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GOVERNMENT COPY

SINGERLEWAK LLP 10960 WILSHIRE BOULEVARD, SUITE 700 LOS ANGELES, CALIFORNIA 90024 (310) 477-3924

FEBRUARY 5, 2016

JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068-1016

JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC.:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY FEBRUARY 16, 2016.

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT THE RETURN ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1 RETURN:

PLEASE SIGN AND MAIL FORM RRF-1 ON OR BEFORE FEBRUARY 16, 2016.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE

REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

LIOR TEMKIN, CPA

IRS e-file Signature Authorization for an Exempt Organization

	•	•		
For calendar year 2014, or fiscal year beginning	JUL 1	, 2014, and ending	JUN 30	,20 15

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Employer identification number Name of exempt organization JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC. 95-1799192

Name and title of officer BRIAN WILLIAMS

PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only)
--------	---------------------------------------	----------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,261,640.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X | lauthorize SINGERLEWAK LLP

X I authorize SINGERLEWAK LLP	to enter my PIN	12345
ERO firm name		Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		1 7
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95349067890 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SINGERLEWAK LLP

02/05/16

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2014)

12345

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning UL 1, 2014 and o	ending J	UN 30, 2015			
В	Check if applicable	C Name of organization		D Employer ident	tification number		
		JUNIOR ACHIEVEMENT OF SOUTHERN					
	Addre	e CALIFORNIA, INC.					
	Name chang	Doing business as		95-1	799192		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber		
	Final return/	6250 FOREST LAWN DRIVE		323-	957-1818		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,651,023.		
	Amend			H(a) Is this a group	o return		
	Applic			for subordina			
	pendir	SAME AS C ABOVE			es included? Yes No		
\overline{T}	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	n a list. (see instructions)		
		e: WWW.JASOCAL.ORG		H(c) Group exemp			
		organization: X Corporation Trust Association Other	L Year	of formation: 1954	M State of legal domicile; CA		
	art I	Summary			••• = ===== = = = = = = = = = = = = =		
	T a	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDULE O				
& Governance	Ι'.	briefly describe the organization of most organization and activities.					
ı. Lu	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net	accate		
Ş	3			1	3 62		
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 62		
- დ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5 35		
iţi		Total number of volunteers (estimate if necessary)			6 5164		
Activities	72	Total unrelated business revenue from Part VIII, column (C), line 12		·····	7a 0.		
Ă		Net unrelated business taxable income from Form 990-T, line 34			7b 0.		
	b	Net unrelated business taxable income from 1 only 350-1, line 34		Prior Year	Current Year		
		Contributions and grants (Dort VIII line 1b)		3,548,13			
ne	8	Contributions and grants (Part VIII, line 1h)					
Revenue	9	Program service revenue (Part VIII, line 2g)		18			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,34			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,978,90			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
	1	Benefits paid to or for members (Part IX, column (A), line 4)					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,339,85			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.		
X	b	Total fundraising expenses (Part IX, column (D), line 25)		4 530 45	1 242 462		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,539,17	' '		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,879,02			
	19	Revenue less expenses. Subtract line 18 from line 12		99,87	-		
Net Assets or	3		Ве	ginning of Current Yea			
SSel	20	Total assets (Part X, line 16)		5,153,56			
et A	21	Total liabilities (Part X, line 26)		3,621,83			
	22	Net assets or fund balances. Subtract line 21 from line 20		1,531,73	1,053,986.		
	art II	Signature Block					
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			f my knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.			
		Signature of officer		Data			
Sig				Date			
He	re	BRIAN WILLIAMS, PRESIDENT					
		Type or print name and title	<u> </u>	Noto I	C I DTIN		
_		Print/Type preparer's name Preparer's signature	2000	Date Check if	PTIN		
Pai		LIOR TEMKIN LIOR TEMKIN		2/05/16 self-em			
	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617		
Us	Only	Firm's address 10960 WILSHIRE BLVD. STE 700					
		LOS ANGELES, CA 90024-3783		Phone no. (310) 477-3924		
		RS discuss this return with the preparer shown above? (see instructions)			X Ves No		

d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,820,663.

432002 11-07-14

Form 990 (2014) CALIFORNIA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	الحدا		17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		
00	complete Schedule G, Part III	19		X
20a		20a		Х
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0044)

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			17
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Δ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		_ ^
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Page 5

Form 990 (2014) CALIFORNIA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V												
					Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming										
	(gambling) winnings to prize winners?			1c	Х								
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												
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?												
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)												
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?												
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O												
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	accou	nt)?	4a	\Box	Х							
b	If "Yes," enter the name of the foreign country: ►												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\sqcup	Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	\sqcup	Х							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	\longmapsto	<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_									
	any contributions that were not tax deductible as charitable contributions?			6a	$\vdash\vdash\vdash$	Х							
р	If "Yes," did the organization include with every solicitation an express statement that such contribut		or gifts	CI-									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b									
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicae i	rovided to the navor?	7a	x								
			orovided to the payor:	7b	X								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.0									
·	to file Form 8282?	a3 100	diica	7с		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d											
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		х							
f				7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е										
	sponsoring organization have excess business holdings at any time during the year?			8	igsquare								
9	Sponsoring organizations maintaining donor advised funds.												
	Did the sponsoring organization make any taxable distributions under section 4966?			9a	\sqcup	<u> </u>							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	\square								
10	Section 501(c)(7) organizations. Enter:	Ι.	1										
	Initiation fees and capital contributions included on Part VIII, line 12	10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:	د د ا	I										
	Gross income from members or shareholders	11a											
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11b											
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	: 	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.20	l										
	Is the organization licensed to issue qualified health plans in more than one state?			13a									
4	Note. See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which the												
	organization is licensed to issue qualified health plans	13b											
С	Enter the amount of reserves on hand	13c											
				14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b									

432005 11-07-14

CALIFORNIA, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.												
	Check if Schedule O contains a response or note to any line in this Part VI			X									
Sec	tion 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 62												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent 1b												
2	2 Like the hamber of verify members included in line 12, assets, who are independent												
_	officer, director, trustee, or key employee?												
3													
•													
4	of officers, directors, or trustees, or key employees to a management company or other person?												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X									
6	Did the organization have members or stockholders?	6		X									
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۰											
1 a		7a		х									
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a											
b		7b		х									
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		A									
8		0-	х										
	The governing body?	8a	X										
b	Each committee with authority to act on behalf of the governing body?	8b	Λ										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v									
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.									
40		40	Yes	No X									
	Did the organization have local chapters, branches, or affiliates?	10a											
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	in Schedule O how this was done	12c	X										
13	Did the organization have a written whistleblower policy?	13	Х										
14	Did the organization have a written document retention and destruction policy?	14	Х										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official	15a	Х										
b	Other officers or key employees of the organization	15b	Х										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		Х									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶CA												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le										
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request X Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial										
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records:												
	SUSAN SAGHEB, INTERIM CONTROLLER - 323-957-1818												
	6250 FOREST LAWN DRIVE, LOS ANGELES, CA 90068												

Form 990 (2014) CALIFORNIA, INC.

ALIFORNIA, INC. 95-1799192

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(P)	1		11				(D)	/E\	/[]
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average			heck	more	than		Reportable	Reportable	Estimated
	hours per week			ss pe				compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			ensate		(W-2/1099-MISC)	,	organization
	organizations	Itrus	nal trı		oyee	omp(and related
	below	Individual trustee	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Inst	Officer	Key	High	Former			
(1) GRANT AHEARN	1.00	_								
BOARD MEMBER		Х						0.	0.	0.
(2) AVO AMIRIAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) FRANK BALDINO	1.00									
EDUCATION CHAIRMAN		Х						0.	0.	0.
(4) FRIDA BANK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) AARON BENDIKSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GARY BIRKENBEUEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DARRELL BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MAYNARD BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KEVIN CAPUTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CHRISTOPHER CHEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GREGORY CRAIG	1.00									
GOLF CLASSIC CHAIR		Х						0.	0.	0.
(12) CAROLE CURB NEMOY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) FRED N. DAVIS III	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GREGORY DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) STEVE DOLCEMASCHIO	1.00									
BOARD MEMBER		х	L	L_		L	L	0.	0.	0.
(16) GARY DUNN	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) ROBERT FLICK	1.00									
BOARD MEMBER		х	L	L		L	L	0.	0.	0.
400007 44 07 44	•							•		Form 990 (2014)

Form **990** (2014)

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JUNIOR ACHIE	ZEMENE OF C	OT I MI	ueni	NT.									
Form 990 (2014) CALIFORNIA,		001.	пвкі	IN					95-17991	.92		Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	iH b	ghe	st C	Compensated Employe	es (continued)				-5-
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do	not c	Posi heck ss period a di	ition more rson i	than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		Est ame comp fro orga	m the nizati relate	of tion e on ed
(18) JOHN GATTI	1.00												
BOARD MEMBER		х						0.		0.			0
(19) GREG GEYER	1.00												
BOARD MEMBER		х						0.		0.			0
(20) PAUL GOLDSTEIN	1.00												
BOARD MEMBER		Х						0.		0.			0
(21) RANJAN GOSWAMI	1.00												
BOARD MEMBER		Х						0.		0.			0
(22) STEPHEN HARRIS	1.00												
HUMAN RESOURCES CHAIRMAN		Х						0.		0.			0
(23) DAPHNE HELMS	1.00												
BOARD MEMBER		Х						0.		0.			0
(24) KIRSTEN HELVEY	1.00												
BOARD MEMBER		Х						0.		0.			0
(25) ERICA HENRY	1.00												
BOARD MEMBER		Х						0.		0.			0
(26) LYNN HOPTON	1.00												
BOARD MEMBER		Х						0.		0.			0
1b Sub-total								0.		0.			0
c Total from continuation sheets to Part V								619,892.		0.		112,	
d Total (add lines 1b and 1c)								619,892.		0.		112,	702
 Total number of individuals (including but r compensation from the organization 	ot limited to th	iose	liste	ed al	OOVE	e) wh	no re	eceived more than \$100	0,000 of reportable				
compensation from the organization											1	Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•	uste	e, ke	•	•	•		highest compensated e		[3	103	Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization				
and related organizations greater than \$15										L	4	Х	
5 Did any person listed on line 1a receive or	•				-			-					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch _I	oers	on .					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	-	-								ensat	tion fr	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	/ith	or w	ithir		year.				
(A) Name and business	address	NO	NE					(B) Description of s	services	Со	(C) mpen		า

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

Form **990** (2014)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CALIFORNIA, INC. 95-1799192

Doub VIII	INC.									
Part VII Section A. Officers, Directors, Tre		nplo	oyee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	app	ly)	compensation	compensation	amount of
	per week (list any	irector				employee		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the organization
	hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		(W-2/1099-MISC)		and related organizations
	below line)	Individu	Institutio	Officer	Key employee	Highest	Former			
(27) RON IMUS	1.00	1								
BOARD MEMBER		Х						0.	0.	C
(28) MONIQUE JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	(
(29) CYNTHIA JORDAN	1.00									
BOARD MEMBER		Х						0.	0.	(
(30) JOHN KELLY	1.00									
BOARD MEMBER		Х						0.	0.	(
(31) ANN KONO	1.00									
BOARD MEMBER		Х						0.	0.	(
(32) LEONARD KORTEKAAS	1.00									
BOARD MEMBER		Х						0.	0.	(
(33) PATRICK E. LAMB	1.00									
BOARD MEMBER		Х						0.	0.	(
(34) JANE E. LEE	1.00									
BOARD MEMBER		Х						0.	0.	(
(35) CRAIG LEVRA	1.00									
FINANCE PARK CHAIR		Х						0.	0.	(
(36) LOUIS LUCIDO	1.00									
BOARD MEMBER		Х						0.	0.	(
(37) NEIL MALIK	1.00									
BOARD MEMBER		Х						0.	0.	(
(38) LARRY MARK	1.00									
BOARD MEMBER		Х						0.	0.	(
(39) AMBER MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	(
(40) THOMAS E. MCCARTHY	1.00									
INDIVIDUAL GIVING CHAIR		Х						0.	0.	(
(41) FRANK MCMAHON	1.00									
BOARD MEMBER		Х						0.	0.	(
(42) JOHNNY MONTES	1.00									
BOARD MEMBER		х	L	L	L		L	0.	0.	(
(43) ALAN ORECHWA	1.00									
FINANCIAL CHAIR		х	L	L	L		L	0.	0.	(
(44) NEETA PATEL	1.00									
FIRST VICE CHAIRMAN		х	L	L	L		L	0.	0.	C
(45) FRANCES PAWLAK	1.00									
		Х	L	L	L		L	0.	0.	(
BOARD MEMBER						Π				
(46) EDITH R. PEREZ	1.00]								

Form 990 CALIFORNIA, INC. 95-1799192

Form 990 CALIFORNI									95-179919	2
Part VII Section A. Officers, Directors	s, Trustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	app	ly)	compensation	compensation	amount of
	per					au		from	from related	other
	week (list any	for				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ne p		(W-2/1099-MISC)	(***2/1099-141100)	organization
	related	ee or	trustee			en sate		(** 2. 188889)		and related
	organizations	trust	nal fru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional t	Je.	Key employee	nest c	ner			
	line)	Indi	Inst	Officer	Key	High	Former			
(47) ANDREW RATNER	1.00									
BOARD MEMBER		Х						0.	0.	0
(48) CARY RUBINSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0
(49) SAL SARABOSING, JR.	1.00									
ORANGE COUNTY CHAIR		Х						0.	0.	0
(50) SAM SHETH	1.00									
FUNDRAISING CHAIR		Х						0.	0.	0
(51) MARC D. SILVERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(52) JOHN STEPHAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(53) JOHN TIPTON	1.00									
BOARD MEMBER		Х						0.	0.	0
(54) JOSEPH VIOLA	1.00									
BOARD MEMBER		Х						0.	0.	0
(55) TONY S. WANG	1.00									
BOARD MEMBER		Х						0.	0.	0
(56) ADAM WEISNER	1.00									
BOARD MEMBER		Х						0.	0.	0
(57) DARCY WILSON-JONES	1.00									
BOARD MEMBER		Х						0.	0.	0
(58) IRWIN WONG	1.00									
BOARD MEMBER		Х						0.	0.	0
(59) KEITH DOLABSON	1.00									
TREASURER		Х		Х				0.	0.	0
(60) MARSHALL MATHISON	1.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0
(61) PAUL E. MCGUNNIGLE	1.00									
FACILITIES CHAIR		Х		Х				0.	0.	0
(62) BRETT RODDA	1.00									
SECRETARY		Х		Х				0.	0.	0
(63) BRIAN WILLIAMS	40.00	1								
PRESIDENT				Х				218,012.	0.	17,730
(64) AMANDA SATTLER	40.00	1								
EXECUTIVE VP OF DEVELOPMENT		$oxed{oxed}$				Х	$oxed{oxed}$	131,879.	0.	29,919
(65) CHRISTINE SHEWBRIDGE	40.00]								
REGIONAL EXECUTIVE DIRECTOR						Х		128,420.	0.	29,136
(66) MARGO WHITE	40.00]								
EXECUTIVE VP OF EDUCATION						Х		141,581.	0.	35,917
Total to Part VII, Section A, line 1c								619,892.		112,702

CALIFORNIA, INC.

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts, (С	Fundraising events	1c	910,877.				
ia i	d	Related organizations	1d					
ns,		Government grants (contributi						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant						
호된		similar amounts not included abov	ve 1f	1,887,947.				
ont	_	Noncash contributions included in lines		14,700.				
<u>a</u> C	h	Total. Add lines 1a-1f			2,798,824.			
	_	DDOGDAM GDONGODGUID		Business Code	270 000	270 000		
/ice	2 a			611710	370,000.	370,000.		
Serven	b			611710	64,097.	64,097.		
m Ver	C							
Program Service Revenue	d							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			434,097.			
	3	Investment income (including			, -			
		other similar amounts)	,	<i>'</i>	47.			47.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	18,672	,				
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	18,672	,				
		Net rental income or (loss)			18,672.			18,672.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
Jue	8 а	Gross income from fundraising including \$ 910	`					
Other Revenu		contributions reported on line						
A		Part IV, line 18		389,383.				
the	b	Less: direct expenses						
0		Net income or (loss) from fund			0.			
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory	>				
-		Miscellaneous Revenu	е	Business Code				
		MISCELLANEOUS REVENUE		900099	10,000.			10,000.
	b							
	C							
		All other revenue			10,000.			
	e 12	Total. Add lines 11a-11d Total revenue . See instructions.			3,261,640.	434,097.	0.	28,719.
432009 11-07-	9	Total Totolino. Occ mondedions.			5,202,010.	202,057.		Form 990 (2014)

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon	se or note to any line in							
	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) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	256,449.	217,982.	25,645.	12,822.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	1 500 521	1 005 650	221 610	50.042				
7	Other salaries and wages	1,589,531.	1,205,678.	331,610.	52,243.				
8	Pension plan accruals and contributions (include	212 110	161 471	22 007	20 640				
•	section 401(k) and 403(b) employer contributions)	213,118. 198,137.	161,471. 154,289.	23,007.	28,640. 23,434.				
9	Other employee benefits	139,985.		14,737.	16,943.				
10 11	Payroll taxes Fees for services (non-employees):	133,303.	108,305.	14,/3/.	10,543.				
	` ' '								
a b	• • • • • • • • • • • • • • • • • • • •								
	LegalAccounting	44,366.	32,818.	5,196.	6,352.				
d		11,000.	02,020.	,,,,,,,	***************************************				
u e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	//CI: 44								
3	column (A) amount, list line 11g expenses on Sch O.)	23,868.	17,656.	2,795.	3,417.				
12	Advertising and promotion	·	,		· ·				
13	Office expenses	74,608.	47,574.	19,497.	7,537.				
14	Information technology	134,206.	105,537.	13,617.	15,052.				
15	Royalties								
16	Occupancy	122,809.	97,320.	12,320.	13,169.				
17	Travel	42,505.	32,491.	4,597.	5,417.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	13,058.	13,058.						
20	Interest	186,748.	22.2	186,748.					
21	Payments to affiliates	80,092.	80,092.	07.656	67.04:				
22	Depreciation, depletion, and amortization	244,236.	189,342.	27,650.	27,244.				
23	Insurance Other expenses, Itemize expenses not covered	17,047.	12,528.	2,026.	2,493.				
24	above. (List miscellaneous 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 0.)								
а	PROGRAM MATERIALS	297,242.	297,242.						
b	VOLUNTEER RECOGNITION	37,907.	29,915.	3,932.	4,060.				
c	MISCELLANEOUS EXPENSES	22,006.	16,213.	2,792.	3,001.				
d	PERSONNEL RECRUITMENT	1,470.	1,152.	150.	168.				
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	3,739,388.	2,820,663.	696,733.	221,992.				
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)				F 000 (2014)				

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Part X | Balance Sheet

	ILA	Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			356,931.	1	241,464.
	2	Savings and temporary cash investments			275,958.	2	127,712.
	3	Pledges and grants receivable, net			347,967.	3	402,125.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	rmer offic	cers, directors,			
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ets		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			18,928.	8	22,628.
	9	Prepaid expenses and deferred charges			51,800.	9	35,409.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,273,234.			
	b	Less: accumulated depreciation	10b	4,375,484.	4,101,984.	10c	3,897,750.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ		I	5,153,568.	16	4,727,088.
	17	Accounts payable and accrued expenses			215,835.	17	263,256.
	18	Grants payable		18			
	19	Deferred revenue		90,921.	19	151,200.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S G	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and di	squalified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			3,308,604.	23	3,255,706.
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	i 17-24). C	Complete Part X of			
		Schedule D			6,474.	25	2,940.
	26	Total liabilities. Add lines 17 through 25			3,621,834.	26	3,673,102.
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			-301,301.	27	-740,934.
Bal	28	Temporarily restricted net assets		L	1,786,750.	28	1,748,635.
pu	29	Permanently restricted net assets			46,285.	29	46,285.
F		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶ ☐			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			1,531,734.	33	1,053,986.
	34	Total liabilities and net assets/fund balances			5,153,568.	34	4,727,088.

Form	1990 (2014) CALIFORNIA, INC.	95-1799192		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,739	,388.
3	Revenue less expenses. Subtract line 2 from line 1	3		-477	,748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,531	,734.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,053	,986.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

■ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. JUNIOR ACHIEVEMENT OF SOUTHERN

95-1799192

CALIFORNIA INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						_
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		, ,	, ,		` ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop	-			•		
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organizatior	١			▶□
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s >
			•		0-1-	dula A /Earm 000	000 EZ\ 0044

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please compl	ete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(-,	(-7 =	(-)	(=, == : :	(-/ · ·	(-)
_	membership fees received. (Do not						
	include any "unusual grants.")	3,350,563.	3,567,852.	2,643,615.	3,548,134.	2,789,824.	15,899,988.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	684,507.	770,782.	707,981.	654,410.	823,480.	3,641,160.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,035,070.	4,338,634.	3,351,596.	4,202,544.	3,613,304.	19,541,148.
	Amounts included on lines 1, 2, and		2,000,001.	0,001,000	1,202,011.	0,010,001.	25,012,210.
	3 received from disqualified persons	260,323.	256,957.	246,529.	71,251.	251,885.	1,086,945.
r	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	900,691.	897,333.	614,968.	1,233,428.	392,416.	4,038,836.
	Add lines 7a and 7b	1,161,014.	1,154,290.	861,497.	1,304,679.	644,301.	5,125,781.
8	Public support (Subtract line 7c from line 6.)						14,415,367.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	4,035,070.	4,338,634.	3,351,596.	4,202,544.	3,613,304.	19,541,148.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,730.	144.	129,467.	89,535.	18,719.	243,595.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	5,730.	144.	129,467.	89,535.	18,719.	243,595.
12	Other income. Do not include gain or loss from the sale of capital					10,000.	10,000.
13	assets (Explain in Part VI.)	4,040,800.	4,338,778.	3,481,063.	4,292,079.	3,642,023.	19,794,743.
	First five years. If the Form 990 is for		· · ·				
	check this box and stop here	3	, ,	, ,	,	() ()	
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2014 (lii			olumn (f))		15	72.82 %
	Public support percentage from 2013				Ī	16	76.40 %
	ction D. Computation of Inves						,,
17				e 13. column (f))		17	1.23 %
	Investment income percentage from 2					18	1.09 %
	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box an	nd stop here. The d	organization qualif	ies as a publicly su	upported organiza	ation	X
K	33 1/3% support tests - 2013. If the	-					
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0:		
	9b		
	9с		
	10-		
	10a		
	10b		
9	90 or 99	0-F7)	2014

Schedule A (Form 990 or 990-EZ) 2014 CALIFORNIA, INC. 95-1799192 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1 The organization satisfied the Activities Test. Complete line 2 below. b ot The organization is the parent of each of its supported organizations. Complete $_{\it line~3}$ below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify how these activities directly furthered their exempt purposes. those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 CALIFORNIA, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must con	mplete 9	Sections A through E.	
Soot	ion A Adjusted Not Income		(A) Prior Voor	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CALIFORNIA, INC.

Pai	[₹] ▼ │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4	ion E. Dietvihutian Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTHERN

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

CAI	LIFORNIA, INC.	95-1799192	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule			
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules			
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \left\ \cdot \left\ \left\ \frac{\text{\$\cdot}}{\text{\$\cdot}} \right\}			
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	3M UNITEK DIVISION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ABHILASH PATEL 6250 FOREST LAWN DRIVE	\$\$	Person X Payroll Noncash (Complete Part II for
	LOS ANGELES, CA 90068		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	AEGON TRANSAMERICA FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 AIG AMERICAN INTERNATIONAL COMPANIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4 AIG SUNAMERICA SECURITIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Total contributions \$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 AMBER SMITH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN HONDA MOTOR CO., INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ARES MANAGEMENT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	AS&F FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ASSOCIATION FOR CORPORATE GROWTH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,474.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	AT&T 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BANK OF AMERICA 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$23,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BANK OF THE WEST 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BOSTON PRIVATE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BRETT RODDA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CALIFORNIA BANK & TRUST 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	- \$\$14,616.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	CALIFORNIA REPUBLIC BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	CAROLINE HARKINS 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CATHAY BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CBS ECOMEDIA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	CHARLES W. STEINMETZ 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	CITIBANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	CITY NATIONAL BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	COMCAST ENTERTAINMENT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll

I alt I	Contributors (see instructions). Ose duplicate copies of Fart I if additions	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	COMERICA BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$14,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	COMMUNITY BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	CORENET GLOBAL, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	CREATIVE ARTIST AGENCY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	CTBC BANK CORPORATION USA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	DATA MATRIX, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	DELTA AIRLINES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	DEVRY INSTITUTE OF TECHNOLOGY 6250 FOREST LAWN DRIVE	\$5,000.	Person X Payroll Noncash
	LOS ANGELES, CA 90068		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	DIANA J. MCCUTCHEN 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$6,230.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34	EL SEGUNDO UNIFIED SCHOOL DISTRICT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	ERNST & YOUNG LLP 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 36	Name, address, and ZIP + 4 EXPERIAN CONSUMER SERVICES 6250 FOREST LAWN DRIVE	Total contributions \$	Person X Payroll Noncash (Complete Part II for
	LOS ANGELES, CA 90068		noncash contributions.)

I ait i	Continuators (see instructions). Ose duplicate copies of Part I if additions	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	FIDELITY CHARITABLE GIFT FUND 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	FIRST BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	FLUOR 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	FOGO DE CHAO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$9,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	FRED N. DAVIS 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	HAWTHORNE PNC FAMILY WEALTH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43	HELEN PEKNY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44	HOWARD BUILDING CORPORATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45	HSBC BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46	HUQ FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47	JEROME FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48	JOHN H. KELLY 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49	JOHN M. TIPTON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	JOSEPH DROWN FOUNDATION 6250 FOREST LAWN DRIVE	\$\$	Person X Payroll Noncash
	LOS ANGELES, CA 90068		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51	LOUIS C. LUCIDO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 52	MARSH MCLENNAN 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Total contributions \$ 21,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 53	MARSHALL H. MATHISON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Total contributions \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 54	MASS MUTUAL FINANCIAL GROUP 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	Total contributions \$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
55	MICROSOFT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
56	NEETA PATEL 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
57	ONEWEST BANK, FSB 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
58	OPUS BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
59	PACIFIC LIFE INSURANCE COMPANY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
60	PACIFIC MERCANTILE BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
61	PACIFIC PREMIER BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
62	PAUL MCGUNNIGLE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
			·		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
63	PLAZA BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
64	ROCKWELL COLLINS 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 65	Name, address, and ZIP + 4 SAMIR H. SHETH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	S 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4 SAM'S CLUB 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	* \$ 12,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

I alt I	Continuators (see instructions). Ose duplicate copies of Fart III addition	al space is freeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	SOUTHERN CALIFORNIA EDISON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	STATE FARM INSURANCE COMPANIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	STEVE DOLCEMASCHIO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	TACO BELL CORPORATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	TD AMERITRADE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	THE CAPITAL GROUP COMPANIES, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$57,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
73	THE GE FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
74	THE GREEN FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
75	THE JOSEPH AND FLORA STONE FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll		
(a) No.	(b)	(c) Total contributions	(d)		
76	Name, address, and ZIP + 4 THE SYLVAIN AND MARJORIE HEUMANN FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 15,833.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
77	THE THOMAS & DOROTHY LEAVEY FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
78	UCLA C4C 6250 FOREST LAWN DRIVE	\$ 8,574.	Person X Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
79	UNION BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
80	US BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$57,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
81	USC MARSHALL SCHOOL OF BUSINESS - CHALLENGE FOR CHARITY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
82	WATSON LAND COMPANY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
83	WEINGART FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$125,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
84	WELLS FARGO BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization	Employer identification number
JUNIOR ACHIEVEMENT OF SOUTHERN	
CALIFORNIA, INC.	95-1799192

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
85	WILSHIRE BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000. 	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

I alt II	(See Instructions). Ose duplicate copies of Fart II ii	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	AIRLINE TICKETS	-	
		-	
		\$14,700.	06/30/15
(a) No.	(1-)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(See Ilistructions)	
		-	
		-	
(a)	(1.)	(c)	(-1)
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(see ilistructions)	
		-	
		_ \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		-	
		-	
		- \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		-	
		. _	
		- \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		-	
		- -	
		\$	

JUNIOR AC	HIEVEMENT OF SOUTHERN		Employer Identification number
Part III	A, INC. Exclusively religious, charitable, etc., con	tributions to organizations described i	95-1799192 n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or le	ING IINE ENTRY. For organizations ess for the year. (Enter this info. once.)
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.	Transferacia nama address a	(e) Transfer of gift	Polationship of transferor to transferor
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			_
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
.			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTHERN

Employer identification number

D-	CALIFORNIA, INC.	95-1799192
Pai		is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	storically important land area
	Protection of natural habitat Preservation of a ce	rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	-	
С		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic struc	
	listed in the National Register	1 1
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
	year >	3
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	F
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements durin	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organization's financial statements that describe	
	conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Control of Art, Historical Treasures, and the Art, Historical Treasures, and Historical Treasures, an	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in further	
	the text of the footnote to its financial statements that describes these items.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	nt and balance sheet works of art historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	relating to these items:	able corried, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
		.
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	iai gaili, provide
9	B	•
a h		· · · · · · · · · · · · · · · · · · ·
D	Assets included in Form 990, Part X	Ψ

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Oth	er Si	milar As	sets(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t are a s	signific	ant use of	its collectio	n item	ıs
	(check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
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 ma							Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "	'Yes" to	Form	990, Part I	V, line 9, or		
					44	ب با ما ما	ما م ما			
ıa	Is the organization an agent, trustee, custodi		•					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							162		
b	ii res, explain the arrangement in rait Ain a	and complete the foil	owing table.					Amour	+	
•	Beginning balance					H	1c	Amou		
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•			•				<u> </u>
Pai										
	·	(a) Current year	(b) Prior year	(c) Two year			ree years ba	ck (e) Fou	r years	back
1a	Beginning of year balance	46,164.	46,228.		5,285.	,	46,28	- ` ´	46	,285.
b	Contributions		•							
С	Net investment earnings, gains, and losses	60.	-64.		-57.			3.		4.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							3.		4.
g	End of year balance	46,224.	46,164.	46	5,228.		46,28	5.	46	,285.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	ı)) held as:						
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment 100.00	%								
С	Temporarily restricted endowment ▶	.00 %								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	red for t	the org	ganization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations									Х
b	If "Yes" to 3a(ii), are the related organizations							3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm						_			
	Complete if the organization answered	1	1	1						
	Description of property	(a) Cost or ot basis (investm			٠,	ccumi precia	ulated tion	(d) Boo	k valu	e
1a	Land		1	,700,000.				1	,700	,000.
	Buildings		5	,994,620.		3,8	16,494.	2	,178	,126.
С	Leasehold improvements									
d	Equipment			578,614.		5	58,990.		19,	,624.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, column (B), line 1	0c.)			🕨	3	,897	,750.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	CALIFORNIA, INC.			95	-1799192	Page 🤄
Part VII Investments - Oth	er Securities.					
Complete if the organiz	ation answered "Yes"	to Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category ((b) Book value		aluation: Cost or e	nd-of-year marke	et value
(1) Financial derivatives						
(O) Ole a shall shall a smaller that are sta						
(3) Other						
(A)						
(B)						
(C)						
(D)			1			
(E)			1			
(F)						
(G)						
(H)	1 (D) !! 10)					
Total. (Col. (b) must equal Form 990, Par						
Part VIII Investments - Pro	•					
		to Form 990, Part IV, line				
(a) Description of inve	stment	(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year marki	et value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Par	t X, col. (B) line 13.)					
Part IX Other Assets.						
Complete if the organiz	ation answered "Yes"	to Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.		
	(a)	Description			(b) Book	value
(1)						
(2)						
(3)						
(4)					1	
(5)						
(6)						
(7)						
(8)					1	
(9)					+	
Total. (Column (b) must equal Form S	990 Part X col (R) lin	e 15)				
Part X Other Liabilities.	700, 1 art x, cor. (b) iii i	0 10./			1	
	ation answered "Ves"	to Form 990, Part IV, line	11e or 11f See Form	n 990 Part X line 2	5	
	ption of liability	10 1 01111 000, 1 411 11, 11110	(b) Book value	1000, 1 4117, 11102	<u>. </u>	
**	parent or nationally		(a) I solv value	-		
(1) Federal income taxes (2) CAPITAL LEASE PAYABLE			2,940.	-		
			2,340.	-		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

432053 10-01-14

2,940.

Sche	edule D (Form 990) 2014 CALIFORNIA, INC.			95-1799192	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With F	levenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,330,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		69,034.	4	
С	Recoveries of prior year grants			-	
d	7				
е	Add lines 2a through 2d			2e	69,034
3	Subtract line 2e from line 1			3	3,261,640
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			Dotum	3,261,640
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line				2 000 422
1	Total expenses and losses per audited financial statements			1	3,808,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	60 034		
a	Donated services and use of facilities		69,034.	4	
D	Prior year adjustments			-	
C al	Other losses			-	
d	Other (Describe in Part XIII.)			20	69,034
е 3	Add lines 2a through 2d			2e 3	3,739,388
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				3,733,300
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b				1	
	A 1117 A 141			4c	0
	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	3,739,388
	rt XIII Supplemental Information.	,			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b ar	nd 2b: Part V. line	4: Part X. line 2	: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	
PAR	V, LINE 4:				
TO S	SUPPORT THE OPERATIONS OF THE ORGANIZATION'S MISSION.				
D3.D1	LV TIND 0				
PAR	! X, LINE 2:				
тиг	ORGANIZATION HAS ADOPTED FASB ASC TOPIC NO. 740, "UNCERTAIN	JTV TN			
Inc	ONGANIZATION HAS ADOFTED PASS ASC TOFTE NO. 740, UNCERTAIN	NII III			
TNC	OME TAXES." IN ACCORDANCE WITH FASB ASC TOPIC NO. 740, THE C	ORGANTZATTON			
	AND THANKS. IN ACCORDINGS WITH THE ABOUT THE RO. 740, THE C	JRG2HV122111101V			
RECO	OGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEME	ENTS IF THAT			
POSI	TION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT BASEI	ON THE			
TECH	NICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS	S NOT			
	·				
REC	ORDED ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZE	ZES			
POTI	INTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN T	TAX			
D0 ~	THIONG IN INCOME HAV DURING				
POS:	TIONS IN INCOME TAX EXPENSE.				

432055 10-01-14

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

name of the organization JUNIOR ACHI CALIFORNIA	IEVEMENT OF SOUTHERN INC.					95-1799192	ntification number
	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following Solicitates Gamma Solicitates Gamma Solicitates Gamma Special Sp	ion of i ion of g fundra (includ	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did aiser istody trol of tions?	(iv) Gross receipts to to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	nedule G (Form 990 or 990-EZ) 2014 CALIFOR				799192 Page 2
Pa	art II Fundraising Events. Complete of fundraising event contributions an				
	or fundraising event contributions an	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOWL-A-THON	GOLF TOURNAMENT	4	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
nue		(event type)	(event type)	(total fluffiber)	
Revenue	1 Gross receipts	535,738.	448,030.	316,492.	1,300,260.
	2 Less: Contributions	448,345.	227,808.	234,724.	910,877.
	3 Gross income (line 1 minus line 2)	87,393.	220,222.	81,768.	389,383.
	4 Cash prizes				
SS	5 Noncash prizes				
xpense	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		220,223.	81,767.	389,383.
	10 Direct expense summary. Add lines 4 three				389,383.
Do	11 Net income summary. Subtract line 10 from art III Gaming. Complete if the organization	om line 3, column (d)			0.
Га		tion answered Yes to Form	990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve					-
Ж	1 Gross revenue				
S	O Cook asino				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses		W 0/	W 0/	
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 thr	ough 5 in column (d)		>	
	8 Net gaming income summary. Subtract li	ne 7 from line 1, column (d)		>	
9	Enter the state(s) in which the organization co	andusts gaming activities:			
	a Is the organization licensed to conduct gamir		states?		Yes No
	b If "No," explain:	ig activities in each of these	o.a.o.:		1031NO
	Were any of the organization's gaming licens	es revoked, suspended or te	rminated during the tax y	/ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2014 432082 08-28-14

JUNIOR ACHIEVEMENT OF SOUTHERN

Sch	edule G (Form 990 or 990-EZ) 2014 CALIFORNIA, INC.	179919	2	Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		_	
	to administer charitable gaming?	$lacksquare$	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13	a	%
	An outside facility		5	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of continuous annual of N			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	vatein the state naming licenses		Yes	☐ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		J 103	110
•	organization's own exempt activities during the tax year > \$	ic		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III lines (a ah 1	0h 15h
1 0	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	III, III I C S :	ə, əb, 1	00, 130,
	130, 10, and 170, as applicable. Also provide any additional information (see instructions).			
_				

JUNIOR ACHIEVEMENT OF SOUTHERN

Schedule G	G (Form 990 or 990-EZ)	CALIFORNIA, INC.	95-1799192	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
			Schedule G (Form 99	==
			Schodulo (2 (Form 00)	1 or uun7

432084 05-01-14

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

JUNIOR ACHIEVEMENT OF SOUTHERN

CALIFORNIA INC.

Questions Regarding Compensation

95-1799192

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a

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

If "Yes" to line 5a or 5b, describe in Part III.

If "Yes" to line 6a or 6b, describe in Part III.

contingent on the net earnings of:

Regulations section 53.4958-6(c)?

b Any related organization?

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

not described in lines 5 and 6? If "Yes," describe in Part III

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

a The organization?

b Any related organization?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

6a

6b

Х

Х

Х

Х

X

CALIFORNIA, INC.

Schedule J (Form 990) 2014

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) BRIAN WILLIAMS	Ξ	218,012.	0	0	. 600,6	8,727.	235,742.	0
PRESIDENT		0	0	0	0	0	0	0
(2) AMANDA SATTLER	Ξ	131,879.	0	0	22,091.	7,828.	161,798.	0
EXECUTIVE VP OF DEVELOPMENT	€	0	0	0	0	0	0	0
(3) CHRISTINE SHEWBRIDGE	Ξ	128,420.	0	0	21,341.	7,795.	157,556.	0
REGIONAL EXECUTIVE DIRECTOR	€	• 0	0	0	0	0	0	0
(4) MARGO WHITE	Ξ	141,581.	0	0	23,579.	12,338.	177,498.	0
EXECUTIVE VP OF EDUCATION	(ii)	• 0	0	• 0	0	0	0	0
	<u>(i)</u>							
	(ii)							
	<u>(i)</u>							
	€							
	Ξ							
	€							
	Ξ							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<u>(ii</u>							
432112				П 7-			Schedu	Schedule J (Form 990) 2014

432112 10-13-14

CALIFORNIA, INC.

Page 3

Schedule J (Form 990) 2014 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2014

Part III Supplemental Information

432113 10-13-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 JUNIOR ACHIEVEMENT OF SOUTHERN

CALIFORNIA, INC.

Employer identification number 95-1799192

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA INSPIRES AND PREPARES YOUNG
PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. OUR PROGRAMS TEACH THE BUSINESS
OF LIFE, THROUGH COMMUNITY-BASED PARTNERSHIPS OF EDUCATORS, VOLUNTEERS
AND BUSINESSES.
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
JUNIOR ACHIEVEMENT'S (JA'S) VISION IS TO CREATE OPPORTUNITIES FOR YOUTH
TO LEARN FROM AND BE INSPIRED BY EXPERIENCED ADULT VOLUNTEERS FROM THE
BUSINESS COMMUNITY. JA PROGRAMS SERVE STUDENTS IN ALL GRADES K-12 WITH
CURRICULUM BUILT AROUND THREE CORE PILLARS: ENTREPRENEURSHIP, FINANCIAL
EDUCATION AND WORK READINESS. JA PROGRAMS ARE GENERALLY PROVIDED BY
VOLUNTEERS AS SUPPLEMENTS TO REGULAR CLASSROOM WORK. LESSONS COMBINE
THE THREE PILLARS AROUND REAL-WORLD CONCEPTS IN WAYS THAT ARE
GRADE-APPROPRIATE. JA CAPSTONE AND FIELD TRIP EXPERIENCES OUTSIDE THE
CLASSROOM INCLUDE STUDENT JA JOB SHADOW VISITS TO CORPORATIONS, CLASS
TRIPS TO THE JA FINANCE PARK REAL-LIFE BUDGET SIMULATION, AND STUDENT
COMPETITIONS WHERE TEAMS IN THE "JA COMPANY PROGRAM" DISPLAY THEIR
ENTREPRENEURSHIP PROJECTS. JA STRIVES TO SERVE STUDENTS THAT ARE MOST
AT-RISK, WITH A FOCUS ON THE COMPREHENSIVE "GRADUATION PATHWAYS" MODEL,
WHICH PROVIDES SUCCESSIVE YEARS OF JA PROGRAMMING TO STUDENTS AS THEY
GO THROUGH THEIR EDUCATIONAL CAREER FROM ELEMENTARY SCHOOL TO MIDDLE
AND HIGH SCHOOL.

FORM 990, PART VI, SECTION A, LINE 1:

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC.	Employer identification number 95-1799192
THE EXECUTIVE COMMITTEE APPROVES THE ORGANIZATION'S ANNUAL BUDGET AND	
OVERSEES THE ROLE OF THE PRESIDENT. MEMBERS ARE APPOINTED TO THE EXECUTIVE	
COMMITTEE WHICH CONSISTS OF THE CHAIRMAN OF THE BOARD, VICE CHAIRS AND THE	
CHAIRS OF MAJOR COMMITTEES. ADDITIONAL DIRECTORS MAY BE APPOINTED BY THE	
CHAIRMAN AND APPROVED BY THE BOARD OF DIRECTORS.	
THE EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING BOARD MEMBERS:	
FRANK BALDINO	
GREG CRAIG	
KEITH DOLABSON	
STEPHAN HARRIS	
CRAIG LEVRA	
MARSHALL MATHISON	
THOMAS E. MCCARTHY	
PAUL MCGUNNIGLE	
ALAN ORECHWA	
NEETA PATEL	
EDITH R. PEREZ	
BRETT RODDA	
SAL SARABOSING, JR.	
SAM SHETH	
FORM 990, PART VI, SECTION B, LINE 11:	
THE INFORMATIONAL RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND	
THEN REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE. THE RETURN IS FILED ONCE	
IT HAS BEEN APPROVED, AND THEN PRESENTED TO THE REST OF THE BOARD.	

CALIFORNIA, INC.	95-1799192
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR AT OUR ANNUAL MEETING THE PRESIDENT REQUESTS ALL BOARD MEMBERS TO	
SIGN-OFF ON THE CONFLICT OF INTEREST POLICY FORMS. SEVERAL DAYS PRIOR TO	
THE MEETING THE PRESIDENT SENDS OUT THIS REQUEST TO ALL BOARD MEMBERS. HE	
ALSO PROVIDES SIGN-OFF FORMS AT THE MEETING TO ASSURE THAT ALL BOARD	
MEMBERS, WHO HAVEN'T DONE SO, HAVE SIGNED THE FORMS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT'S SALARY IS CONFIRMED BY THE EXECUTIVE COMMITTEE AND THE	
CHAIRMAN OF THE BOARD. A SURVEY OF SIMILAR POSITIONS FROM OTHER	
ORGANIZATIONS IS PROVIDED FOR THEIR REFERENCE.	
FORM 990, PART VI, SECTION C, LINE 18:	
ALL INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER	
THROUGH WWW.GUIDESTAR.ORG OR UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
OUR FINANCIAL STATEMENTS SUMMARIES ARE IN OUR YEARLY ANNUAL REPORT. THE	
CONFLICT OF INTEREST POLICY AND ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON	
REQUEST.	

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

990

Business or activity to which this form rela Identifying number JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA INC. FORM 990 PAGE 10 95-1799192 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 2,000,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 **17** MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property 20-year property f S/I 25 yrs. g 25-year property S/L 27.5 yrs. MM Residential rental property h 27.5 yrs. MM S/L MM S/L 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 40 yrs. 40-year S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 244,236. 23 For assets shown above and placed in service during the current year, enter the

LHA For Paperwork Reduction Act Notice, see separate instructions. 56

portion of the basis attributable to section 263A costs

23

INC.

CALIFORNIA.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A	- Depreciati	on and Other I	nformat	ion (Ca	ution: S	See the i	instruc	tions for l	mits for p	oasseng	er auton	nobiles.)			
24	a Do you have evidence to s	support the bu	ısiness/investmer	nt use clai	med?	Y	es 🗆	No	24 b If "Y	es," is th	e evide	nce writt	ten?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	o+h	(d) Cost or er basis		(e) is for depresiness/inve use only	estment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) eciation uction	Eleo sectio	(i) cted n 179 ost	
25	Special depreciation alle	owance for o			placed i	n servic	e durin	g the ta	ax year ar	nd						
	used more than 50% in							_	•		25					
26											•	•				
		: :	%	5												
		: :	%	5												
		1 1	%	ó												
27	Property used 50% or le	ess in a qual	ified business ι	use:												
		1 1	%	5						S/L -						
		: :	%	_						S/L -						
		: :	%							S/L -						
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29			
_			_	ection B												
	mplete this section for ve														3	
to	your employees, first ans	wer the ques	stions in Sectio	n C to se	ee if you	ı meet a	ın excep	otion to	o complet	ing this s	ection f	or those	vehicles	S.		
			Ī	/0	,	/1	-1		(0)		J/	1	٥١	14	`	
30	30 Total business/investment miles driven during the			(a) Vehicle		(b) Vehicle		_{\/}	(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30	year (do not include com		· ·	VOIII	010	V (1	11010	- v	CITICIO	VCI	1010	701	11010	VOII	1010	
31	Total commuting miles							1								
	Total other personal (no															
_	driven	-	··													
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?															
35	Was the vehicle used p															
	than 5% owner or relate	ed person?														
36	Is another vehicle availa	able for perso	onal													
	use?															
			- Questions for	-	-					-						
	swer these questions to	determine if	you meet an ex	ception	to comp	oleting S	Section	B for v	ehicles us	sed by er	nployee	s who a ı	re not m	ore than	5%	
	ners or related persons.													1	T	
37	Do you maintain a writte		-						_	_	, by you	r		Yes	No	
20	employees? Do you maintain a writte													-		
30	employees? See the ins			-												
30	Do you treat all use of v															
	Do you provide more th															
	the use of the vehicles,															
41	Do you meet the require	ements conc	erning gualified	d automo	bile der	nonstra	tion use	········ ?								
	Note: If your answer to														_	
Р	art VI Amortization		., .	,	,									_		
	(a)			(b)		(c) Amortizab			(d)		(e)			(f) nortization		
	Description o	f costs		mortization legins		Amortizab amount	ile		Code section		Amortiza period or per		Ar fo	nortization r this year		
42	Amortization of costs th	nat begins du	uring your 2014	tax year	r:											
43	Amortization of costs th	nat began be	fore your 2014	tax year								43				
44	Total. Add amounts in o	column (f). Se	ee the instructi	ons for w	vhere to	report						44				
416	252 01-08-15												F	orm 456 2	2 (2014)	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

• If you are filing for an Autom	atic 3-Month Extension, complet	te only Pa	rt I and check this box			X		
 If you are filing for an Addition 	onal (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Electronic filing (e-file). You crequired to file Form 990-T), or a	an electronically file Form 8868 if y an additional (not automatic) 3-mor	ou need a	a 3-month extension on a previou a 3-month automatic extension of til sion of time. You can electronically	me to file (6 file Form 88	6 months for a cor 868 to request an	extension		
•		-	Form 8870, Information Return for					
· ·			(see instructions). For more details	on the elec	ctronic filing of this	s form,		
	on e-file for Charities & Nonprofits Month Extension of Time		ubmit original (no conice no	odod)				
			submit original (no copies ne					
			onth extension - check this box and	·				
All other corporations (including to file income tax returns.) 1120-C filers), partnersnips, REIVI	ics, and ti	rusts must use Form 7004 to reque					
				1	er's identifying nu			
Type or Name of exempt organization or other filer, see instructions. Employer identificat								
print JUNIOR ACHIEVEMENT OF SOUTHERN								
CALIFORNIA, INC. 95-1799192								
due date for Number, street, and clining your return. See C/O 10960 WILS:	Social se	Social security number (SSN)						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90024								
Enter the Return code for the re	eturn that this application is for (file	e a separa	te application for each return)			0 1		
Application Return Application R								
Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07								
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408((a) trust)	05	Form 6069			11		
Form 990-T (trust other than ab		06	Form 8870			12		
(SUSAN SAGHEB, INTERIM							
The books are in the care of	► 6250 FOREST LAWN DRIVE	- LOS	ANGELES, CA 90068					
Telephone No. ▶ 323-957			Fax No. > 323-957-0585					
		s in the Un	nited States, check this box					
			emption Number (GEN)			check this		
			ch a list with the names and EINs o					
			to file Form 990-T) extension of time					
FEBRUARY 15, 201	6 , to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension			
io for the average attricts	eturn for:		-					
is for the organization's re	starri ior.							
calendar year								
	or	, an	d ending JUN 30, 2015		_ ·			
calendar year x tax year beginnin If the tax year entered in	or gJUL 1, 2014 line 1 is for less than 12 months, c			Final retur	· n			
calendar year tax year beginnin If the tax year entered in Change in account	or g JUL 1, 2014 line 1 is for less than 12 months, cling period	heck reas	on: Initial return	Final retur	· n			
calendar year x tax year beginnin If the tax year entered in Change in account If this application is for Fo	or g JUL 1, 2014 line 1 is for less than 12 months, c ing period orms 990-BL, 990-PF, 990-T, 4720,	heck reas	on: Initial return					
calendar year x tax year beginnin If the tax year entered in Change in account If this application is for Fornonrefundable credits. See	or g JUL 1, 2014 line 1 is for less than 12 months, cling period orms 990-BL, 990-PF, 990-T, 4720, ee instructions.	heck reason or 6069,	on: Initial return enter the tentative tax, less any	Final retur	· n \$	0.		
calendar year x tax year beginnin If the tax year entered in Change in account Change in account If this application is for Formonrefundable credits. So b If this application is for Formonrefundable credits.	or g JUL 1, 2014 line 1 is for less than 12 months, coing period orms 990-BL, 990-PF, 990-T, 4720, ee instructions. orms 990-PF, 990-T, 4720, or 6069	or 6069,	on: Initial return enter the tentative tax, less any refundable credits and	3a	\$			
calendar year x tax year beginnin lif the tax year entered in Change in account lif this application is for Formonrefundable credits. So b lif this application is for Formonrefundable credits. So estimated tax payments	or g JUL 1, 2014 line 1 is for less than 12 months, cring period orms 990-BL, 990-PF, 990-T, 4720, ee instructions. orms 990-PF, 990-T, 4720, or 6069 made. Include any prior year overp	or 6069, or enter any	enter the tentative tax, less any refundable credits and llowed as a credit.			0.		
calendar year x tax year beginnin lf the tax year entered in Change in account lf this application is for Formonrefundable credits. So b If this application is for Formonrefundable credits. So estimated tax payments of Balance due. Subtract line	or g JUL 1, 2014 line 1 is for less than 12 months, coing period orms 990-BL, 990-PF, 990-T, 4720, ee instructions. orms 990-PF, 990-T, 4720, or 6069	or 6069, , enter any	enter the tentative tax, less any y refundable credits and llowed as a credit. h this form, if required,	3a	\$			

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14 **Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR 2014

California Exempt Organization Annual Information Return

428941 11-26-14 FORM

199

Ca	lendar Year	2014	or fiscal year beginning (mm/dd/yyyy)	07/01/	/2014	:	, and ending	g (mm/dd/yy	yy)	06/	30/2015				
C	orporation/Or	ganiza	tion Name					Cal	ifornia corp	oration	number				
JU	NIOR AC	HIEV	EMENT OF SOUTHERN												
CA	LIFORNI.	A, 1	NC.						028876	8					
Ad	dditional Infor	mation	. See instructions.					FE	IN						
									95-179	9192					
St	reet address	(suite	or room)						PMB no.						
62	50 FORE	ST I	AWN DRIVE												
Ci	ty							State	ZIP code						
LO	S ANGEL	ES						CA	90068-	1016					
Fo	reign country	/ name		Foreign provin	nce/state	e/county			Foreign p	ostal co	ode				
Α	First Retu	rn .			. No	J If exer	npt under R&TC	Section 237	01d, has	the orç	ganization				
В	Amended	Retu	rn•	Yes X	No No	engag	ed in political ac	tivities? See	instructio	ns	• 🔲 ,	Yes 🗓 No			
C	IRC Secti	on 49	47(a)(1) trust	Yes _x	∐ No	K Is the	organization exe	mpt under R	&TC Sect	ion 23	701g? ● 🔙 `	Yes 🗓 No			
D	Final Info	rmati	on Return?			If "Yes	enter the gros	s receipts fro	m nonme	mber					
Dissolved							s	\$							
	•	Merge	d/Reorganized Enter date: (mm/dd/yyyy)			L If organization is exempt under R&TC Section 23701d									
Ε	Check ac	count	ing method:		and m	eets the filing fe	e exception,	check box	. No fi						
	(1)	Cas	h (2) 🗓 Accrual (3) 🔲 Oth	ier											
F	Federal re					M Is the	organization a Li	imited Liabili	ty Compa	ny?		Yes X No			
	(1) ●	990	0T (2) ● 990-PF (3) ● Sch		_		Did the organization file Form 100 or Form 109 to								
									me? Yes LX No under audit by the IRS or has the						
Н	Is this or	ganiza	tion in a group exemption?	Yes X	∐ No	0 Is the	organization und	der audit by t	he IRS or	has th	e				
	If "Yes," w	/hat is	the parent's name?				dited in a prior y					Yes X No			
							RS Form 1023/1					Yes X No			
I			ation have any changes to its guidelines	Yes X	No	Date fi	ed with IRS								
_			the FTB? See instructions.												
	art I	<u> </u>	ete Part I unless not required to file this fo												
		1	Gross sales or receipts from other sources							1	8	352,199.00			
		2	Gross dues and assessments from memb							2		00			
ı	Receipts	 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General lines. 								3		98,824.00			
	and	4								4	3,6	551,023.00			
F	Revenues	5	Cost of goods sold			···········	6		00						
		6							00	- 1					
		7	Total costs. Add line 5 and line 6							7	2.6	00			
_		8	Total gross income. Subtract line 7 from li	ne 4						8		551,023.00			
E	xpenses	40	Total expenses and disbursements. From							9 10		28,771.00			
_		10	Excess of receipts over expenses and dist												
		11	Filing fee \$10 or \$25. See General Instruct							11		N/A 00			
	Filing	12 Total payments 13 Penalties and Interest. See General Instruction J							12		00				
	Fee								_	-		00			
										14 15		00			
_		15 Unde	r penalties of perjury, I declare that I have examined up, correct, and complete. Declaration of preparer is	this return, inclu	uding ac	companying	schedules and sta	tements, and to	the best o	r my kn	owledge and belief,	00			
0:4		it is t	rue, correct, and complete. Declaration of preparer	other than taxpay	yer) is b		formation of which		ny knowled	ge.					
Si		Signa	ture cer			Title PRESIDI	יחותי	Date			Telephone 323-957-181	0			
He	16	of off	cer			EKESIDI	Date				● PTIN	,0			
		Prepa	urer's LIOR TEMKIN				02/05/16	Check self-er	nployed 📐		P00748170				
Pa	id						02/03/10	30 01			● FEIN				
	eparer's	(or yo									95-2302617				
	e Only	if self	byed) 10960 WILSHIRE BLVD. ST	E 700						_	● Telephone				
US	Comy		ddress LOS ANGELES, CA 90024-3								(310) 477-3	3924			
		May	the FTB discuss this return with the prepar		107 Spc	instruction	10		• X	Tvaa	No No				
_		iviay	and the discuss and return with the prepar	or officient abov	U: UU	,		·····	[25	res	LI INU				

3651144

Date Accepted

TAXABLE YEAR

California e-file Return Authorization for

FORM

Exempt Organizations	8453-EO
Exempt Organization name	Identifying number
JUNIOR ACHIEVEMENT OF SOUTHERN	
CALIFORNIA, INC.	95-1799192
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	13,651,023.00
2 Total gross income (Form 199, line 8)	2 3,651,023.00
3 Total expenses and disbursements (Form 199, line 9)	3 4,128,771.00
Part II Settle Your Account Electronically for Taxable Year	2014
4 Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organized the exempt of the	ganization's banking information?)
5 Routing number	
6 Account number	7 Type of account: Checking Savings
Part IV Declaration of Officer	
on line 4a.	n Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed pt organization and that the information I provided to my electronic return originator (ERO),
transmitter, or intermediate service provider and the amounts in Part I abo California electronic return. To the best of my knowledge and belief, the ex a balance due return, I understand that if the Franchise Tax Board (FTB) do organization will remain liable for the fee liability and all applicable interest	we agree with the amounts on the corresponding lines of the exempt organization's 2014 empt organization's return is true, correct, and complete. If the exempt organization is filing best not receive full and timely payment of the exempt organization's fee liability, the exempt and penalties. I authorize the exempt organization return and accompanying schedules and late service provider. If the processing of the exempt organization's return or refund is
Sign	PRESIDENT
Here Signature of Officer Date	Title
Part V Declaration of Electronic Return Originator (ERO) are	
am only an intermediate service provider, I understand that I am not respo accurately reflects the data on the return.) I have obtained the organization provided the organization officer with a copy of all forms and information t 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep forn the exempt organization return is filed, whichever is later, and I will make a	that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I insible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have that I will file with the FTB, and I have followed all other requirements described in FTB Pub. In FTB 8453-E0 on file for four years from the due date of the return or four years from the date a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, accompanying schedules and statements, and to the best of my knowledge and belief, they are on of which I have knowledge.
	L Date L Cheek if L Cheek L EDOIs DTIN

ERO's-signature also paid if self-**ERO** employed preparer Firm's name (or yours Must SINGERLEWAK LLP FEIN 95-2302617 if self-employed) Sign 10960 WILSHIRE BLVD. STE 700 and address LOS ANGELES, CA ZIP Code 9 0 0 2 4 - 3 7 8 3

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Check if self-Paid preparer's PTIN Paid preparer's signature Preparer Must Firm's name (or yours FEIN if self-employed) and address Sign ZIP Code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 004409		Check if:				
JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA, INC. Name of Organization		ge of address				
6250 FOREST LAWN DRIVE Address (Number and Street)	Corporate o	or Organization No. 0288768				
LOS ANGELES, CA 90068-1016 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 95-1799192				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's Re	-	· · · · · · · · · · · · · · · · · · ·				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	2		
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$1,000,001 and \$50 million Greater than \$50 million				50 25 00		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning 07/01/2014 Gross annual revenue \$ 3,261,640. Total assets \$	endi	ng 06/30/2015) list: 4,727,088.				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a se and details for each "yes" response. Please review RRF-1 instructions						
			Yes	No		
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had						
any financial interest?				Х		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				Х		
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue:	s?		Х		
4. During this reporting period, were any organization funds used to pay any penawith the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		Х		
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone number.	•			Х		
6. During this reporting period, did the organization receive any governmental funname of the agency, mailing address, contact person, and telephone number.	nding? If so,	provide an attachment listing the		Х		
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.				х		
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.				Х		
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?			Х			
Organization's area code and telephone number 323-957-1818			'			
Organization's e-mail address BWILLIAMS@JASOCAL.ORG						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
BRIAN WILLIAMS		ESIDENT				
Signature of authorized officer Printed Name	Titl	e Date				

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning JUL 1, 2014 and	ending J	UN 30, 2015		
В	Check if applicabl	C Name of organization		D Employer iden	tification number	
		JUNIOR ACHIEVEMENT OF SOUTHERN				
	Addre chang	e CALIFORNIA, INC.				
	Name chang	Doing business as		95-1	1799192	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	nber	
	Final return	6250 FOREST LAWN DRIVE		323-	957-1818	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,651,0	023.
	Ameno return	LOS ANGELES, CA 90068-1016		H(a) Is this a group	p return	
	Application	F name and address of principal officer: brian williams		for subordina	ates? Yes X	No
	pendir	SAME AS C ABOVE		H(b) Are all subordinate	tes included? Yes	No
T	Tax-ex	empt status: \times 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1)	or 527	If "No," attach	h a list. (see instructions)	s)
J	Websi	e: > WWW.JASOCAL.ORG		H(c) Group exemp	otion number	
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1954		; CA
P	art I	Summary			_	
_	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE O			
& Governance		·				
ra	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net	t assets.	
ove	3			I	3	62
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	62
Se Se	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	35
ζŧ		Total number of volunteers (estimate if necessary)			6	5164
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	7a	0.
Ø		Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year	Current Year	
Ф	8	Contributions and grants (Part VIII, line 1h)		3,548,13	2,798,8	824.
Revenue	9	Program service revenue (Part VIII, line 2g)		341,23	33. 434,0	097.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18	9.	47.
8	11			89,34	16. 28,6	672.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,978,90	3,261,6	640.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,339,85	52. 2,397,2	220.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ç	b	Total fundraising expenses (Part IX, column (D), line 25)				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,539,17	72. 1,342,1	168.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,879,02	3,739,3	388.
	19	Revenue less expenses. Subtract line 18 from line 12		99,87	78477,7	748.
Net Assets or	3		Ве	ginning of Current Ye	ear End of Year	
sets	20	Total assets (Part X, line 16)		5,153,56	58. 4,727,0	088.
t As	21	Total liabilities (Part X, line 26)		3,621,83	3,673,1	102.
2	22	Net assets or fund balances. Subtract line 21 from line 20		1,531,73	1,053,9	986.
P	art II	Signature Block				
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule			f my knowledge and belief,	it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.		
Sig	jn	Signature of officer		Date		
Не	re	BRIAN WILLIAMS, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pai	d	LIOR TEMKIN LIOR TEMKIN	0	2/05/16 if self-em	nployed P00748170	
Pre	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617	
Use	Only	Firm's address 10960 WILSHIRE BLVD. STE 700				
		LOS ANGELES, CA 90024-3783		Phone no. ((310) 477-3924	
		RS discuss this return with the preparer shown above? (see instructions)			X Ves	No

Pai	t III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		Х
1	Briefly describe the organization's miss	sion:		
	JUNIOR ACHIEVEMENT OF SOUTHER	N CALIFORNIA INSPIRES AND PREPARES Y	OUNG	
	PEOPLE TO SUCCEED IN A GLOBAL	ECONOMY. OUR PROGRAMS TEACH THE		
	BUSINESS OF LIFE, THROUGH COM	MUNITY-BASED PARTNERSHIPS OF EDUCATO	DRS,	
	VOLUNTEERS AND BUSINESSES.			
2	Did the organization undertake any sig	nificant program services during the year which	were not listed on	
				s 🗓 No
	If "Yes," describe these new services of			
3		, or make significant changes in how it conducts	s, any program services?	s X No
	If "Yes," describe these changes on So			
4		ervice accomplishments for each of its three larg	est program services, as measured by expense	es
•		ations are required to report the amount of gran		
	revenue, if any, for each program servi		to and anotations to others, the total expenses	, and
4a		2,820,663. including grants of \$) (Rayanua \$ 4	34 097. \
та	/ (Expenses a	Including grants of \$) (nevertue \$	<u> </u>
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(O-d	to about any annual and the) (D	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in So	chedule O.)		
	(Expenses \$	including grants of \$	(Revenue \$	
4e	Total program service expenses	2,820,663.		
	. C.a. program convice expenses	1 1	Form	990 (2014)

432002 11-07-14 Form **990** (2014)

Page 3

CALIFORNIA, INC.

Par	t IV Checklist of Required Schedules		Vaa	No
	1 11 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١. ١	.,,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	٣		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				х
40	If "Yes," complete Schedule D, Part IV	9		Α
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Och all to D. Da to VI and VIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
10		13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			_
	, , , , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Form **990** (2014)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Δ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M	30		_ ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Page 5

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					Ш
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			_	v	
0-	(gambling) winnings to prize winners?	 I	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	35			
b	filed for the calendar year ending with or within the year covered by this return		l	Oh	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			2b	Λ	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			SD		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x
h	If "Yes," enter the name of the foreign country:	accou	111.) :	1 a		<u> </u>
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	any contributions that were not tax deductible as charitable contributions?	_		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?		•	6b		1
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 set	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		•	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	ı				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
J-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405	1			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	1	140		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a 14b		
ม	in 165, has it lied a Form 120 to report these payments: If 190, provide an explanation in Schedul	· ·		ITU		

CALIFORNIA, INC.

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion 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				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х	
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request X Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	SUSAN SAGHEB, INTERIM CONTROLLER - 323-957-1818				
	6250 FOREST LAWN DRIVE, LOS ANGELES, CA 90068				

Form 990 (2014) CALIFORNIA, INC.

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GRANT AHEARN	1.00									
BOARD MEMBER		Х		_				0.	0.	0.
(2) AVO AMIRIAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) FRANK BALDINO	1.00									
EDUCATION CHAIRMAN		Х						0.	0.	0.
(4) FRIDA BANK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) AARON BENDIKSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GARY BIRKENBEUEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DARRELL BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MAYNARD BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KEVIN CAPUTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CHRISTOPHER CHEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GREGORY CRAIG	1.00									
GOLF CLASSIC CHAIR		Х						0.	0.	0.
(12) CAROLE CURB NEMOY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) FRED N. DAVIS III	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GREGORY DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) STEVE DOLCEMASCHIO	1.00									
BOARD MEMBER		Х	L	L	L	L	L	0.	0.	0.
(16) GARY DUNN	1.00									
BOARD MEMBER		Х				L	L_	0.	0.	0.
(17) ROBERT FLICK	1.00									
BOARD MEMBER		Х	L	L	L_	L	L	0.	0.	0.

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JUNIOR ACHIEV Form 990 (2014) CALIFORNIA, I		OUT	HER:	N					95-17991	192		P	age 8
Part VII Section A. Officers, Directors, Trus		nlov	000	an	4 Hi	iaho	et (Compensated Employe					age •
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more		one h an	(D) Reportable compensation	(E) Reportable compensation from related		an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	com fr org and	pensa om th aniza d rela anizat	ation ne tion ted
(18) JOHN GATTI	1.00												
BOARD MEMBER		Х						0.		0.			0.
(19) GREG GEYER	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) PAUL GOLDSTEIN	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) RANJAN GOSWAMI	1.00												
BOARD MEMBER		Х						0.		0.			0.
(22) STEPHEN HARRIS	1.00												
HUMAN RESOURCES CHAIRMAN		Х						0.		0.			0.
(23) DAPHNE HELMS	3) DAPHNE HELMS 1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) KIRSTEN HELVEY	1.00									_			
BOARD MEMBER		Х						0.		0.			0.
(25) ERICA HENRY	1.00												
BOARD MEMBER		Х						0.		0.	0.		0.
(26) LYNN HOPTON	1.00												
BOARD MEMBER		Х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							619,892.		0.			,702.
d Total (add lines 1b and 1c)							<u> </u>	619,892.		0.		112	,702.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	no r	received more than \$100	,000 of reportable				
compensation from the organization													4
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•								-				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	ela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								ens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithi		year.				
(A) Name and business	address	NO:	NE					(B) Description of s	ervices	С	ompe		on

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 CALIFORNIA, INC. 95-1799192

(A)	(B)		. ,		C)		JUL	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	officer Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) RON IMUS	1.00									
BOARD MEMBER		х						0.	0.	C
(28) MONIQUE JOHNSON	1.00									
BOARD MEMBER		х						0.	0.	(
(29) CYNTHIA JORDAN	1.00									
BOARD MEMBER		х						0.	0.	(
(30) JOHN KELLY	1.00	T			T					
BOARD MEMBER		х						0.	0.	
(31) ANN KONO	1.00								•	
BOARD MEMBER		x						0.	0.	
(32) LEONARD KORTEKAAS	1.00	Η-				\vdash				
BOARD MEMBER		x						0.	0.	
(33) PATRICK E. LAMB	1.00									
BOARD MEMBER	2.00	x						0.	0.	
(34) JANE E. LEE	1.00									
BOARD MEMBER	1.00	x						0.	0.	(
(35) CRAIG LEVRA	1.00	 			\vdash	\vdash			• •	
FINANCE PARK CHAIR	1.00	x						0.	0.	(
(36) LOUIS LUCIDO	1.00	 			\vdash	\vdash			• • •	
BOARD MEMBER	1.00	x						0.	0.	
(37) NEIL MALIK	1.00									
BOARD MEMBER	1.00	x						0.	0.	
(38) LARRY MARK	1.00	 			\vdash	\vdash			• • •	
BOARD MEMBER	1.00	x						0.	0.	
(39) AMBER MARTIN	1.00	123			\vdash	\vdash			· ·	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	
(40) THOMAS E. MCCARTHY	1.00	 			\vdash	\vdash			• •	
INDIVIDUAL GIVING CHAIR	1.00	x						0.	0.	
(41) FRANK MCMAHON	1.00	 			\vdash	\vdash			• • •	
BOARD MEMBER	1.00	x						0.	0.	(
(42) JOHNNY MONTES	1.00	123			\vdash	\vdash			· ·	
BOARD MEMBER	1.00	Х						0.	0.	(
(43) ALAN ORECHWA	1.00	1	\vdash	\vdash	\vdash	\vdash		0.	0.	
FINANCIAL CHAIR	1.00	x						0.	0.	(
(44) NEETA PATEL	1.00	122	\vdash	\vdash	\vdash	\vdash		0.	0.	<u> </u>
FIRST VICE CHAIRMAN	1.00	Х						0.	0.	(
(45) FRANCES PAWLAK	1.00	Δ.			\vdash	\vdash		0.	0.	-
BOARD MEMBER	1.00	X						0.	0.	
(46) EDITH R. PEREZ	1.00	<u> </u>	\vdash	\vdash	\vdash	\vdash		0.	<u> </u>	<u>'</u>
	1.00	₩.							_	
STRATEGIC PLANNING CHAIRMAN Total to Part VII, Section A, line 1c		Х				<u> </u>		0.	0.	

Form 990 CALIFORNIA, INC. 95-1799192

Part VII Section A. Officers, Directors		mple	ovee	s a	nd F	liah	est	Compensated Employ	95-179919 rees (continued)	2		
(A)	(B)	וקוי	Jyee	:s, a ((ngil	JJL	(D) (E) (F)				
Name and title	Average hours	(cl	heck	Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of		
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(47) ANDREW RATNER	1.00											
BOARD MEMBER		Х						0.	0.	0		
(48) CARY RUBINSTEIN	1.00											
BOARD MEMBER		Х						0.	0.	0		
(49) SAL SARABOSING, JR.	1.00											
ORANGE COUNTY CHAIR		Х						0.	0.	0		
(50) SAM SHETH	1.00											
FUNDRAISING CHAIR		Х						0.	0.	0		
(51) MARC D. SILVERMAN	1.00											
BOARD MEMBER		Х						0.	0.	0		
(52) JOHN STEPHAN	1.00											
BOARD MEMBER		Х						0.	0.	0		
(53) JOHN TIPTON	1.00											
BOARD MEMBER		Х						0.	0.	0		
(54) JOSEPH VIOLA	1.00											
BOARD MEMBER		Х						0.	0.	0		
(55) TONY S. WANG	1.00											
BOARD MEMBER		Х						0.	0.	0		
(56) ADAM WEISNER	1.00											
BOARD MEMBER		Х						0.	0.	0		
(57) DARCY WILSON-JONES	1.00											
BOARD MEMBER		Х						0.	0.	0		
(58) IRWIN WONG	1.00											
BOARD MEMBER		Х						0.	0.	0		
(59) KEITH DOLABSON	1.00											
TREASURER		Х		Х				0.	0.	0		
(60) MARSHALL MATHISON	1.00	_										
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0		
(61) PAUL E. MCGUNNIGLE	1.00											
FACILITIES CHAIR		Х		Х				0.	0.	0		
(62) BRETT RODDA	1.00											
SECRETARY		Х		Х				0.	0.	0		
(63) BRIAN WILLIAMS	40.00											
PRESIDENT				Х				218,012.	0.	17,730		
(64) AMANDA SATTLER	40.00	1										
EXECUTIVE VP OF DEVELOPMENT						Х	L_	131,879.	0.	29,919		
(65) CHRISTINE SHEWBRIDGE	40.00											
REGIONAL EXECUTIVE DIRECTOR						Х	L	128,420.	0.	29,136		
(66) MARGO WHITE	40.00											
EXECUTIVE VP OF EDUCATION						Х		141,581.	0.	35,917		
Total to Part VII, Section A, line 1c								619,892.		112,702		

CALIFORNIA, INC. 95-1799192 Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 910,877. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,887,947. 14,700. g Noncash contributions included in lines 1a-1f: \$ 2,798,824, h Total. Add lines 1a-1f Business Code 2 a PROGRAM SPONSORSHIP 370,000 Program Service Revenue 611710 370,000 b PROGRAM FEES 611710 64,097 64,097 С f All other program service revenue g Total. Add lines 2a-2f 434,097 Investment income (including dividends, interest, and 47 47. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 18,672 6 a Gross rents **b** Less: rental expenses 18,672. c Rental income or (loss) 18,672. 18,672 **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 910,877. of including \$ contributions reported on line 1c). See Part IV, line 18 a 389,383 Other **b** Less: direct expenses 389,383 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 10,000 10,000. b d All other revenue

Form **990** (2014)

28,719.

434,097

10,000

3,261,640

e Total. Add lines 11a-11d

Total revenue. See instructions.

Page **10**

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon				
	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) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	056 440	04.5.000	05.645	40.000
_	trustees, and key employees	256,449.	217,982.	25,645.	12,822.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,589,531.	1,205,678.	331,610.	52,243.
7	Other salaries and wages	1,569,551.	1,205,676.	331,010.	52,245.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,118.	161,471.	23,007.	28,640.
9	Other employee benefits	198,137.	· · · · · · · · · · · · · · · · · · ·	20,414.	23,434.
10		139,985.	108,305.	14,737.	16,943.
11	Payroll taxes Fees for services (non-employees):	133,303.	100,303.	11,757.	10,545.
а					
b					
C		44,366.	32,818.	5,196.	6,352.
	Lobbying				. ,
e					
f	Investment management fees				
g	- · /// / / / / / / / / / / / / / / / /				
Ū	column (A) amount, list line 11g expenses on Sch 0.)	23,868.	17,656.	2,795.	3,417.
12	Advertising and promotion				
13	Office expenses	74,608.	47,574.	19,497.	7,537.
14	Information technology	134,206.	105,537.	13,617.	15,052.
15	Royalties				
16	Occupancy	122,809.	97,320.	12,320.	13,169.
17	Travel	42,505.	32,491.	4,597.	5,417.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,058.	13,058.		
20	Interest	186,748.		186,748.	
21	Payments to affiliates	80,092.	80,092.		
22	Depreciation, depletion, and amortization	244,236.	189,342.	27,650.	27,244.
23	Insurance	17,047.	12,528.	2,026.	2,493.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM MATERIALS	297,242.	297,242.		
b	VOLUNTEER RECOGNITION	37,907.	29,915.	3,932.	4,060.
С	MISCELLANEOUS EXPENSES	22,006.	16,213.	2,792.	3,001.
d	PERSONNEL RECRUITMENT	1,470.	1,152.	150.	168.
е	All other expenses	·			
25	Total functional expenses. Add lines 1 through 24e	3,739,388.	2,820,663.	696,733.	221,992.
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)				

Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
		·	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			356,931.	1	241,464.
	2	Savings and temporary cash investments			275,958.	2	127,712.
	3	Pledges and grants receivable, net			347,967.	3	402,125.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	/ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9	9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			18,928.	8	22,628.
	9	Prepaid expenses and deferred charges			51,800.	9	35,409.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,273,234.			
	b	Less: accumulated depreciation		4,375,484.	4,101,984.	10c	3,897,750.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	Г		13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			5,153,568.	16	4,727,088.
	17	Accounts payable and accrued expenses			215,835.	17	263,256.
	18	Grants payable			18		
	19	Deferred revenue			90,921.	19	151,200.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers, di	rectors, trustees,			
Ĭ		key employees, highest compensated employee	es, and disc	jualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			3,308,604.	23	3,255,706.
	24	Unsecured notes and loans payable to unrelate	d third parti	es		24	
	25	Other liabilities (including federal income tax, pa	yables to re	elated third			
		parties, and other liabilities not included on lines	3 17-24). Co	mplete Part X of			
		Schedule D			6,474.	25	2,940.
	26	Total liabilities. Add lines 17 through 25			3,621,834.	26	3,673,102.
		Organizations that follow SFAS 117 (ASC 958), check he	ere 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			-301,301.	27	-740,934.
Bali	28	Temporarily restricted net assets			1,786,750.	28	1,748,635.
pu	29				46,285.	29	46,285.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), cl	neck here			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
et .	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1,531,734.	33	1,053,986.
	34	Total liabilities and net assets/fund balances			5,153,568.	34	4,727,088.

Ра	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>	,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,739,	,388.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	-477,	,748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,531,	734.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		1	,053,	,986.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (о. Г			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Bubli

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTHERN

JUNIOR ACHIEVEMENT OF SOUTHER

Employer identification number 95-1799192

CALIFORNIA INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and		` ,	, ,			, ,			
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions									
-	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	etion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4	(a) 2010	(6) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotai			
	Gross income from interest,									
Ü	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
3	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc (see instruction	nne)			12				
	First five years. If the Form 990 is for	•	,	d fourth or fifth t	av vear as a sectio	<u> </u>				
10	organization, check this box and stor				•					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2014 (column (f))		14	%			
	Public support percentage from 2013						%			
	33 1/3% support test - 2014. If the o									
	stop here. The organization qualifies	-								
b	33 1/3% support test - 2013. If the o									
-	and stop here. The organization qual	-								
17a	10% -facts-and-circumstances tes									
., .	and if the organization meets the "fac									
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
,	more, and if the organization meets the									
	organization meets the "facts-and-circ						→ □			
18	Private foundation. If the organization						s			
	ato roundation ii tilo organizatio	did flot officer a	207 011 1110 10, 10	a, 100, 17a, 01 171		edule A (Form 990				

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	iow, produce comp	ioto i ait ii.j				
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		·	·	. ,	. ,	
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	3,350,563.	3,567,852.	2,643,615.	3,548,134.	2,789,824.	15,899,988.
n fo a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	684,507.	770,782.	707,981.	654,410.	823,480.	3,641,160.
	Gross receipts from activities that are not an unrelated trade or bus-						
	ness under section 513						
	ax revenues levied for the organ-						
iz	zation's benefit and either paid to expended on its behalf						
5 T	The value of services or facilities						
	urnished by a governmental unit to he organization without charge						
6 T	otal. Add lines 1 through 5	4,035,070.	4,338,634.	3,351,596.	4,202,544.	3,613,304.	19,541,148.
7a A	Amounts included on lines 1, 2, and						
	received from disqualified persons	260,323.	256,957.	246,529.	71,251.	251,885.	1,086,945.
fr e:	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						
	mount on line 13 for the year	900,691.	897,333.	614,968.	1,233,428.	392,416.	4,038,836.
	Add lines 7a and 7b	1,161,014.	1,154,290.	861,497.	1,304,679.	644,301.	5,125,781.
	Public support (Subtract line 7c from line 6.) ion B. Total Support						14,415,367.
		(=) 0010	(h) 0011	(=) 0010	(4) 0010	(=) 0014	(f) Total
	dar year (or fiscal year beginning in)	(a) 2010 4,035,070.	(b) 2011 4,338,634.	(c) 2012 3,351,596.	(d) 2013 4,202,544.	(e) 2014 3,613,304.	(f) Total 19,541,148.
10a 0	drounts income from interest, dividends, payments received on ecurities loans, rents, royalties and income from similar sources	5,730.	144.	129,467.	89,535.	18,719.	243,595.
	Inrelated business taxable income			,	,	,	
	less section 511 taxes) from businesses cquired after June 30, 1975						
c A	Add lines 10a and 10b	5,730.	144.	129,467.	89,535.	18,719.	243,595.
11 N a	let income from unrelated business ictivities not included in line 10b, whether or not the business is egularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					10,000.	10,000.
	otal support. (Add lines 9, 10c, 11, and 12.)	4,040,800.	4,338,778.	3,481,063.	4,292,079.	3,642,023.	19,794,743.
14 F	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	heck this box and stop here						>
	ion C. Computation of Public		<u>-</u>			i	
	Public support percentage for 2014 (lin			olumn (f))		15	72.82 %
	Public support percentage from 2013					16	76.40 %
	ion D. Computation of Inves			10 1 (0)		1	1 22 04
	nvestment income percentage for 201				l	17	1.23 %
	nvestment income percentage from 20			n line 14 and line		18 2 1/20/ and line 1	1.09 %
	3 1/3% support tests - 2014. If the coore than 33 1/3%, check this box an	-					/ is not
b 3	nore than 33 1/3%, check this box an 33 1/3% support tests - 2013. If the control of the control	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
	ne 18 is not more than 33 1/3%, chec Private foundation. If the organization			•		•	

432023 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
_		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		
•		
6		
_		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	· •···	2		
Soc	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
360	tion 6. Type if Supporting Organizations		Vaa	Na
	Ways a majority of the approximation to discontinuous and manager than the start of the discontinuous and the start of the start of the discontinuous and the start of the start		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
800	the supported organization(s). tion D. Type III Supporting Organizations	1		<u> </u>
Sec	cuon b. Type in Supporting Organizations		V	NI.
	Did the conscinction was ide to each of its supported associations by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	۵.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0.		
	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 CALIFORNIA, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instru	ıctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CALIFORNIA, INC.

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	•	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTHERN

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

CAI	LIFORNIA, INC.	95-1799192					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), out it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	3M UNITEK DIVISION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ABHILASH PATEL 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AEGON TRANSAMERICA FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 AIG AMERICAN INTERNATIONAL COMPANIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AIG SUNAMERICA SECURITIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AMBER SMITH 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN HONDA MOTOR CO., INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ARES MANAGEMENT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	AS&F FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ASSOCIATION FOR CORPORATE GROWTH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,474.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	AT&T 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$34,541.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BANK OF AMERICA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$23,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BANK OF THE WEST 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No14	Name, address, and ZIP + 4 BOSTON PRIVATE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BRETT RODDA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No16	Name, address, and ZIP + 4 CALIFORNIA BANK & TRUST 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$14,616.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	CALIFORNIA REPUBLIC BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	CAROLINE HARKINS 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CATHAY BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CBS ECOMEDIA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	CHARLES W. STEINMETZ 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	CITIBANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	CITY NATIONAL BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	COMCAST ENTERTAINMENT 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	COMERICA BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	COMMUNITY BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	CORENET GLOBAL, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4 CREATIVE ARTIST AGENCY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	Total contributions \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	CTBC BANK CORPORATION USA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	DATA MATRIX, INC. 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DELTA AIRLINES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	DEVRY INSTITUTE OF TECHNOLOGY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	DIANA J. MCCUTCHEN 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$6,230.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
34	Name, address, and ZIP + 4 EL SEGUNDO UNIFIED SCHOOL DISTRICT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	ERNST & YOUNG LLP 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	EXPERIAN CONSUMER SERVICES 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	FIDELITY CHARITABLE GIFT FUND 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	FIRST BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	FLUOR 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	FOGO DE CHAO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	FRED N. DAVIS 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	HAWTHORNE PNC FAMILY WEALTH 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
43	HELEN PEKNY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	11,004.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
44	HOWARD BUILDING CORPORATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
45	HSBC BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
46	HUQ FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
47	JEROME FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
48	JOHN H. KELLY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$_	25,526.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JOHN M. TIPTON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	JOSEPH DROWN FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	LOUIS C. LUCIDO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	MARSH MCLENNAN 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$1,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	MARSHALL H. MATHISON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	MASS MUTUAL FINANCIAL GROUP 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$6,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MICROSOFT 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	NEETA PATEL 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	ONEWEST BANK, FSB 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	OPUS BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	PACIFIC LIFE INSURANCE COMPANY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	PACIFIC MERCANTILE BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
61	PACIFIC PREMIER BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
62	PAUL MCGUNNIGLE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
63	PLAZA BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
64	ROCKWELL COLLINS 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
65	SAMIR H. SHETH 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
66	SAM'S CLUB 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$12,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

I alt I	Continuators (see instructions). Ose duplicate copies of Fart III addition	al space is freeded.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
67	SOUTHERN CALIFORNIA EDISON 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68	STATE FARM INSURANCE COMPANIES 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$17,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69	STEVE DOLCEMASCHIO 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$7,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
70	TACO BELL CORPORATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
71	TD AMERITRADE 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
72	THE CAPITAL GROUP COMPANIES, INC. 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$57,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
73	THE GE FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	FOREST LAWN DRIVE \$\$			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
74	THE GREEN FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
75	THE JOSEPH AND FLORA STONE FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
76	THE SYLVAIN AND MARJORIE HEUMANN FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
77	THE THOMAS & DOROTHY LEAVEY FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
78	UCLA C4C 6250 FOREST LAWN DRIVE LOS ANGELES CA 90068	\$\$ 8,574.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
79	UNION BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,650.	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
80	US BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
81	USC MARSHALL SCHOOL OF BUSINESS - CHALLENGE FOR CHARITY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
82	WATSON LAND COMPANY 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$15,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 83	Name, address, and ZIP + 4 WEINGART FOUNDATION 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 84	Name, address, and ZIP + 4 WELLS FARGO BANK 6250 FOREST LAWN DRIVE	\$\$ 25,000.	Person X Payroll Noncash (Complete Part II for			
	LOS ANGELES CA 90068	1	noncash contributions.)			

Name of organization	Employer identification number
JUNIOR ACHIEVEMENT OF SOUTHERN	
CALIFORNIA, INC.	95-1799192

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>85</u>	WILSHIRE BANK 6250 FOREST LAWN DRIVE LOS ANGELES, CA 90068	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
NO.	Name, address, and ZiF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Training data coop and an 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	AIRLINE TICKETS		
		\$	06/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	HIEVEMENT OF SOUTHERN		Employer Identification number
Part III	A, INC. Exclusively religious, charitable, etc., contitude the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	tributions to organizations described in columns (a) through (e) and the followings, charitable, etc., contributions of \$1,000 or less	section 501(c)(7), (8), or (10) that total more than \$1,000 for a line entry. For organizations as for the year. (Enter this info agree)
	Use duplicate copies of Part III if addition		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
			•
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of -:ft	
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

JUNIOR ACHIEVEMENT OF SOUTHERN CALTFORNIA INC

Employer identification number 95-1799192

Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	·
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	·
Pai		
1	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 a historically	/ important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
	and the fact year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year▶	· ·
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd 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.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	. • \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, 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:	
а	Revenue included in Form 990, Part VIII, line 1	. ▶ \$
b	Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 CALIFORNIA,						95-1799			ıge 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Oth	er Sim	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b										
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further t	he organizati	on's exe	empt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma		•	•				Yes		No
Pai	t IV Escrow and Custodial Arrang	<u></u>						line 9. or		
	reported an amount on Form 990, Par		J				, ,	,		
1a	Is the organization an agent, trustee, custodia		iary for contribution	ns or other as	sets no	t include	d			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-	Too, explain the arrangement in arrains	and complete the for	iownig table.					Amount		
C	Beginning balance					1c		7 timodine		
	Additions during the year									
	Distributions during the year						1			
	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•					_ 103	П	
Pai										
1 0		(a) Current year	(b) Prior year	(c) Two year			e years back	(a) Four	veare h	hack
12	Beginning of year balance	46,164.	46,228,	 ` 	5,285.	(u) IIII o	46,285.	(e) rour		285.
		10,101.	10,220	-	, 200.		10,200.			
	Contributions	60.	-64.		-57.		3.			4.
			01,	1	57.		<u> </u>			
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						3.			
	Administrative expenses	46.224	46 164	4					4.6	4.
_	End of year balance	46,224.	46,164.		5,228.		46,285.		40,	285.
2	Provide the estimated percentage of the curr			a)) held as:						
	Board designated or quasi-endowment	.00	_%							
	Permanent endowment 100.00	%								
С	Temporarily restricted endowment ▶	.00 %								
	The percentages in lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administe	red for t	the orga	nization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	I "Yes" to Form 990,	Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) A	ccumula	ited	(d) Book	value	÷
		basis (investm		(other)	de	preciation	n			
1a	Land		1	1,700,000.				1,	700,	000.
	Buildings			5,994,620.		3,81	5,494.	2,	178,	126.
	Leasehold improvements									
	Equipment			578,614.		558	3,990.		19,	624.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line	10c.)			▶	3,	897,	750.
		. ,		,			Schodule			

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CALIFORNIA, INC.			95-1799192	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 900 Part Y I	ino 13	
(a) Description of investment	(b) Book value		n: Cost or end-of-year marke	et value
(1)	(a) zeen talae	(e) meaned or raidane.	coor or orna or your marks	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Table (Oal (b) result agent Forms (OO) Port V and (B) line (O)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	I to Forms 000 Doubly line	11d Coo Forms 000 Doub V	line 45	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X,	(b) Book	valuo
	Description		(b) DOOK	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes'			art X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CAPITAL LEASE PAYABLE		2,940.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	2,940.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 CALIFORNIA, INC.			95-1799192	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,330,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	69,034.		
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	69,034.
3	Subtract line 2e from line 1			3	3,261,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,261,640.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	3,808,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		69,034.		
b	, , , , , , , , , , , , , , , , , , ,				
С	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,	2d			
е	9			2e	69,034.
3	Subtract line 2e from line 1			3	3,739,388.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , ,				
b	, , , , , , , , , , , , , , , , , , , ,	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,739,388.
	rt XIII Supplemental Information.			. =	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			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 informa	ation.		
ם אם ר	r V, LINE 4:				
FAR.	1 V, DINE 4:				
πО 9	SUPPORT THE OPERATIONS OF THE ORGANIZATION'S MISSION.				
	STITUTE THE STEMMENT OF THE STORMENT ON B HIBBION,				
PART	F X, LINE 2:				
	,				
THE	ORGANIZATION HAS ADOPTED FASB ASC TOPIC NO. 740, "UNCERTAINS	ry in			
	. ,				
INC	OME TAXES." IN ACCORDANCE WITH FASB ASC TOPIC NO. 740, THE OF	RGANIZATION			
RECO	OGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMEN	NTS IF THAT			
POSI	ITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT BASED	ON THE			
TECH	HNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS	NOT			
	,				
RECO	ORDED ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZE	ES			
POTI	ENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TO	AX			
POS	ITIONS IN INCOME TAX EXPENSE.				

432054 10-01-14

Schedule D (Form 990) 2014

432055 10-01-14

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization JUNIOR ACHIEVEMENT CALIFORNIA, INC.	OF SOUTHERN					95-1799192	ntification number
Part I Fundraising Activities. Complete	e if the organization answe	ered "\	es" to	Form 990, Part IV, I	ine 1		filers are not
required to complete this part. 1 Indicate whether the organization raised funds to a Mail solicitations	e Solicitat	tion of	non-g	overnment grants	·.		
 b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agree 	g Special	fundra	aising		stees	or	
key employees listed in Form 990, Part VII) or e b If "Yes," list the ten highest paid individuals or compensated at least \$5,000 by the organizati	entity in connection with p entities (fundraisers) purs	rofess	ional 1	fundraising services?	?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization is registed.			. Dution:	s or has been notified	d it is	exempt from re	egistration
or licensing.							
LHA For Paperwork Reduction Act Notice, see the	ne Instructions for Form	990 0	- gan -l	F7 G	Schoo	tule G (Form 9	90 or 990-EZ) 2014

Sch P a			ne organization answered		t IV, line 18, or reported	
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	В		BOWL-A-THON	GOLF TOURNAMENT	4	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	535,738.	448,030.	316,492.	1,300,260.
_	2	Less: Contributions	448,345.	227,808.	234,724.	910,877.
	3	Gross income (line 1 minus line 2)	87,393.	220,222.	81,768.	389,383.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		220,223.	81,767.	389,383.
	10	, , ,				389,383.
Pa		Net income summary. Subtract line 10 from I				0.
ГС	11 (1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered Yes to Form	1990, Part IV, line 19, or r	reported more than	
Revenue		\$10,000 0111 01111 000 EZ, III10 0d.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		· · ·				
		ere any of the organization's gaming licenses re			year?	Yes No

Schedule G (Form 990 or 990-EZ) 2014

JUNIOR ACHIEVEMENT OF SOUTHERN

Schedule G (Form 990 or 990-EZ) 2014 CALIFORNIA, INC. 95-179	99192	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9b, 1	0b, 15b,

JUNIOR ACHIEVEMENT OF SOUTHERN

CALIFORNIA, INC. Part IV Supplemental Information (continued)		Page 4
	Schedule G (Form 990) or 900-E7

432084 05-01-14

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. JUNIOR ACHIEVEMENT OF SOUTHERN

CALIFORNIA, INC.

Part I Questions Regarding Compensation

95-1799192

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Proportionally operating account.			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.0		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trastees, and officers, including the OLO/Executive Director, regarding the items checked in line has			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
5	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year did any narron listed in Form 000 Part VII. Section A line to with respect to the filing			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		х
a		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

CALIFORNIA, INC.

Schedule J (Form 990) 2014

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

Page 2

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	₩.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denems	(a)-(l)(a)	in column (b) reported as deferred in prior Form 990
(1) BRIAN WILLIAMS	(E)	218,012.	0	0	. 800, 6	8,727.	235,742.	0
PRESIDENT	∄	0	0	0	0	0	0	0
(2) AMANDA SATTLER	€	131,879.	0	0	22,091.	7,828.	161,798.	0
EXECUTIVE VP OF DEVELOPMENT	€	0	0	0	0	0	0	• 0
(3) CHRISTINE SHEWBRIDGE	Ξ	128,420.	0	0	21,341.	7,795.	157,556.	• 0
REGIONAL EXECUTIVE DIRECTOR	€	0	0	0	0	0	0	• 0
(4) MARGO WHITE	Ξ	141,581,	0	0	23,579.	12,338.	177,498.	0
EXECUTIVE VP OF EDUCATION	€	0	0	0	0	0	0	• 0
	Ξ							
	€							
	(j)							
	€							
	Ξ							
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	∷							
432112							Schedu	Schedule J (Form 990) 2014

Page 3

Schedule J (Form 990) 2014 CALIFORNIA, INC.

Part III Supplemental Information

Part III Supplemental Information

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

|--|--|

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

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

95-1799192 CALIFORNIA, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA INSPIRES AND PREPARES YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY. OUR PROGRAMS TEACH THE BUSINESS OF LIFE THROUGH COMMUNITY-BASED PARTNERSHIPS OF EDUCATORS VOLUNTEERS AND BUSINESSES. FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: JUNIOR ACHIEVEMENT'S (JA'S) VISION IS TO CREATE OPPORTUNITIES FOR YOUTH TO LEARN FROM AND BE INSPIRED BY EXPERIENCED ADULT VOLUNTEERS FROM THE BUSINESS COMMUNITY. JA PROGRAMS SERVE STUDENTS IN ALL GRADES K-12 WITH CURRICULUM BUILT AROUND THREE CORE PILLARS: ENTREPRENEURSHIP, FINANCIAL EDUCATION AND WORK READINESS. JA PROGRAMS ARE GENERALLY PROVIDED BY VOLUNTEERS AS SUPPLEMENTS TO REGULAR CLASSROOM WORK, LESSONS COMBINE THE THREE PILLARS AROUND REAL-WORLD CONCEPTS IN WAYS THAT ARE JA CAPSTONE AND FIELD TRIP EXPERIENCES OUTSIDE THE GRADE-APPROPRIATE. CLASSROOM INCLUDE STUDENT JA JOB SHADOW VISITS TO CORPORATIONS, CLASS TRIPS TO THE JA FINANCE PARK REAL-LIFE BUDGET SIMULATION, AND STUDENT COMPETITIONS WHERE TEAMS IN THE "JA COMPANY PROGRAM" DISPLAY THEIR ENTREPRENEURSHIP PROJECTS. JA STRIVES TO SERVE STUDENTS THAT ARE MOST AT-RISK, WITH A FOCUS ON THE COMPREHENSIVE "GRADUATION PATHWAYS" MODEL WHICH PROVIDES SUCCESSIVE YEARS OF JA PROGRAMMING TO STUDENTS AS THEY GO THROUGH THEIR EDUCATIONAL CAREER FROM ELEMENTARY SCHOOL TO MIDDLE AND HIGH SCHOOL.

FORM 990, PART VI, SECTION A, LINE 1:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

THE INFORMATIONAL RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND

THEN REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE. THE RETURN IS FILED ONCE

IT HAS BEEN APPROVED, AND THEN PRESENTED TO THE REST OF THE BOARD.

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

990

Internal Revenue Service Business or activity to which this form rela Identifying number JUNIOR ACHIEVEMENT OF SOUTHERN CALIFORNIA INC. FORM 990 PAGE 10 95-1799192 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 2,000,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 **17** MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property 20-year property f S/I 25 yrs. g 25-year property S/L 27.5 yrs. MM Residential rental property h 27.5 yrs. MM S/L MM S/L 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 40 yrs. 40-year S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 244,236. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

CALIFORNIA. INC.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

	Note: For any through (c) of S	Section A, all	of Section B,	and Se	ction C ii	f applica	ble.					,			nns (a)
	Section A	- Depreciati	on and Other	Inform	ation (Ca	aution: S	See the	instruc	tions for l	imits for	passeng	er auton	nobiles.))	
24	a Do you have evidence to	support the bu	siness/investme	ent use c	laimed?	Y	es	No	24 b If "\	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	(bu	(e) sis for depr siness/inv use onl	estment	(f) Recovery period	Me	(g) thod/ vention	Depre	h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation all	owance for c	ualified listed	propert	y placed	in servi	ce durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that									_		_			
		: :	· ·	6											
		1 1	· ·	%											
		: :	Ç	6											
27	Property used 50% or l	ess in a qual	ified business	use:					•	•					
		1 1	,	6						S/L -					
		1 1	C	6						S/L -				1	
		: :		6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter he	re and or	n line 21	. page 1				28				
	Add amounts in column												29		
	mplete this section for ve your employees, first ans		by a sole prop	rietor, p		or other	"more th	nan 5%	owner,"			-			s
					(a)	(b)		(c)	(-	d)	(4	e)	(1	f)
30	Total business/investment	miles driven d	uring the	Ve	hicle	Vel	hicle	\ \	/ehicle	Vel	nicle	Veh	nicle	Veh	iicle
	year (do not include com	muting miles)													
31	Total commuting miles														
	Total other personal (no														
	driven	_	•												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•							1						
35	Was the vehicle used p								1						
	than 5% owner or relate														
36	Is another vehicle availa						1			1					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

OW	ners or related persons.									
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes										
	employees?									
38	Do you maintain a written policy statement that	at prohibits p	ersonal use of vehicles, ex	cept commuting, by	/ your					
	employees? See the instructions for vehicles u	used by corp	orate officers, directors, o	r 1% or more owners	S					
39 Do you treat all use of vehicles by employees as personal use?										
40 Do you provide more than five vehicles to your employees, obtain information from your employees about										
the use of the vehicles, and retain the information received?										
41	Do you meet the requirements concerning qua	alified automo	obile demonstration use?							
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do no	t complete Section B for t	he covered vehicles.						
P	art VI Amortization									
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) rtization his year			
42	Amortization of costs that begins during your	2014 tax yea	r:							

43 Amortization of costs that began before your 2014 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report

416252 01-08-15

Form 4562 (2014)