

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

2016

DLN: 93493230011007 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

foundations)

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

. Inspection

| A F | or th | e 2016 ca | alendar year, or tax year begin | ning 01-01-2016 , and ending | 12-31-2 | 016 | | | |
|-----------------------------|---------|------------------|---|--|------------|---------------|---------------------------|-------------|------------------------|
| | | pplicable | C Name of organization | | | | D Employer ı | dentific | cation number |
| ☐ Ad | dress | change | Junior Chamber International (JCI) I | nc | | | 59-073842 | 9 | |
| □ Na | | - | Doing business as | | | | 33 3733 12 | | |
| ☐ Ini | | turn | Doing Business us | | | | | | |
| □etur | n/terr | minated | Number and street (or P O box if mag | all is not delivered to street address) Ro | om/suite | | E Telephone n | umber | |
| | | d return | 15645 Olive Boulevard | | • | | (636) 449- | -3100 | |
| ⊔ Ар | piicati | on pending | City or town, state or province, cour | try, and ZIP or foreign postal code | | | | | |
| | | | Chesterfield, MO 63017 | | | | G Gross receip | ots \$ 3,9 | 909,335 |
| | | | F Name and address of principa | lofficer | Н | (a) Is this | a group retur | n for | |
| | | | Ian Tan 15645 Olive Blvd | | | | linates? | | □Yes ☑No |
| | | | Chesterfield, MO 63017 | | | I(b) Are all | subordinates | | ☐ Yes ☐No |
| I Ta: | x-exer | npt status | ☐ 501(c)(3) ☑ 501(c) (4) 4 | (insert no) 4947(a)(1) or 1 | E27 | include | ed? " attach a list | /cee !! | |
| 1 VA/ | obcit | te:▶ ww | | 4947(a)(1) 01 L | | | exemption nu | | |
| J 44 | epsii | le: P ww | w jei ee | | | () C.Oup | exemption na | ilibe. F | |
| K Forn | n of o | rganization | ☑ Corporation ☐ Trust ☐ Asso | ciation Other > | L | Year of forma | | | f legal domicile |
| K TOIT | 11 01 0 | rganization | E Corporation E Trust E Asso | Claudii La Ottiei P | | | MC |) | |
| Pa | rt I | Sum | mary | | | | <u>'</u> | | |
| | | | scribe the organization's mission o | | | | | | |
| e . | - | To provide | e development opportunities that e | mpower young people to create po | sitive cha | ange | | | |
| Governance | | | | | | | | | |
| Ē | - | | | | | | | | |
| Š | | | | continued its operations or dispose | | | of its net asse | ets | |
| | 3 | Number o | of voting members of the governin | g body (Part VI, line 1a) | | | | 3 | 26 |
| ₹ 0 | 4 | Number o | of independent voting members of | the governing body (Part VI, line 1 | .b) . | | • | 4 | 25 |
| Activities & | 5 | Total nun | nber of individuals employed in ca | endar year 2016 (Part V, line 2a) | | | | 5 | 15 |
| ⋛ | 6 | Total nun | mber of volunteers (estimate if nec | essary) | | | • | 6 | 0 |
| ĕ | 7a | Total unr | elated business revenue from Part | VIII, column (C), line 12 | | | | 7a | 0 |
| | Ь | Net unrel | lated business taxable income fron | n Form 990-T, line 34 | | | | 7b | 0 |
| | | | | | | Pric | or Year | | Current Year |
| Qı. | 8 | Contribut | tions and grants (Part VIII, line 1h |) | | | 2,008,708 | 3 | 1,909,240 |
| Ě | 9 | Program | service revenue (Part VIII, line 2g |) | • | | 2,591,129 |) | 1,840,147 |
| Rəvenue | 10 | Investme | ent income (Part VIII, column (A), | lines 3, 4, and 7d) | | | -25,986 | ; | 18,260 |
| <u> </u> | 11 | Other rev | venue (Part VIII, column (A), lines | 5, 6d, 8c, 9c, 10c, and 11e) | | | 56,109 | | 102,763 |
| | | | | st equal Part VIII, column (A), line | 12) | | 4,629,960 | | 3,870,410 |
| | 13 | Grants ar | nd similar amounts paid (Part IX, o | olumn (A), lines 1–3) | • | | C | | 0 |
| | l | | paid to or for members (Part IX, co | , ,, | | | C | | 0 |
| Ś | I | | | nefits (Part IX, column (A), lines 5- | -10) | | 1,621,083 | | 1,614,138 |
| Expenses | l | • | onal fundraising fees (Part IX, colui | , | | | | + | 0 |
| 8 | | | raising expenses (Part IX, column (D), li | | • | | | | |
| 표 | | | penses (Part IX, column (A), lines | | _ | | 2,091,236 | ; | 2,250,634 |
| | l | | penses Add lines 13-17 (must equ | · · | | | 3,712,319 | + | 3,864,772 |
| | | · | less expenses Subtract line 18 fro | . , , , , , , , , , , , , , , , , , , , | | | 917,641 | + | 5,638 |
| _ <u>(v</u> | 19 | Revenue | less expenses Subtract line to inc | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | Reginning | of Current Year | | End of Year |
| Net Assets or Fund Balances | | | | | | beginning (| or current rear | | Liid Oi Teal |
| a a | 20 | Total ass | ets (Part X, line 16) | | | | 14,948,231 | | 15,969,389 |
| A As | l | | oilities (Part X, line 26) | | | | 333,700 | 1 | 750,801 |
| ξŝ | l | | ts or fund balances Subtract line 2 | 1 from line 20 | | | 14,614,531 | + | 15,218,588 |
| Pai | | _ | ature Block | | | | ,, | 1 | |
| | | | | ned this return, including accompa | nying sch | nedules and | statements, a | nd to t | :he best of my |
| | | | ef, it is true, correct, and complete | Declaration of preparer (other tha | n officer) | ıs based or | all information | on of w | hich preparer has |
| any k | nowie | eage | | | | | | | |
| | | ***** | * | | | 2017 | 7-08-09 | | |
| Sign | | Signati | ure of officer | | | Date | | | |
| Here | | Ian Tar | n Chief Financial Controller | | | | | | |
| | | | or print name and title | | | | | | |
| | | | Print/Type preparer's name | Preparer's signature | Date | Char | PTIN | | |
| Paid | t | ^ | Michael P McNerney CPA | Michael P McNerney CPA | | Chec self- | ck LJ if P00° employed | 792166 | |
| Pre | | er 🖪 | irm's name 🕨 Schowalter & Jabouri P | С | | | 's EIN ▶ 43-118 | 38822 | |
| Use | | 1 - | irm's address ▶ 11878 Gravois Road | | | Phor | ne no (314) 849 | -4999 | |
| | | | St Louis, MO 6312718 | 05 | | | | | |
| Mav t | he IR | S discuss | this return with the preparer show | yn above? (see instructions) | | | | ✓ Y4 | es 🗆 No |
| | | | duction Act Notice, see the sep | , | | Cat No 1: | 1282Y | | Form 990 (2016) |

| Form | 990 (2016) | | | | | Page 2 |
|------------|--|--------------------------------------|-------------------------------------|---|--|------------------------|
| Par | t IIII Statement | of Program Service | Accomplis | hments | | |
| | Check if Sche | dule O contains a respor | se or note to | any line in this Part III | | |
| 1 | Briefly describe the o | rganization's mission | | | | |
| coun | tries around the world rtunity for young peop | The Organization's prin | nary purpose is | s to contribute to the a | ent national service organizat dvancement of the global com ship, and entrepreneurship ne | |
| 2 | - | undertake any significar | | vices during the year w | hich were not listed on | . □Yes ☑No |
| | • | r 990-EZ? se new services on Sche | | | | . ∟Yes ⊻No |
| 3 | services? | cease conducting, or ma | | - | ucts, any program | . □Yes ☑No |
| 4 | Section 501(c)(3) and | | s are required | to report the amount of | largest program services, as of grants and allocations to ot | |
| 4a | (Code See Additional Data |) (Expenses \$ | 793,588 | including grants of \$ |) (Revenue \$ | 1,732,672) |
| 4b | (Code See Additional Data |) (Expenses \$ | 905,064 | including grants of \$ |) (Revenue \$ | 536,486) |
| 4 c | (Code See Additional Data |) (Expenses \$ | 742,446 | including grants of \$ |) (Revenue \$ | 0) |
| | (Code |) (Expenses \$ | 629,954 | ıncludıng grants of \$ |) (Revenue \$ | 1,582,993) |
| | Congress \$354,068Ope \$48,614Global Youth Em | ration Hope Countries affect | ted by natural di to empower you | sasters receive assistance ng people, ages 18 to 40, | and distributes theme publications from JCI donations Expenses relat around the globe to impact their co | ted to Operation Hope |
| 4d | Other program service | ces (Describe in Schedul | e O) | | | |
| | (Expenses \$ | • | ding grants of | <u>'</u> |) (Revenue \$ | 1,582,993) |
| <u>4e</u> | Total program serv | rice expenses ► | 3,071,0 | 52 | | Form 990 (2016) |

Yes

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

13

14a

14h

15

16

17

18

19

Page 3

No No

No

No

Nο

Nο

No

No

Nο

No

No

No

Nο

Νo

Form **990** (2016)

| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete |
|--|
| Schedule A |
| Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🥞 |

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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?

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? 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?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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

or X as applicable

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, a Did the organization report an amount for land, buildings, and equipment in Part X, line 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 🛸

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 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

business, investment, and program service activities outside the United States, or aggregate foreign investments

14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year? b Was the organization included in consolidated, independent audited financial statements for the tax year?

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X 🕏

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 🕏

29

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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, If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes

No Nο Nο

Page 4

No

Νo

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

| ווווכ | 990 (2016) | | | Page |
|-------|--|--|-----|------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | Ш |
| | Fortunation according to the Devil 2 of Forms 1006 Fortun O. African conduction. | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | 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 | | | |
| L | | 2 _b | Yes | |
| D | 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) | 20 | 163 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | 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 | |
| b | 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? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| Č | If res, to line 3a of 3b, and the organization meronin 6060-1. | 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? | 6 a | 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). | | | |
| а | 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 | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | 110 |
| 9 | required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | | | |
| 8 | 1098-C? | 7h | | No |
| | the year? | 8 | | |
| Qa | 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 | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | 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 | 1 | | |
| | Section 501(c)(12) organizations. Enter | 1 | | |
| | 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) | • | | |
| _ | | 1 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 3 | 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 | | |
| | Enter the amount of reserves the organization is required to maintain by the states in | | | |
| b | which the organization is licensed to issue qualified health plans 13b | ' | | |
| | Enter the amount of reserves on hand | | | |
| С | The organization is needed to issue quantities and insulation plans. | 14a | | No |

| | • | • | | | | | |
|-----|-----------------|--|-------------------|--|------------|-----------|----------|
| Par | t VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched | | | " respo | nse to li | nes |
| | | Check if Schedule O contains a response or note to any line in this Part VI | | | | | ✓ |
| 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 | 1a | 26 | | | |
| | body, | re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O | | | | | |
| b | Enter | the number of voting members included in line 1a, above, who are independent | 1b | 25 | | | |
| 2 | | ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee? | ss rela | tionship with any other | 2 | | No |
| 3 | | ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other j | | | 3 | | No |
| 4 | Did th | ne organization make any significant changes to its governing documents since the | prior F | Form 990 was filed? | 4 | | No |
| 5 | Did th | ne organization become aware during the year of a significant diversion of the organ | nizatio | n's assets? | 5 | | No |
| 6 | | ne organization have members or stockholders? | in Editio | | 6 | Yes | |
| | | - | | | \vdash | 162 | |
| | memb | ne organization have members, stockholders, or other persons who had the power to bers of the governing body? | | | 7a | Yes | |
| b | | ny governance decisions of the organization reserved to (or subject to approval by) ons other than the governing body? | | bers, stockholders, or | 7b | | No |
| 8 | | ne organization contemporaneously document the meetings held or written actions illowing | undert | taken during the year by | | | |
| а | The g | poverning body? | | | 8 a | Yes | |
| b | Each | committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i> | | t be reached at the | 9 | | No |
| Se | ction | B. Policies (This Section B requests information about policies not requ | ired b | y the Internal Revenue | e Code | ⊋.) | |
| | | | | | | Yes | No |
| 10a | Did th | ne organization have local chapters, branches, or affiliates? | | | 10a | Yes | |
| b | If "Ye and b | es," did the organization have written policies and procedures governing the activitie branches to ensure their operations are consistent with the organization's exempt p | es of s urpose | uch chapters, affiliates, es? | 10b | Yes | |
| 11a | Has th | he organization provided a complete copy of this Form 990 to all members of its go | vernin | g body before filing the | 11a | Yes | |
| b | Descr | ribe in Schedule O the process, if any, used by the organization to review this Form | 990 | | | | |
| 12a | Did th | ne organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Yes | |
| | Were | officers, directors, or trustees, and key employees required to disclose annually int | erests | that could give rise to | | ., | |
| C | Did th | ne organization regularly and consistently monitor and enforce compliance with the | policy | ? If "Yes," describe in | 12b | Yes | |
| | | dule O how this was done | • | | 12c | Yes | |
| 13 | | ne organization have a written whistleblower policy? | • | | 13 | Yes | |
| 14 | | ne organization have a written document retention and destruction policy? | | | 14 | Yes | |
| 15 | | ne process for determining compensation of the following persons include a review ins, comparability data, and contemporaneous substantiation of the deliberation and | | | | | |
| а | The o | organization's CEO, Executive Director, or top management official | | | 15a | Yes | |
| b | Other | officers or key employees of the organization | | | 15b | Yes | |
| | If "Ye | es" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did th | ne organization invest in, contribute assets to, or participate in a joint venture or sille entity during the year? | mılar a | arrangement with a | 16a | | No |
| b | If "Ye | es," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu | ion to ard th | evaluate its participation e organization's exempt | | | |
| | status | s with respect to such arrangements? | • | | 16b | | |
| | | C. Disclosure | | | | | |
| 17 | | he States with which a copy of this Form 990 is required to be filed | | | | | |
| 18 | avaıla — | on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 able for public inspection. Indicate how you made these available. Check all that applicable in the control of the con | ply | | | | |
| | | Own website Another's website 🗹 Upon request 🔲 Other (explain in Sc | | • | | | |
| 19 | policy | ribe in Schedule O whether (and if so, how) the organization made its governing do \prime , and financial statements available to the public during the tax year | | | | | |
| 20 | | the name, address, and telephone number of the person who possesses the organ Tan 15645 Olive Blvd Chesterfield, MO 63017 (636) 449-3100 | ızatıon | 's books and records | | | |
| | | | | | | arm an | 0 (2016 |

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

| Form 990 (2 | 2016) Page 7 |
|--------------------|---|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |
| | Check if Schedule O contains a response or note to any line in this Part VII |
| Section | A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |
| year ● Lıst all | e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid |
| • List all o | of the organization's current key employees, if any See instructions for definition of "key employee " |
| who receive | organization's five current highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations |
| • List all o | of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 |

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Office: Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

| Form 990 (2016) | | | | | | | | | | Page 8 |
|---------------------------------------|---|-----------------------------------|---|----------------|-------------------------|-------|--------|---|--|---|
| Part VIII Section A. Officers, Direct | tors, Trustees | s, Key I | Empl | loye | es, | and I | ligl | nest Compensate | d Employees (co | ntınued) |
| (A) Name and Title | (B) Average hours per week (list any hours | than c | ne b | ox, u n off | t che inles ficer | and a | on | (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 | Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director | | | | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | 1 | l | I I | | | |
|---------------------------|---|---|---------|--|--|--|
| See Additional Data Table | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 1b Sub-Total | | • | | | |
|--------------|--|-------|--|--|--|

| 1b Sub-Total | | | | ▶ | | | |
|--|-----------------|-----|--|-----|--|---|--|
| c Total from continuation sheets to Pa | art VII, Sectio | nΑ. | | ▶ [| | | |
| | | | | | | _ | |

| 1b Sub-Total | | | | • | | | | |
|--|-----------------|-----|--|----------|---------|---|----|---------|
| c Total from continuation sheets to Pa | art VII, Sectio | nΑ. | | ▶ | | | | |
| d Total (add lines 1b and 1s) | | | | | 238 333 | ٥ | 10 | 1 4 3 4 |

| 1b Sub-Total | | | Щ. | | | | |
|--|-----------------|-----|--------|----------|---------|---|--------|
| c Total from continuation sheets to Pa | art VII, Sectio | nΑ. | | ▶□ | | | |
| d Total (add lines 1b and 1c) | | | | ▶□ | 238,333 | 0 | 10,434 |

| 1b Sub-Total | | | | | | | | | | | |
|--------------|--|--|--|---------|-------|------|-------|------|-----------------|-----------|--------|
| c Tota | c Total from continuation sheets to Part VII, Section A | | | | | | ▶ | | | | |
| d Tota | al (add lines 1b and 1c) | | | | | | ▶ | | 238,333 | | 10,434 |
| | stal number of individuals (including reportable compensation from the c | | | e liste | ed al | oove |) who | rece | eived more than | \$100,000 | |

| | | | 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 | | | |
| | maividual | 4 | Yes | i |

| 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 | Yes | | | | | | |
| 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 | | | | | | | | |
| S | Section B. Independent Contractors | | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization of the calendar year ending within the organization. | npensa | ition | | | | | | |

| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person | I | 5 N | | | | |
|---|--|---------------------------------------|---------------------|--|--|--|--|
| S | ection B. Independent Contractors | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. | | | | | | |
| | (A) Name and business address | (B) Description of services | (C) Compensation | | | | |
| | | | | | | | |

| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |
|---|---|-----------------------------|---------------------|--|--|--|--|--|
| | (A) Name and business address | (B) Description of services | (C) Compensation | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| _ | al number of independent contractors (including but not limited to those listed above) who apensation from the organization $ ightharpoonup 0$ | received more than \$100,000 of | |
|---|--|---------------------------------|-----------------|
| | | | Form 000 (2016) |

| | CHECK II SCHEWIE | O contains a respo | inst or more to any | (A) Total revenue | (B) Related exemp function | or ot on | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|------------------------|---------------------|-------------------|--|------------------|---|---|
| | 1a Federated campaigns | 1a | | | revenu | ie l | | 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b Membership dues | - | 1,688,953 | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c Fundraising events . | . 1c | | | | | | |
| ts. | d Related organizations | 5 1d | 200,000 | | | | | |
| <u>≣</u> | e Government grants (con | tributions) 1e | | | | | | |
| ns, | f All other contributions, g | | | | | | | |
| er er | and similar amounts not above | included 1f | 20,287 | | | | | |
| 년 된 | g Noncash contribution | s included | | | | | | |
| a e | ın lınes 1a-1f \$ | | | | | | | |
| | h Total.Add lines 1a-1f | | | 1,909,240 | | | | |
| Revenue | • | | Business | | 722 208 | 722.20 | 20 | |
| ج ۸۰ | b Conference Fees | | | | 732,298 536,486 | 732,29 536,48 | _ | |
| 'n. | C Project Revenue | | | | 366,616 | 366,63 | | |
| Service | d Sponsorship | | | 900099 | 204,747 | 204,74 | 1 7 | |
| ۳. S | e | | | | | | | |
| Program | f All other program serv | rice revenue | | | | | | |
| P | gTotal. Add lines 2a-2f | | 1 ,8 | 340,147 | | | | |
| | 3 Investment income (inc | cluding dividends, ir | nterest, and other | 10.03 | 7.5 | | | 10.075 |
| | , | | | 18,87 | /5 | | | 18,875 |
| | 4 Income from investmen 5 Royalties | it or tax-exempt bo | nd proceeds | | | | | |
| | | (ı) Real | (II) Personal | | | | | |
| | 6a Gross rents | | | | | | | |
| | b Less rental expenses | | | | | | | |
| | | | | | | | | |
| | c Rental income or (loss) | | | | | | | |
| | d Net rental income or (| (loss) | | 1 | | | | |
| | Γ | (ı) Securities | (II) Other | | | | | |
| | 7a Gross amount from sales of | | 552 | | | | | |
| | assets other than inventory | | | | | | | |
| | b Less cost or | | | | | | | |
| | other basis and sales expenses | | 1,167 | 7 | | | | |
| | C Gain or (loss) | | -615 | <u> </u> | | | | |
| | d Net gain or (loss) . | - | • | -61 | 15 | -615 | | |
| a | 8a Gross income from fun (not including \$ | ndraising events of | | | | | | |
| n ⊬ | contributions reported See Part IV, line 18 | on line 1c) | | | | | | |
| leve | b Less direct expenses | - | | | | | | |
| F F | c Net income or (loss) fr | L | ents | _ | | | | |
| Other Revenue | 9a Gross income from gar | | • | | | | | |
| 0 | See Part IV, line 19 . | a | | | | | | |
| | b Less direct expenses | - | | | | | | |
| | c Net income or (loss) fr | om gamıng actıvıtı | es > | | | | | |
| | 10aGross sales of inventor returns and allowances | | | | | | | |
| | returns and anowances | a | 81,477 | | | | | |
| | b Less cost of goods sol | ld b | 37,758 | | | | | |
| | c Net income or (loss) fr | | ory <u>►</u> | 43,7: | 19 | 43,719 | | |
| | Miscellaneous R | evenue | Business Code | | | 50.044 | | |
| | 11aOther Income | | 900099 | 59,04 | 14 | 59,044 | | |
| | h- | | | | | | | |
| | b | | | | | | | |
| | | | | | | | | |
| | С | | | | | | | |
| | d All other revenue . | | | | - | | | |
| | THE OWNER FRANCIA | | | 1 | 1 | 1 | | i |
| | | L | • | | | | | |
| | e Total. Add lines 11a-1 12 Total revenue. See Ir | 11d | • | 59,04 | 14 | | | |

| Forr | n 990 (2016) | | | | Page 10 |
|------|---|-----------------------|------------------------------|---|-----------------------------------|
| | rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | nizations must comp | lete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | <u></u> | | <u> \square</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 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, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 238,333 | 238,333 | | |
| 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 | 1,166,441 | 867,751 | 298,690 | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 33,547 | 16,944 | 16,603 | |
| 9 | Other employee benefits | 71,984 | 44,666 | 27,318 | |
| 10 | Payroll taxes | 103,833 | 81,756 | 22,077 | |
| 11 | Fees for services (non-employees) | | | | _ |
| ā | Management | | | | |
| ı | Legal | 9,660 | | 9,660 | |
| (| : Accounting | 25,375 | | 25,375 | |
| | 1 Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| 1 | Investment management fees | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | | | | |
| 12 | Advertising and promotion | 49,683 | 49,683 | | |
| 13 | Office expenses | 78,975 | 49,849 | 29,126 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 82,069 | 31,510 | 50,559 | |
| 17 | Travel | 780,771 | 725,997 | 54,774 | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 379,897 | 379,897 | | |
| | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 70,996 | | 70,996 | |
| | Insurance | 26,677 | 2,743 | 23,934 | |
| | 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) | · | · | , | |
| | a Project Expenses | 227,271 | 227,271 | | |
| | b Development Fund | 104,372 | 104,372 | | |
| | c Web Development | 96,614 | 96,614 | | |
| | d Operation Hope | 48,614 | 48,614 | | |
| | e All other expenses | 269,660 | 105,052 | 164,608 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,864,772 | 3,071,052 | 793,720 | 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** (2016)

Page **11**

282,592

10.712.589

264,060

4.241.939

15,218,588

15.969.389

Form **990** (2016)

18

19

20

21

27

28

29

30

31

32

33

34

51,663

10,448,669

178,654

3.987.208

14,614,531

14.948.231

Form 990 (2016)

18

19

20

21

22

27

28

29

30

31

32

33

34

Net

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . .

Tax-exempt bond liabilities . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

| 2 | Savings and temporary cash investments | 1,629,547 | 2 | 2,046,187 |
|---|--|-----------|---|-----------|
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 28,159 | 4 | 26,393 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| 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)6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6.119 Notes and loans receivable, net 7.479 Inventories for sale or use . . 113,523 105,485 92.039 Prepaid expenses and deferred charges . 116,515 9

| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 2,609,393 | | | |
|-----|---|---------|-----------|------------|-------------|------------|
| b | Less accumulated depreciation | 10b | 1,056,540 | 1,615,484 | 10 c | 1,552,853 |
| 11 | Investments—publicly traded securities . | | | | 11 | |
| 12 | Investments—other securities See Part IV, line | 11 . | | 10,629,973 | 12 | 11,745,782 |
| 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets See Part IV, line 11 | | | 451,496 | 15 | 35,723 |
| 16 | Total assets. Add lines 1 through 15 (must equ | al line | 34) | 14,948,231 | 16 | 15,969,389 |
| 17 | Accounts payable and accrued expenses | | | 130,420 | 17 | 319,194 |

Liabilities persons Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 151.617 25 149.015 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 333,700 750,801 26 Total liabilities. Add lines 17 through 25 . . 26 Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.

3a

3b

Nο

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software Version: EIN: 59-0738429

Name: Junior Chamber International (JCI) Inc

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a:

Membership Activities Publishes handbooks and maintains communications with JCI Members

Form 990, Part III, Line 4b: JCI Officers and Meetings Provides for travel and meeting expenses

Form 990, Part III, Line 4c: Programs and Publications Publishes & Distributes newsletters regarding projects and activities of the JCI Audits various chambers

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and indivi or dir Officer Highest compensatemplovee Former organizations Institutional Trustee MISC) MISC) below dotted organizations employee

(F)

Estimated

from the

related

65,000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| | line) | dual trustee ector | |
|-----------------|-------|-----------------------|--|
| Paschal Dike | 40 00 | Х | |
| World President | | _ ^ | |

Ismail Haznedar

Past President

San-Woo Bae

Tshepo Thlaku

Sean Chang

Jennifer Gracey

Jef Hendrickx

Ryad Subratty

Seun Osikalu

Treasurer

Candice Henriquez

General Legal Counsel

Executive VP - Africa & Mi

Executive VP - Asia & the

Executive VP - The America

Executive VP - Europe

Vice President for Africa

Vice President for Africa

......

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Χ

Х

Х

Х

.

......

......

......

......

......

................

......

5 00

5.00

5 00

5 00

5 00

5 00

5 00

5 00

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and organizations Highest compensat Former MISC) MISC) organizations employee

(F)

Estimated

from the

related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

5 00

5 00

5 00

5 00

5 00

5 00

5 00

5 00

......

.......

......

......

................

......

Х

Х

Х

Х

Х

Х

Х

Х

| | below dotted line) | ivadual trustee director | stitutional Trustee |
|---------------------------|-----------------------|-----------------------------|---------------------|
| Kabo Garechaba | 5 00 | X | |
| Vice President for Africa | | ^ | |
| Abdrahamane Coulibaly | 5 00 | | |
| | | ~ | í |

Vice President for Africa

Vice President for Asia &

Vice President for The Ame

Amzad Hussian

Ryoma Koyama

Marc Brian Lim

Jay Raymundo

Thrisa Lopez

Cristian Ramirez

Pablo Reynolds

Siana No

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless compensation amount of other hours per compensation person is both an officer from the from related organizations

(F)

Estimated

compensation

10,434

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| | any hours | any hours and a director/trustee) | | | | | | organization | organizations | from the | |
|---------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| Kevin Hin | 5 00 | х | | | | | | 0 | 0 | 0 | |
| Vice President for Europe | | ^ | | | | | | 0 | 0 | Ĭ | |
| Johanna Lundan | 5 00 | v | | | | | | 0 | 0 | 0 | |

| | | Œ. | Stee Stee | | ाडवा स्त | | | |
|---------------------------|------|----|--------------|--|----------|---|---|--|
| Kevin Hin | 5 00 | V | | | | 0 | 0 | |
| Vice President for Europe | | ^ | | | | 0 | 0 | |
| Johanna Lundan | 5 00 | V | | | | 0 | 0 | |
| Vice President for Europe | | ^ | | | | | | |
| Kaspar Ilyos | 5 00 | | | | | | | |

Х

Х

Х

173,333

................

................

......

................

5 00

5 00

40 00

Kaspar Ilves

Peter Anckaert

Stanley Yau

L Arrey Obenson

Secretary General

Vice President for Europe

Vice President for Europe

Vice President for Europe

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

DLN: 93493230011007 OMB No 1545-0047

> Open to Public Inspection

1

2

5

6

2

Department of the Treasury

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization Junior Chamber International (JCI) Inc 59-0738429 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 5 2 164,595 Aggregate value of contributions to (during 255,227 3 Aggregate value of grants from (during year) 169,058 172,193 Aggregate value at end of year 303,057 3,448 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 🗌 Yes ✓ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2016

d Equipment .

| Par | t III | Organizations Ma | aintaining Col | lections o | of Art, H | istori | cal Tı | reası | ures, o | r Other | Similar A | ssets (cont | nued) | |
|------------|---|---|------------------------------|--------------|--------------------|---------------|----------|--------|------------|-------------|-------------|----------------|-----------|----------|
| 3 | | g the organization's acq s (check all that apply) | uisition, accessior | n, and other | records, | check a | any of | the fo | llowing t | hat are a | significant | use of its col | ection | |
| а | | Public exhibition | | | | d | | Loan | or exch | ange prog | rams | | | |
| b | | Scholarly research | | | | e | | Othe | er | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | Provi Part | ide a description of the XIII | organızatıon's coll | lections and | explain h | ow the | y furth | ner th | e organiz | zation's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | | | | | |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | " on Forn | n 990 | , Part | IV, I | ıne 9, o | r reporte | d an amo | | | |
| | Ic th | e organization an agent | trustee custodii | an or other | ıntermedi | ary for | contril | hution | s or oth | ar accets i | not. | | | |
| La | | ded on Form 990, Part 1 | | an or other | memedia | ary 101 | CONCIN | Julion | 15 01 0011 | E1 033EL3 1 | 100 | ☐ Yes | □ N | 0 |
| ь | If "Y | es," explain the arrange | ement in Part XIII | and comple | ete the foll | lowing | table | | | | - | Amount | | _ |
| С | | nning balance | | · | | _ | | | | 1c | | | | _ |
| d | _ | tions during the year | | | | | | | | 1d | | | | _ |
| е | | ributions during the year | r | | | | | | | 1e | | | | _ |
| f | | ng balance | | | | | | | | 1f | | | | _ |
| 2 a | | the organization include | an amount on Fo | rm 990 Par | t X line 2 | 1 for | escrow | or ci | istodial a | ccount lia | ıbılıtv? | | П | _ |
| b | | es," explain the arrange | | | | • | | | | | • | ☐ Yes | | 0 |
| Pa | ırt V | Endowment Fund | ds. Complete ıf | the organ | ızatıon a | nswer | ed "Y | es" o | n Form | 990, Par | t IV, line | 10. | | |
| | | | | (a)Curren | | (b) Pr | nor yea | | (c)Two y | ears back | (d)Three ye | | our year | |
| 1a | Beginr | ning of year balance . | | | 218,238 | | | ,250 | | 167,968 | | 173,241 | | 163,145 |
| b | Contri | butions | | | 255,226 | | 394 | ,498 | | 94,940 | | 53,811 | | 31,433 |
| С | Net in | vestment earnings, gair | ns, and losses | | | | | | | | | | | |
| d | Grants | s or scholarships | • | | 170,406 | | 326 | ,510 | | 112,658 | | 59,084 | | 21,337 |
| е | | expenditures for facilitie rograms | es | | | | | | | | | | | |
| f | Admın | nistrative expenses . | | | | | | | | | | | | |
| g | End of | f year balance | | | 303,058 | | 218 | ,238 | | 150,250 | | 167,968 | : | 73,241 |
| 2 | Provi | ide the estimated perce | ntage of the curre | nt year end | l balance (| (line 1 | g, colui | mn (a |)) held a | s | | • | | |
| а | Boar | d designated or quasi-e | ndowment 🕨 | 0 % | | | | | | | | | | |
| ь | Perm | nanent endowment 🕨 | 15 170 % | | | | | | | | | | | |
| С | Tem | porarily restricted endov | wment ► 84 8 | 30 % | | | | | | | | | | |
| Ī | The | percentages on lines 2a | , 2b, and 2c shou | ld equal 100 | 0% | | | | | | | | | |
| 3а | Are t | there endowment funds nization by | | | | on that | are h | eld ar | nd admin | ıstered foı | r the | | Yes | No |
| | (i) u | inrelated organizations | | | | | | | | | | 3a(i) | | No |
| | (ii) r | related organizations . | | | | | | | | | | 3a(ii) | Yes | |
| b | | es" on 3a(11), are the re | - | | | | | ?. | | | | . 3b | Yes | |
| 4 | Desc | ribe in Part XIII the inte | ended uses of the | organizatio | n's endow | ment f | unds | | | | | | | |
| Pa | rt VI | Complete If the or | ganization answ | ered 'Yes' | | | | | | | | · · | | |
| | Descr | ription of property | (a) Cost or oth (investme | | (b) Cost o | r other | basis (d | other) | (c)Acc | umulated d | epreciation | (d) Bo | ook value | · |
| 1a | Land | | | | | | | | | | | | | |
| b | Buildir | ngs | | | | | 2,15 | 6,329 | | | 682,998 | | 1 | ,473,331 |
| c | Leasel | hold improvements | | | | | | | | | | | | |

332,423

120,641

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

12,894

66,628

1,552,853

319,529

54,013

Page 2

| Schedule D (Form 990) 2016 | bo overnous | | West on Fam | ~ 000 Paut | Page 3 |
|--|---------------|--------------------|------------------|-------------------------------|-------------------------------------|
| Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12. | | | | | |
| (a) Description of security or category (including name of security) | (b)Book | value | | Method of va end-of-year n | |
| (1)Financial derivatives | | | | | |
| (3)Other(A) Beneficial Interest in Jaycees International Foundation | 10 | ,381,721 | | F | |
| (B) Short-Term Time Deposit | 10 | | | | |
| | | 300,000 | | | |
| (C) Long-Term Time Deposit | 1 | ,044,075 | | F | |
| (D) Cash Held on Behalf of Third Party (D) | | 19,986 | | F | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 11 | ,745,782 | | | |
| Part VIII Investments—Program Related. Complete if | | | d 'Yes' on Fo | rm 990, Pa | rt IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Bo | ook value | | Method of va end-of-year n | |
| (1) | | | | | |
| (2) | | | | | _ |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | | | | |
| Part IX Other Assets. Complete if the organization answered (a) Description | | m 990, Part IV, | line 11d See I | Form 990, Pa I | rt X, line 15 (b) Book value |
| (1) | <i>)</i> | | | | (B) Book value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | | ▶ | |
| Part X Other Liabilities. Complete if the organization a | answered 'Y | es' on Form 9 | 90, Part IV, I | | .1f. |
| See Form 990, Part X, line 25. 1. (a) Description of liability | | (b) Book va | alue | | _ |
| (1) Federal income taxes | | | | | |
| Communication of Conference Bul Bonds | | | 40.306 | | |
| Congress and Conference Bid Bonds | | | 49,296 | | |
| Accrued Development Costs | | | 79,733 | | |
| Agency Funds Due to Related Party (4) | | | 19,986 | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | | 149,015 | | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of | | | ation's financia | | _ |
| organization's liability for uncertain tax positions under FIN 48 (ASC 2 | 740) Check h | nere if the text o | f the footnote | has been pro | vided in Part XIII 🔽 |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

52,308

3.864.772

3,864,772

Schedule D (Form 990) 2015

Other (Describe in Part XIII) . . 2d 650,727 d Add lines 2a through 2d е 2e

Schedule D (Form 990) 2016

Donated services and use of facilities .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Supplemental Information

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Part XI

1

а b

d

е 3

а

b

c

Part XIII

5

4

650,727 3 Subtract line 2e from line 1 . 3 3,870,410 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4a

4 Other (Describe in Part XIII) 4b b Add lines 4a and 4b . . . 4c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 3,870,410 Part XII 1 Total expenses and losses per audited financial statements . 3,917,080 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

2a

2b 2c

2d

4b

Explanation

52,308

2e

3

4c

5

| Page 5 | | Schedule D (Form 990) 2015 | | |
|---------------|------------------------------------|-----------------------------|--|--|
| | tal Information <i>(continued)</i> | Part XIII Supplemental Info | | |
| xplanation | | Return Reference | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 59-0738429 Name: Junior Chamber International (JCI) Inc

Software ID:

Supplemental Information Return Reference

Explanation The intended use of the Organization's Endowment Funds is to support the programs and activities of JCI

| Supplemental Information | | | | | | | | |
|--------------------------|---|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | |
| Part X, Line 2 | The footnote regarding FIN 48 (ASC 740) provided by the taxpayer's audited financial state ments 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 2013 and beyond remain subject to examination by the Internal Revenue Service. The Organization did not have unrecognized tax benefits as of December 31, 2016 or 2015 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 December 31, 2016 and 2015, the Organization has not accrued interest or penalties related to uncertain tax positions. Subsequent to December 31, 2015, the Organization received notification that their federal return for the year ended December 31, 2014 has been selected for examination by the Internal Revenue Service." | | | | | | | |

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| | Book Earnings of Jaycees International Foundation 612,354 Cost of Sales Reported on Reven ue Statement 37,758 Loss on Disposal of Assets 615 |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| | Cost of Sales Reported on Revenue Statement 37,758 Foreign Currency Loss 7,949 Loss on D isposal of Assets 615 Unrealized Loss on Investments 5,986 |

| efile GRAPHIC prin | t - DO NOT I | PROCESS | As Filed Data | - | DLN | l: 93493230011007 | |
|---|--|--|---------------------|---|---|--------------------------------|--|
| SCHEDULE F (Form 990) Statement of Activities Outside the United State | | | | | | OMB No 1545-0047 | |
| (1 0 000) | | 2016 | | | | | |
| Department of the Treasury Internal Revenue Service | I Pinformation about Schedule r (rorm 990) and its instructions is at www.irs.dov/form990. | | | | | | |
| Name of the organization Junior Chamber Internati | | Employer ide 59-0738429 | entification number | | | | |
| | Information Part IV, line | | s Outside the U | Jnited States. Comple | 0.000.00 | answered "Yes" to | |
| other assistance, to award the gran For grantmaker outside the United | the grantees' ats or assistant s. Describe in d States | eligibility for the ce? Part V the org | he grants or assis | substantiate the amount stance, and the selection dures for monitoring the | criteria used use of its grants and c | ✓ Yes □ No other assistance | |
| Activites per Regio (a) Region | n (The followir | (b) Number of offices in the region | <u> </u> | fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | | |
| (1) See Add'l Data | | | | region) | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (5) | | | | | | | |
| 3a Sub-total b Total from continua Part I c Totals (add lines 3: | | | 4 8 0 0 | | | 426,377 348,938 775,315 | |
| For Paperwork Reduction | Act Notice, see | the Instruction | ns for Form 990 | Cat | No 50082W Sched | ule F (Form 990) 2016 | |

| Schedule F (Form 990) 2 | 2016 | | | | | | | Page 2 | | |
|----------------------------|---|----------------------|--|-----------------------------|--|---|--|--|--|--|
| | Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount 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) | | Asia Pacific | Civic Service Projects in Respective Areas | 14,250 | Wire Transfer | | | | | |
| (2) | | Africa & Middle East | Civic Service Projects in Respective Areas | 23,000 | Wire Transfer | | | | | |
| (3) | | The Americas | Civic Service Projects in Respective Areas | 29,907 | Wire Transfer | | | | | |
| (4) | | Europe | Civic Service Projects in Respective Areas | 16,750 | Wire Transfer | | | | | |
| | | | d above that are recogn unsel has provided a se | | | | • | | | |
| | | | | | | | _ | | | |

Schedule F (Form 990) 2016

(14) (15) (16) (17) (18)

| Part IIII Grants and O | ther Assistance to | o Individuals | Outside the Unite | ed States. Complete if | the organization an | iswered "Yes" to Form 99 | 90, Part IV, line 16. |
|---|------------------------|--------------------------|-----------------------------|------------------------------------|---|--|---|
| Part III can be | duplicated if addition | onal space is n | reeded. | | | | |
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount 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) | 1 | | i | 1 | | 1 | |
| (3) | 1 | | · | ' | | | |
| (4) | 1 | | · | ' | | | |
| (5) | 1 | | · | ' | | | |
| (6) | 1 | | · | ' | | | |
| (7) | 1 | | · | 1 | | | |
| (8) | 1 | | · | ' | | | |
| (9) | 1 | | | ' | | | |
| (10) | 1 | | | ' | | | |
| (11) | 1 | | · | ' | | | |
| (12) | 1 | | · | ' | | | |
| (13) | | | | | | 1 | |

| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|---|---------------|---------------|
| Par | t 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) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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) | | |
| | 2.1.3.1. decidens for 1 5.1.1.5 GS2G and GS2G Try | ☐ 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) | | |
| | Corporations (see Instructions for Form 5471) | \square Yes | ✓ No |
| 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) | Yes | ☑ 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) | | |
| | (see Instructions for Form 6003) | ☐ Yes | ✓ No |
| 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 separately file Form 5713, International Boycott Report (see Instructions for Form | | |
| | 5713) | ∐ Yes | ✓ No |

| Schedule F (Form 990) 2016 | | | | | |
|--|---|--|--|--|--|
| 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 provid any additional information (see instructions). | | | | | |
| Return Reference | Explanation | | | | |
| Part I, Line 2 | Grants are issued to regional JCI Chambers for specific grants submitted to the World Wide headquarters | | | | |

| 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

The Americas

Software ID: Software Version:

EIN: 59-0738429

Name: Junior Chamber International (JCI) Inc

Service Project

Administration

170,028

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 | 111,653 |
| Asia Pacific | 1 | | Employees perform membership services and administrative support duties | Service Project Administration | 61,047 |

3 Employees perform

duties

membership services and

administrative support

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (d) Activities conducted (e) If activity listed in (d) (a) Region (b) Number of (f) Total expenditures offices in the in region (by type) (i e , employees or is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) Africa & Middle East 2 Employees perform Service Project 52,690 membership services and Administration administrative support duties Africa & Middle Fast 0 Area Conference Meetings/Seminars 7,480 Asia Pacific 0 Area Conference 3.903 Meetings/Seminars

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 0 Area Conference 8.225 The Americas Meetings/Seminars Europe 0 Area Conference Meetings/Seminars 11,351 The Americas 0 Annual World Congress Meetings/Seminars 348.938

| efil | e GRAPHIC pi | int - DO NOT PROCESS As F | iled Dat | a - | DLN: 934 | 19323 | 0011 | .007 |
|-----------------------|--|--|-------------|--|------------------------------------|------------|--------|------|
| Schedule J (Form 990) | | Comp | ensat | ion Information | 10 | 1B No | 1545-0 | 0047 |
| | | For certain Officers, Di ► Complete if the organiza ► Information about S | , line 23. | 2016 Open to Public | | | | |
| • | al Revenue Service | P Information about 5 | | gov/form990. | is at | | ectio | |
| | ne of the organize or Chamber Interna | | | | Employer identification 59-0738429 | tion nu | ımber | |
| Pa | rt I Questi | ons Regarding Compensation | | | 35 0730425 | | | |
| | | | | | | | Yes | No |
| 1a | | opiate box(es) if the organization provi ection A, line 1a Complete Part III to | | | | | | |
| | | s or charter travel | 닏 | Housing allowance or residence for | • | | | |
| | | companions | 님 | Payments for business use of perso | | | | |
| | | nification and gross-up payments | H | Health or social club dues or initiati | | | | |
| | □ Discretion | ary spending account | | Personal services (e g , maid, chau | rreur, cner) | | | |
| b | | xes in line 1a are checked, did the org all of the expenses described above? If | | | nent or reimbursement | 1b | | |
| 2 | | ation require substantiation prior to rei les, officers, including the CEO/Executi | | | e 1a? | 2 | | |
| 3 | organization's C | If any, of the following the filing organ EO/Executive Director Check all that and organization to establish compensat | apply Doi | not check any boxes for methods | | | | |
| | ☐ Compens | ation committee | ✓ | Written employment contract | | | | |
| | | ent compensation consultant | | Compensation survey or study | | | | |
| | | of other organizations | ✓ | Approval by the board or compensa | ition committee | | | |
| 4 | During the year related organiza | , did any person listed on Form 990, P ition | art VII, Se | ection A, line 1a with respect to the fi | ling organization or a | | | |
| а | Receive a sever | ance payment or change-of-control pa | vment? | | | 4a | | No |
| b | | r receive payment from, a supplement | • | lified retirement plan? | | 4b | | No |
| c | | r receive payment from, an equity-bas of lines 4a-c, list the persons and provi | • | - | t III | 4c | | No |
| 5 | For persons liste |), 501(c)(4), and 501(c)(29) orga ed on Form 990, Part VII, Section A, lii ontingent on the revenues of | | | | | | |
| а | The organization | ٦٦ | | | | 5a | | No |
| b | Any related orga If "Yes," on line | anızatıon [?] 5a or 5b, descrıbe ın Part III | | | | 5b | | No |
| 6 | | ed on Form 990, Part VII, Section A, li ontingent on the net earnings of | ne 1a, dıd | the organization pay or accrue any | | | | |
| а | The organization | ٦٦ | | | | 6 a | | No |
| b | Any related orga | anızatıon? | | | | 6b | | No |
| | If "Yes," on line | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Section A, li escribed in lines 5 and 6 ⁷ If "Yes," des | | | ed | 7 | | No |
| 8 | | nts reported on Form 990, Part VII, pa nitial contract exception described in R | | | escribe | 8 | | No |
| 9 | If "Yes" on line 53 4958-6(c)? | 8, did the organization also follow the | rebuttable | presumption procedure described in | Regulations section | 9 | | 140 |
| For F | Paperwork Redu | ıction Act Notice, see the Instructi | ons for Fo | orm 990. Cat No 5 | 50053T Schedule J | (Form | 990) | 2016 |

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 | | | | | | | | | | | | | |
|---|----------|--------------------------|-------------------------------------|---|-----------------------------------|------------------------------------|------------------------------------|--|--|--|--|--|--|
| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MIS (ii) | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column(B) reported as | | | | | |
| | | (i) Base compensation | (II) Bonus & incentive compensation | (III) Other reportable compensation | compensation | 55 | (=)(.) | deferred on prior Form 990 | | | | | |
| Paschal Dike 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) | 173,333 | 0 | 0 | 3,900 | 6,534 | 183,767 | 0 | | | | | |
| ,, | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| See Additional Data Table | | | | | | | | | | | | | |
| Таріс | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | \vdash | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | \vdash | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Schodule | J (Form 990) 2016 | | | | | |
| | | | | | | | Schedule | 2 (1 UI III 22U) ZUIU | | | | | |

| Schedule J (Form 990) 2016 | Page 3 |
|--|---|
| Part III Supplemental Inform | ation |
| 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 1 (Form 990) 2016

| efile GRAPH | IIC print | - DO NOT PROCESS As Filed Data - | DL | N: 93493230011007 |
|---|---|--|-----------------------------------|--------------------|
| SCHEDUL (Form 990 or EZ) | or 990-EZ uestions on uation. ustructions is at | OMB No 1545-0047 2016 Open to Public Inspection | | |
| Name of the ord Junior Chamber In | nternational (| plemental Information | Employer ide 59-0738429 | ntification number |
| Return Reference | | Explanation | | |
| Form 990, Part VI, Section A, line 6 | Organiza | ntion has members who pay membership fees | | |

Return
Reference

Explanation

line 7a

Form 990,
Part VI,
Section A,

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b
Copies of the final Form 990 and schedules are emailed to each U S 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 sor concerns

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c

Return Reference

There is an annual Salary Ranges Review Committee meeting held at World Congress which cov

Part VI,
Section B,
Intel® and animal equally realiges review Committee intecting field at World Congress

ers salaries for all employees except the Secretary General. The Salary Ranges Review Comm

ittee is an animal equally realiges review Committee intecting field at World Congress which covers the Secretary General. The Salary Ranges Review Comm

ittee is an animal equally realiges review Committee intecting field at World Congress

ers salaries for all employees except the Secretary General. The Salary Ranges Review Comm

ittee is an animal equally realiges review Committee intecting field at World Congress

ers salaries for all employees except the Secretary General. The Salary Ranges Review Comm

ittee is an animal equality realiges review Comm

ittee is an animal equality reali

Return Explanation Reference

Form 990. All organization governing documents, conflict of interest policy, and financial statement Part VI, s are made available to the public upon written request

Section C. line 19

990 Schedule O, Supplemental Information Return Explanation

| ı | Reference | |
|---|----------------------------|--|
| | Form 990, Part XI, line | Book Earnings of Jaycees International Foundation 612,354 Foreign Currency Loss -7,949 |

Return Explanation

Form 990,
Part XII, Line
Organization's Secretary General reviews the audit of the financial statements for accurac
y and completeness on behalf of the organizations Executive Committee

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493230011007 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** 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 **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

| Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years. | | anization answered | d "Yes" on Form 99 | 90, Part IV, line 34 b | ecause it had one or | more | |
|---|---|---|----------------------------|--|-------------------------------|-----------------------------|----------------------------|
| (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)) | (f) Direct controlling entity | Section (13) coi enti | 512(b) ntrolled ity? |
| (1) Jaycees International Foundation 15645 Olive Blvd Chesterfield, MO 63017 65-0163209 | The purpose of furthering charitable aims and objectives of JCI | МО | 501(c)(3) | Contribution Support | N/A | Yes | No No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Fo | orm 990. | Cat No 501 | .35Y | | Schedule R (Form | 990) 20 | 016 |

| | | 1 // // // | 1 4 5 1 | | 1 45 | 1 40 | 1 . | | | 1 () | 1 4 | | |
|--|-------------------------|-----------------------------------|---|--|---|------------------------------------|---------------------------------------|-------------------------|-------------------------|---|-------------|-------------------------|--|
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predominant income(related unrelated, excluded from tax under sections 512- | Share of total income | | (H Disprop alloca | rtionate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana | ral or aging ner? | (k) Percenta ownersh |
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | 1 1 | |
| | | | | | | | | | | | | | |
| Identification of Related Organiza because it had one or more related or | | | | | | zation ansv | vered "Yes | " on Fo | orm 9! | 90, Part IV, | line | 34 | |
| | | a corporation | (c) egal micile or foreign | st during th | (d) controlling entity Typ (C co | (e) | vered "Yes (f) Share of total income | Share | (g) of end- year assets | (1 | ı) ntage | Se (1 | (I) ection 512 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | a corporation | on or trus (c) egal micile | st during th | (d) controlling entity Typ (C co | (e) e of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | ı) ntage | Se (1 | control |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | a corporation | (c) egal micile or foreign | st during th | (d) controlling entity Typ (C co | (e) e of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | ı) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | a corporation | (c) egal micile or foreign | st during th | (d) controlling entity Typ (C co | (e) e of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | ı) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | a corporation | (c) egal micile or foreign | st during th | (d) controlling entity Typ (C co | (e) e of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | ı) ntage | Se (1 | 3) control entity? |
| because it had one or more related or (a) Name, address, and EIN of | rganizations treated as | a corporation | (c) egal micile or foreign | st during th | (d) controlling entity Typ (C co | (e) e of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | ı) ntage | Se (1 | 3) control entity? |

(1) Jaycees International Foundation Inc

(2)Jaycees International Foundation Inc

(3) Jaycees International Foundation Inc

Purchase of assets from related organization(s) .

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

No No

No

No

No

No

No

No

No

No

11

1m

1n 10

1q | Yes

1r

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

Yes

| Part V Transactions With Related Organizations Complete if the organization answered "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 | | | | | | | | |
| 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 | 1a | | No | | | | | | | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | No | | | | | | | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | 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 | | | | | | | | |

| b | Gift, grant, or capital contribution to related organization(s) | 140 | | NO |
|---|---|------------|-----|----|
| С | Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| е | Loans or loan guarantees by related organization(s) | 1e | | No |
| | | | | |
| f | Dividends from related organization(s) | 1 f | | No |
| q | Sale of assets to related organization(s) | 1 g | | No |

2 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

(b)

Transaction type (a-s)

C.

Ν

(c)

Amount involved

140,000

0

60,000

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

| (a) Name, address, and EIN of entity | (b) Primary activity | l domicilo l | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ite) | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mount in box managing 20 partner? of Schedule K-1 | | (k) Percentage ownership |
|--|--------------------------------|--------------|--|---|----|------------------------------------|--|--------------------------------------|----------|---|---|------|--------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | _ | Schedul | e R (Forn | 1 99 | 0) 2016 |

