	n/terminated	Number and street (or P O box if mail 15645 Olive Boulevard	is not delivered to street address) Room/s	suite			3100
_	nded return	City or town, state or province, country	and ZIP or foreign postal code			, ¬¬¬>	J100
_	cation pending	Chesterfield, MO 63017	, and ZIP of foreign postal code		G Gross r	receipts	\$ \$ 5,651,636
Аррію	cation penaling	F. Nama and adduces of numerous	l - #	1			
		F Name and address of princip Ian Tan	oal officer		this a group bordinates?		n for □Yes 🔽 No
		15645 Olive Blvd Chesterfield, MO 63017			e all subordi		<u> </u>
		Chesterneld, NO 03017			:luded? 'No " attach	. a li at	· (cas instructions)
Tax-e	exempt status	501(c)(3) ▼ 501(c)(4) ◀ (inse	ert no)		roup exempt		(see instructions)
Web	bsite: ► ww	 W]CI CC			oup exempt	LIOII III	illibel F
		Corporation Trust Association	Othor Is	Vaar a	formation 19) 	M Chata of local democile
· FOIIII C	or organization	Corporation Trust Association	Other F	L fear o	ioimation 19		M State of legal domicile MO
Part	t I Sum	mary					
		scribe the organization's mission or					
,,	l o provid	e development opportunities that er	npower young people to create pos	sitive change			
aovemance							
	•				250/ 51		
	Z Check ti	nis box 析 if the organization disco	ntinued its operations or disposed	or more than	1 25% OF ITS	net a	ssets
	3 Number	of voting members of the governing	body (Part VI, line 1a)			з	26
2	4 Number	of independent voting members of t	ne governing body (Part VI, line 1b)		4	25
o cankina	5 Total nu	mber of individuals employed in cale	endar year 2015 (Part V, line 2a)			5	16
Į	6 Total nu	mber of volunteers (estimate if nece	essary)			6	0
		related business revenue from Part				7a	0
Ь	b Net unrel	ated business taxable income from	Form 990-T, line 34			7b	
	8 Contr	butions and grants (Part VIII, line	1 h)		rior Year 1,949,	E 7 1	Current Year 2,008,708
		am service revenue (Part VIII, line			1,696,		2,591,129
듄 ㅣ		ann borrios revenue (r are villi) mie	-9/	•		-	
S 1	10 Inves	tment income (Part VIII. column (A), lines 3, 4, and 7d)	.	6,	150	-25,986
35 1 1		tment income (Part VIII, column (A revenue (Part VIII, column (A), lin			145,	974	-
å 1	11 Other 12 Total	, , ,	es 5, 6d, 8c, 9c, 10c, and 11e)		145,	974	-25,986 56,109 4.629,960
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St Louis, MO 631271805

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

. ✓ Yes ☐ No

Forn	n 990 (2015)					Page :
Pai	t III Stateme	ent of Program Serv	ice Accomp	lishments		
	Check if S	chedule O contains a resp	onse or note t	o any line in this Part III		· · · ·
1		the organization's mission		-		
dıffe prov	rent countries arou	und the world The Organiz ity for young people to dev	ation's primary	s a federation of independen y purpose is to contribute to rship skills, social responsi	the advancement of the g	lobal community by
2				ervices during the year whic		┌Yes ┌No
	If "Yes," describ	e these new services on S	chedule O			
3				nt changes in how it conduct		⊤Yes ▼No
	If "Yes," describ	e these changes on Sched	lule O			
4	expenses Section) organization:	nents for each of its three la s are required to report the a service reported		
4a	(Code) (Expenses \$	1,011,935	ıncludıng grants of \$) (Revenue \$	1,722,243)
	Membership Activiti	es Publishes handbooks and m	aıntaıns communi	cations with JCI Members		
4b	(Code) (Expenses \$	933,840	ıncludıng grants of \$) (Revenue \$	405,648)
	JCI Officers and Me	eetings Provides for travel and	meeting expenses	;		_

) (Revenue \$

See Additional Data

(Expenses \$

4d

Other program services (Describe in Schedule O)

416,399 including grants of \$

2,502,829)

Part IV Chec	klist of	Required	Schedules
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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 I	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	
c	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		N o
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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)			
				NI -
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	Yes	
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		Νo
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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part V, line 2	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	

	990 (2015)					Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V	_		
	Chock in Contaction of Contaction of the Contact				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable \cdot .	1a	29			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend •	dors and reportable	1 c	Yes	
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	16			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during	-	,	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ►BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter 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 \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su • •	ch contributions or gifts	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Form 8282?	•		7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sınes	s holdings at any time			
•				8		
	Did the sponsoring organization make any taxable distributions under section 4966. Did the sponsoring organization make a distribution to a donor, donor advisor, or relative to the sponsoring organization make a distribution to a donor, donor advisor, or relative to the sponsoring organization make any taxable distributions under section 4966.			9a 9b		
10	Section 501(c)(7) organizations. Enter	iteu p		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
-	To the community of the		Saarba saara 1			
	Is the organization licensed to issue qualified health plans in more than one state? Nadditional information the organization must report on Schedule O	ote. S	ee the instructions for	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	13b				
c	Enter the amount of reserves on hand	13c				
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 explana	tıon ıı	n Schedule O	14b		

Se	ction A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	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 1b 25			
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	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie 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	ection 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			

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

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

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

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	more t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 (1100)	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(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-	am	(F) Estima lount o ompens from t	ted f other ation
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		anızatı relate ganıza	ed
See	Addıtıonal Data Table													
1b	Sub-Total			•		٠.	<u> </u>							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•	•			23	2,344	0			16,797
	Total number of individuals (in	cludina but not			se l	ıste	d abov	e) wh						
	\$100,000 of reportable compe							,						
													Yes	No
3	Did the organization list any fo					key	emplo	yee,	or highes	t compen	sated employee			
	on line 1a? If "Yes," complete S					•	• •	•				3		Νo
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1									anızatıon	or individual for			
	services rendered to the organ	iization <i>*IT "Yes,</i>	·· compie	te Sc	neau	iie J	rorsuc	n pe	rson .		[5		No
Se	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												x year	
		(A) ame and business a						•			(B) cription of services		(C) Compen	

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	4	Statement of Revenue		th Dt \/ III			_
		Check if Schedule O contains a respo	nse or note to any lin	(A)	(B)	 (C)	(D)
				Total revenue	Related or	Unrelated	Revenue
					exempt	business	excluded from
					function revenue	revenue	tax under sections
							512-514
s s	1a	Federated campaigns 1a					
tributions, Gifts, Grants Other Similar Amounts	ь	Membership dues 1b	1,717,868				
Gr. mo	c	Fundraising events 10	10,176				
ξĀ	_						
Gif ilai	d	Related organizations 10					
ir.	e	Government grants (contributions) 16					
Contributions, Giffs, and Other Similar A	f	All other contributions, gifts, grants, and similar amounts not included above	100,664				
but the		Noncash contributions included in lines					
Ē	g	1a-1f \$					
Cont and	h	Total. Add lines 1a-1f		2,008,708			
			Business Code				
Пе	2a	Congress Revenues	900099	1,924,204	1,924,204		
iewei	ь	Conference Fees	900099				
<u>2</u>				405,648	405,648		
MCK	C	Sponsorship	900099	261,277	261,277		
Ser	d						
Program Service Revenue	e						
∑ 212	f	All other program service revenue					
Ρ̈́	g	Total. Add lines 2a-2f		2,591,129			
	3	Investment income (including divider					
		and other similar amounts)	🟲 📙	10,950			10,95
	4	Income from investment of tax-exempt bond	proceeds -				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
	_	expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)					
	_	(i) Securities	(II) Other				
	7a	Gross amount from sales of	670,498				
		assets other than inventory					
	Ь	Less cost or other basis and	707,434				
		sales expenses Gain or (loss)	-36,936				
	c d	Net gain or (loss)		-36,936	-36,936		
۸.		Gross income from fundraising		30,330	30,330		
ıπe	l oa	events (not including					
₹		\$					
Вe		of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a a	283,404				
Other Revenue	Ь	Less direct expenses b	203,404				
J	c	Net income or (loss) from fundraising		15,050			15,05
	9a	Gross income from gaming activities	·				
		See Part IV, line 19					
	_	a					
		Less direct expenses b					
		Net income or (loss) from gaming act	ivities				
	TOa	Gross sales of inventory, less returns and allowances .					
		a	50,263				
	ь	Less cost of goods sold b	45,888				
		Net income or (loss) from sales of inv		4,375	4,375		
		Miscellaneous Revenue	Business Code				
	11a	O ther I ncome	900099	36,684	36,684		
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12			36,684			
	12	Total revenue. See Instructions .	· · · · •	4,629,960	2,595,252	0	26,000

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ntions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	232,344	232,344		
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	1,187,751	1,116,484	71,267	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,519	26,551	8,968	
9	Other employee benefits	70,448	55,452	14,996	
10	Payroll taxes	95,021	90,252	4,769	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,914		1,914	
C	Accounting	26,208		26,208	
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	37,782	37,782		
13	Office expenses	78,193	53,571	24,622	
14	Information technology				
15	Royalties				
16	Occupancy	140,594	32,400	108,194	
17	Travel	784,827	784,216	611	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	482,223	476,338	5,885	
20	Interest	14,178		14,178	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,943		71,943	
23	Insurance	34,598	10,211	24,387	
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)				
а	Development Fund	104,722	104,722		
b	Bank Charges	76,982		76,982	
c	Web Development	44,888	44,888		
d	Public Relations	44,451	15,642	28,809	
e	All other expenses	147,733	78,728	69,005	
25	Total functional expenses. Add lines 1 through 24e	3,712,319	3,159,581	552,738	0
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 359,280 356,055 1 1 2 1.453.254 2 1.629.547 Savings and temporary cash investments 3 3 4 27.328 4 28.159 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 7 7,479 7 133,140 8 113,523 8 116,515 22.849 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 2,716,652 10a Complete Part VI of Schedule D b 10b 1,101,168 1,675,049 10c 1,615,484 Less accumulated depreciation 300,000 11 Λ 11 10,214,613 12 10,629,973 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 773.451 15 451.496 16 Total assets. Add lines 1 through 15 (must equal line 34) 14.958.964 16 14,948,231 507,367 130,420 17 **17** Accounts payable and accrued expenses 18 18 33.700 19 51,663 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 517,018 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 187,657 25 151,617 1,245,742 26 333,700 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 9.796.542 10,448,669 27 27 28 111,092 28 178,654 Fund 3,805,588 3,987,208 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 13,713,222 33 14,614,531 Total liabilities and net assets/fund balances 14.958.964 34 14.948.231

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,6	529,960
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7	712,319
3	Revenue less expenses Subtract line 2 from line 1	3			917,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			713,222
5	Net unrealized gains (losses) on investments	5			, 13,222
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			-16,332
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			514,531
Par	t XIII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	. <u>v</u>
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sepa basis, consolidated basis, or both	ırate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it 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 th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version:

EIN: 59-0738429

Name: Junior Chamber International (JCI) Inc

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

(Code) (Expenses \$ 416,399 including grants of \$) (Revenue \$ 2,502,829)

World Congress Annual congress for JCI members, provides training sessions, holds elections and distributes theme publications Expenses related to World Congress \$413,677Operation Hope Countries affected by natural disasters receive assistance from JCI donations Expenses related to Operation Hope \$51,542

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

Compensated Employees, and Inde	ependent Co		rs			,	•	l	ı	1	
(A) Name and Title	(A) Name and Title 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	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee	Institutional	<u>⊋</u>		Highest compensated	Former	2/1099-MISC)	organizations (W- 2/1099-MISC)	organization and related organizations	
		α. α. α:	Trustee			e de suite					
Ismail Haznedar	40 00					_					
World President	•••••	Х		Х				65,000	0	0	
Shine Bhaskaran Past President	5 00	×		х				0	0	0	
Paschal Dike	5 00							_	_		
General Legal Counsel		X		Х				0	0	0	
Keng Wong Treasurer	5 00	х		х				0	0	0	
Basıle Djossouvı Executive VP - Africa & Middle East	5 00	х		х				0	0	0	
Natalie Viselli	5 00	x		x				0	0	0	
Executive VP - Asia & the Pacific	5 00										
Victor Machin Executive VP - The Americas		х		Х				0	0	0	
Steven Wilson	5 00	х		х				0	0	0	
Executive VP - Europe Dinamalala Rajaobelison	5 00										
Vice President for Africa & Middle East		Х						0	0	0	
Hymmeldat Rudolphe Dibakala Vice President for Africa & Middle East	5 00	x						0	0	0	
Itaı Manyere Vice President for Africa & Middle East	5 00	х						0	0	0	
Shadı İzmiqna Vice President for Africa & Middle East	5 00	х						0	0	0	
Anoop Vettiyattil	5 00	х						0	0	0	
Vice President for Asia & the Pacific Batkhishig Purevdoo	5 00	х						0	0	0	
Vice President for Asia & the Pacific Khalil-Ur-Rahman	5 00										
Vice President for Asia & the Pacific		Х						0	0	0	
Yasuyoshı Watarı Vıce President for Asia & the Pacific	5 00	х						0	0	0	
Adam Bonarek Vice President for The Americas	5 00	х						0	0	0	
Ana Brenda Gonzalez	5 00							_	_		
Vice President for The Americas		X						0	0	0	
Candice Henriquez Vice President for The Americas	5 00	х						0	0	0	
Oscar Hijosa Mila Oscar Hijosa Mila Vice President for The Americas	5 00	х						0	0	0	
Charlotte Bysted	5 00	х						0	0	0	
Jonathan J Borg Vice President for Europe	5 00	х						0	0	0	
Lisan Beentjes Vice President for Europe	5 00	x						0	0	0	
Marc-Arnaud Kone	5 00	х						0	0	0	
Vice President for Europe Nikola Cvetkovic	5 00							-	-		
Vice President for Europe		X						0	0	0	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the personal Individual trustice or director	ion (d nan o n is b	ne bo	ox, u an of trus	inless ficer tee)	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
L Arrey Obenson Secretary General	40 00			х				167,344	0	16,797

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224023496

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

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

Open to Public

Naı	me of the organization or Chamber International (JCI) Inc	· · · · · · · · · · · · · · · · · · ·		oyer identifi	cation num	
Pa		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.		738429 Or Account	ts.	
	Complete in the organization unowers	(a) Donor advised funds	(b)	Funds and ot	her accoun	ts
L	Total number at end of year	3				2
2	Aggregate value of contributions to (during year)	394,498				204,830
3	Aggregate value of grants from (during year)	268,354				258,103
ı	Aggregate value at end of year	216,888				11,046
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	-	nor advi:	sed	┌ Yes	√ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	any othe	r purpose	☐ Yes	√ No
Pai	t II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part	IV, line 7	
2	Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	☐ Preservation of a	certified	l historic stri	ucture	a
	,,,			Held at t	he End of t	he Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme	ents	2b			
c	Number of conservation easements on a certified	historic structure included in (a)	2c			
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, traitax year -		ed by th	e organızatıo	n during the	e
ļ 5	Number of states where property subject to cons Does the organization have a written policy regar		—— ndlina of			
	violations, and enforcement of the conservation e Staff and volunteer hours devoted to monitoring,	asements it holds?	_		Yes N	
5	year	inspecting, nanuling of violations, and emore	ing cons	servation eas	sements du	ing the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing of	conserva	ition easeme	nts durina t	he vear
,	▶ \$				y	,
3	Does each conservation easement reported on lii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17		Yes	0
•	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia				
ar	Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Simila	r Assets.	
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education	, or resea	arch in furthe		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education				blic
(i) Revenue included on Form 990, Part VIII, line 1	L	► \$_			
(i	i) Assets included in Form 990, Part X					
2	If the organization received or held works of art, he following amounts required to be reported under S		for financ			
а	Payanua included on Form 990 Part VIII line 1			- ¢		

b Assets included in Form 990, Part X

Part	3 9 9 1	Organizations Maintaining (continued)	Collections of A	rt, Historical	Treasures,	or Ot	her Similar A	ssets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other reco					e of its	
а	┌ P	ublic exhibition		d Lo	an or exchange	progra	ms		
b		scholarly research		e	her				
c	┌ P	reservation for future generations							
4	Provi Part)	de a description of the organization [.] KIII	's collections and exp	laın how they fur	ther the organiz	atıon's	exempt purpose	ın	
5		g the year, did the organization soli s to be sold to raise funds rather th						⊢ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 990, Par	t IV, line 9, o	r repo	orted an amoun	ıt on Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other intern	nediary for contr	ibutions or othe	rasse	ts not Yes	F No	
b	If'	'Yes," explain the arrangement in P	art XIII and complete	the following ta	ble		Am	ount	
C	Be	ginning balance				1c			
d	Αd	ditions during the year				1d			
e	Dis	stributions during the year				1e			
f	Εn	ding balance				1f			
2a		ne organization include an amount o	n Form 990, Part X, Iı	ne 21. for escro	w or custodial a	ccount	lability? Yes	ГПо	
		_	, ,	•			,	·	
b	If"Y€	es," explain the arrangement in Part	XIII Check here if th	ne explanation h	as been provide	d ın Pa	art XIII		Γ
Pai	rt V	Endowment Funds. Comple	te if the organization	on answered "					
			(a)Current year	(b) Prior year	b (c)Two years I		d) Three years back	(e) Four ye	
1a	Begir	nning of year balance	150,250	167,968	173	,241	163,145		233,678
b	Cont	ributions	394,498	94,940	53	,811	31,433		181,771
c	Net II	nvestment earnings, gains, and							
d	Grant	ts or scholarships	326,510	112,658	59	,084	21,337		252,304
e		r expenditures for facilities rograms							
f	• Admi	nistrative expenses							
g g		of year balance	218,238	150,250	167	,968	173,241		163,145
2	Provi	de the estimated percentage of the	current year end bala	nce (line 1g, col	umn (a)) held as				
а	Board	l designated or quasi-endowment ►	0 %	-					
ь		anent endowment ► 21 060 %							
			78 940 %						
С		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c							
За		here endowment funds not in the po		zation that are h	neld and adminis	stered	for the		
		ization by	5					Yes	No
	(i) un	related organizations						ı(i)	No
		elated organizations					<u></u>	(ii) Yes	
_		es" on 3a(II), are the related organiz	· ·				3	3b Yes	
4 Date	Desc t VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip		naowment funds					
Pal	r AT	Complete if the organization a		orm 990. Part	IV. line 11a.9	See Fo	orm 990. Part X	(, line 10.	
		Description of property		(a) Cost or other (investme)	basis Cost or oth) ner basis	Accumulated		k value
1a	_and				,			1	
	Buildin				2.	156,329	629,09	1	1,527,238
		nold improvements					,,,,,		· · · · ·
		nent				439,682	424,09)7	15,585
						120,641			72,661
		lines 1a through 1e <i>(Column (d) mus</i>	st equal Form 990, Part	X, column (B), lii					1,615,484

Part VIII Investments—Other Securities. Compare See Form 990, Part X, line 12.	plete if the organi	zation answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)O ther			
(A) Beneficial Interest in Jaycees International Foundation		9,769,367	F
(B) Long-Term Time Deposit		850,909	F
(C) Cash Held on Behalf of Third Party		9,697	F
Table (Colors (b) south and Fars (000 Bart V and (00 bar 12))	*	10.630.073	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		10,629,973	
Complete if the organization answered '	Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on Fo	orm 990, Part IV, line 11	1d See Form 990, Part X, line 15
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	iization answered	'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
Congress and Conference Bid Bonds	80,78		
Accrued Development Costs	61,14		
Agency Funds Due to Related Party	9,69	7	
		_	
		⊣	
·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	151,61	7	

3,712,319

	(4)		i age -
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	5,091,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	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)		
e	Add lines 2a through 2d	2e	461,403
3	Subtract line 2e from line 1	3	4,629,960
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,629,960
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,190,054
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	477,735
3	Subtract line 2e from line 1	3	3,712,319
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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

Return Reference	Explanation
Part V, Line 4	The intended use of the Organization's Endowment Funds is to support the programs and activities of JCI
Part X, Line 2	The footnote regarding FIN 48 (ASC 740) provided by the taxpayer's audited financial statements states as follows "The Organization is a nonprofit organization and is exempt from income tax under Section 504(c)(4) of the Internal Revenue Code Therefore, no provision for federal, state, or local income taxes has been included in these financial statements ASC 740, Income Taxes, clarifies the accounting for uncertainty in income taxes recognized in the Organization's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return ASC 740 also provides guidance on derecognition and measurement of a tax position taken or expected to be taken in a tax return. The Organization files annual information returns with the federal government. The Organization's federal information returns for years 2012 and beyond remain subject to examination by the Internal Revenue Service. The Organization did not have unrecognized tax benefits as of Decemeber 31, 2015 or 2014 and does not expect this to change significantly over the next 12 months. The Organization will recognize interest and penalties accrued on any unrecognized tax benefits as a component of income tax expense. As of Decemeber 31, 2015 and 2014, the Organization has not accrued interest or penalties related to uncertain tax positions. Subsequent to December 31, 2014 has been selected for examination by the Internal Revenue Service."
Part XI, Line 2d - Other Adjustments	Book Earnings of Jaycees International Foundation 110,225 Cost of Sales Reported on Revenue Statement 45,888 Fundraising Expenses Reported on Revenue Statement 268,354 Loss on Disposal of Assets 36,936
Part XII, Line 2d - Other Adjustments	Cost of Sales Reported on Revenue Statement 45,888 Fundraising Expenses Reported on Revenue Statement 268,354 Foreign Currency Loss 126,557 Loss on Disposal of Assets 36,936

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493224023496

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 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

2015

Open to Public Inspection

	e of the organization				Employer ident	ification number
Junio	r Chamber International (JCI) In	C			59-0738429	
Pa	rt I General Information Complete if the organi				14b.	
1	For grantmakers. Does the dand other assistance, the grants or a used to award the grants or a	the selection criteria	✓ Yes			
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace 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)						
	Sub-total Total from continuation sheets to Part I	4 0	8			473,992 408,722
c	: Totals (add lines 3a and 3b)	4	8			882,714

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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		Asıa Pacıfic	Civic Service Projects in Respective Areas	19,000	Wire Transfer			
(2)		Africa & Middle East	Civic Service Projects in Respective Areas	42,000	Wire Transfer			
(3)		The Americas	Civic Service Projects in Respective Areas	8,000	Wire Transfer			
(4)		Europe	Civic Service Projects in Respective Areas	27,778	Wire Transfer			

Schedule	F	(Form	990)	201
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a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, othe
Reimbursements to World President and Board Members for travel related expenses	Various			Wire Transfers			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the 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>	Νo
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)	Γ	Yes	⊽	No
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)	Γ	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)	Γ	Yes	ᅜ	No
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)	Γ	Yes	굣	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>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 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	2	Employees perform membership services and administrative support duties	Service Project Administration	101,873
Asia Pacific	1		Employees perform membership services and administrative support duties	Service Project Administration	53,510
The Americas	1		Employees perform membership services and administrative support duties	Service Project Administration	160,239

Form 990 Schedule F	Part I - Activi	ties Outside 1	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
Africa & Middle East	1		Employees perform membership services and administrative support duties	Service Project Administration	88,891
Africa & Middle East	0	0	Area Conference	Meetings/Seminars	8,892
Asia Pacific	0	0	Area Conference	Meetings/Seminars	19,830

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				
The Americas	0	0	Area Conference	Meetings/Seminars	7,122				
Europe	0	0	Area Conference	Meetings/Seminars	33,635				
Asia Pacific	0	0	Annual World Congress	Meetings/Seminars	408,722				

DLN: 93493224023496

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information Regarding

Fundraising or Gaming Activities

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.

Name of the organization

Employer identification number

unior Chamber International (JCI) Inc				59-073842	€
Part I Fundraising Activ					on Form 990, Part I\	/, line 17.
Indicate whether the organization Mail solicitations Internet and email solicitions Phone solicitations In-person solicitations In-person solicitations Did the organization have a workey employees listed in Foservices? If "Yes," list the ten highest to be compensated at least services.	tations vritten or oral ac orm 990, Part V	greement v II) or enti	with any ii ty in conr es (fundra	Solicitation of n Solicitation of n Solicitation of n Special fundrais ndividual (including officence on the professional officence of the professional	on-government grants overnment grants ing events ers, directors, trustees I fundraising	es No fundraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
5						
6						
7						
8						
9						
otal			•			
3 List all states in which the organic registration or licensing	anızatıon ıs regi	stered or		o solicit contributions o	l or has been notified it is	 exempt from

Part II	Fun	draisin	g Events
		ai aisiii	d FACILES

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 100th Anniversary	(b) Event #2	(c)O ther events	(d) Total events
		Event (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue					
Rev	1 Gross receipts	293,580			293,580
	2 Less Contributions	10,176			10,176
	Gross income (line 1 minus	283,404			283,404
	4 Cash prizes				
	5 Noncash prizes				
မှ	6 Rent/facility costs				
ens	7 Food and beverages				
찚	8 Entertainment				
Direct Expenses	9 Other direct expenses	268,354			268,354
Δ	10 Direct expense summary Add lines	4 through 9 ın column (d)		268,354
D	11 Net income summary Subtract line 1	.0 from line 3, column (d)	.	15,050
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Jses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
ਹ ਵਿ	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteerlabor	│ Yes % │ No	│ Yes <u>%</u> │ No	│ Yes % %	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	<u> ▶</u>	
9 a	Enter the state(s) in which the organization licensed to conduct				⊤Yes ⊤No
b	If "No," explain				
	Were any of the organization's gaming l	ıcenses revoked, suspei	nded or terminated during		「Yes 「No
O	11 1es, expidiii				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		ГYes Г	No
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name ▶				
15a	Does the organization have a contract		whom the organization receives gaming		
	revenue?	men a emia parcy nom v	mom the organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🟲 \$ a		110
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
	·	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?		5 5.	ГYes Г	No
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the explain the state of the stat	anations required by Part I, line 2b, as applicable. Also complete this pa		(v); and
	Return Reference		Explanation		
		L	· · · · · · · · · · · · · · · · · · ·		

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Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Junior Chamber International (JCI) Inc 59-0738429

Pai	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
	an ecco. 5, trastees, officers, merading the election		nector, regarding the reams effected in the 14			
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	that apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	\vdash	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization	, Part VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section of compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III					NI -
9		he rebutt	able presumption procedure described in Regulations	8		No

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1	(E) Total of columns	• •
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Ismail Haznedar World President	(i)	65,000	0	0	0	0	65,000	0
	(ii)	0	0	0	0	0	0	0
2 L Arrey Obenson Secretary General	(i)	167,344	0	0	6,900	9,897	184,141	0
,	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

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) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Junior Chamber International (JCI) Inc	
	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 JCl 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 110,225 Foreign Currency Loss -126,557
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

► Attach to Form 990.

DLN: 93493224023496

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

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

2015

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Junior Chamber International (JCI) Inc 59-0738429 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) 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 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (f) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Section 512(b) Primary activity Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1) Jaycees International Foundation The purpose of furthering МО 501(c)(3) Contribution Support 15645 Olive Blvd charitable aims and N/A objectives of JCI Chesterfield, MO 63017 65-0163209

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Ye	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershij
				314)			Yes	No		Yes	No	

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

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

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
$oldsymbol{1}$ During the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
f c Gıft, grant, or capital contribution from related organization(s)				\perp	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	nvolved	
(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

revenue) that was not a related organization. See instructions														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners (f) Share of total (c)(3) Income	total end-of-yea	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No		
												1	İ	

Part VII Supplemental Information

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

Explanation

Return Reference

Schedule R (Form 990) 2015