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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Inspection

Department of the Treasury

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning , 2011, and ending 20 C Name of organization INFORMATION SYSTEMS AUDIT AND D Employer identification number B Check if applicable CONTROL ASSOCIATION CHAPTERS 94-2919522 Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 3701 ALGONQUIN ROAD 1010 (847) 253-1545 Initial return City or town, state or country, and ZIP + 4 Amended ROLLING MEADOWS, IL 60008 G Gross receipts \$ 3,471,550. return H(a) Is this a group return for F Name and address of principal officer SUSAN M. CALDWELL  $\bar{\mathbf{x}}$ Yes SAME AS C ABOVE Νo H(b) Are all affiliates included? X | 501(c) ( 6 If "No," attach a list (see instructions) ATCH Tax-exempt status 501(c)(3) 4947(a)(1) or (insert no ) Website > WWW.ISACA.ORG 2504 H(c) Group exemption number Form of organization | X | Corporation Trust Association Other > L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE CONTINUING PROFESSIONAL EDUCATION, FACILITATE NETWORKING AND COMMUNITY THROUGH CHAPTER MEETINGS, AND FURTHER PROMOTE AND ELEVATE THE VISIBILITY OF IT GOVERNANCE, SECURITY, AND AUDIT PROFESSIONALS. If the organization discontinued its operations or disposed of more than 25% of its net assets 796. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 795. 5 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . . . . 1,168. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 . . . . . . . **Current Year** 4,000 40,610. 3,395,548. 2,828,322 Program service revenue (Part VIII, line 2g) 9,291. 11,575 10 85,968 20,236. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,929,865 3,465,685. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . . . . 12 Grants and similar arounds part (Part IX, column (A), lines 1-3)

Benefits unit of er for members (Part IX, column (A), line 4) 97,848 194,412. 13 14 2,500. 9,140. ries, other compensation (m) ployee benefits (Part IX, column (A), lines 5-10) 15 fesន្យឲ្យាង្ខា fundrasing fees Pert IX, column (A), line 11e) 16a Total fundraising expenses (P b 2,652,411 3,003,007. 17 2,752,759 3,206,559 17 (must equal Part IX, column (A), line 25) 177,106. 259,126. 19 Revenue less expenses Subtract line 18 from line 12 . . . . . . . . Beginning of Current Year End of Year 3,882,135. 2,760,797 Total assets (Part X, line 16) 8,907. Total liabilities (Part X, line 26)...... Net assets or fund balances Subtract line 21 from line 20. 2,760,797. 3,873,228 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here SUSAN M. CALDWELL CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Paid DANIEL ROMANO self-employed P00504182 11/05/2012 Preparer Firm's name GRANT THORNTON LLP 36-6055558 Firm's EIN Use Only 312-856-0200 Firm's address ▶ 175 W. JACKSON BLVD, STE 2000 CHICAGO, IL 60604 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X | Yes Νo

1E1010 1 000 89364J 649R

For Paperwork Reduction Act Notice, see the separate instructions

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Form **990** (2011)

Part	V 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,"			1
	complete Schedule A	1_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	_
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			ĺ
	"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? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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,	1	·	E 3,7
	VII, VIII, IX, or X as applicable		``	1
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		X
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
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			T
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	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		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			}
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			ĺ
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Ĺ	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	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ĺ	ł	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		}	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and N	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1	}	1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		}	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	}		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	}		1
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	1

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			1
	in the United States 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 and other assistance to individuals in the United States			ĺ
	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
24 a	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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		<del></del>
U				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
26	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	X	<u> </u>
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			١.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	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 N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ł
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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, Parts II, III,			
	IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>-</del> -		<del></del>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
		100		

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<b>-</b>			IDA E:::	
Statements	Regardin	a Other	IRS Filings and	d Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	,	. <u></u>	.  X
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	, ,	2	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		څ۳ځې	***
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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			1
	account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶		`. «	8
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		.,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			****
	and services provided to the payor?	7 a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year	2.2	-	Ma.ä.
е		7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	11. a	7.0
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	e .		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	& <u>.</u>		
_	organization, have excess business holdings at any time during the year?	8		Mary 3
9	Sponsoring organizations maintaining donor advised funds.	·		
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	~ 4		J.
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			ļ
	Gross income from members or shareholders			}
D	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		†
d	Note. See the instructions for additional information the organization must report on Schedule O	, ya		<del> </del>
l.	Enter the amount of reserves the organization is required to maintain by the states in which			
Ð	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del> </del> -	<b>- '</b>
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Form 9	90 (2011)		١	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion 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 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 795			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		i	
-	any other officer, director, trustee, or key employee?	2	X	
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		X
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?	7 b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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		X
<u>Sect</u> i	on 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ļ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ļ <u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			v
	rise to conflicts?	12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			x
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
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?			x
a	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		
4.0	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	46-		x
_	with a taxable entity during the year?	<u>16a</u>		<del>  ^-</del>
b	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?	16h		1
Sect	ion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	 (01/c)	(3)e 0	 nlv)
. 0	available for public inspection. Indicate how you made these available. Check all that apply	.5 (0)	(5)5 0	· · · <b>y</b> /
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finte	rest i	nolicy
. 3	and financial statements available to the public during the tax year			Joney,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ► Neville Rademeyer 3701 Algonouin Road Suite 1010 Rolling Meadows, IL 60008 (847)253-1545			

01111 330 (201	·,
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response to any question 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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	erson	e than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	_
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 271000 miles)	organization and related organizations	_
(1) MATT ALTMAN VICE PRESIDENT	1.00	x		x				O	0		0
(2) TOM BENTLEY											-
PRESIDENT	1.00	Х		Х				0	0		0
(3) ERIC KAEHLER											_
PAST PRESIDENT	1.00	Х		Х				0	0		0
(4) MEGAN SCHMIDT											
SECRETARY	2.00	Х		Х			L.	0	0		_0
(5) GARY SHOLLY TREASURER	2.00	x		x				C	0		0
(6) MUKESH ARORA											-
DIRECTOR / TREASURER	6.00	Х						o	0		0
(7) PATRICK CATTON DIRECTOR	1.00	х						С	0		_ 0
(8) REID EASTBURN	1								·		-
DIRECTOR	1.50	X						0	О		0
(9) STACY GENSLER PRESIDENT / PAST PRESIDENT	10.00	х		х				С	0		_ 0
(10) ROXANNE HALVERSON DIRECTOR	1.00	х						C	0		 0
(11) TODD MARCINIK											_
VICE PRESIDENT	2.00	х		x				l	О		0
(12) VICKI MAXWELL-BUSTILLOS TREASURER	7.00	x		x				0	0		_ 0
(13) JEFF PALGON	+ ,,,,,		<del> </del>	<del>  ``</del>	-	<del> </del>	├				
DIRECTOR	3.00	х						0	0		_0
(14) ERIC PALMER	_										
SECRETARY / VP	4.00	Х		X				0	0		_0

(A)

	Name and title	Average hours per week (describe	box,	unle	heck ss pe d a d	rson Irec	e than o is both tor/trus	an	Reportable compensation from the	Reportable compensation f related organizations		Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations
( ]	5) BIJU THOMAS VP/ PRESIDENT	F 00	,,		,,					·		
( j	6) VICTORIA TUDOR	5.00	X		Х	_		_	<u></u>	) 	0	
•	DIRECTOR	3.00	х						c	)	o	0
( ]	7) DOMENIC VIENTOS DIRECTOR	1.50	х									0
(ĵ	.8) KIMBERLY BRADLEY	1.50		-						' 		0
-	PRESIDENT	5.00	х		x				c	)	0	0
( ]	9) CARLOS CONTRERAS											
1 2	VICE PRESIDENT OF EDUCATION  O) LARRY A. DOUGLAS	2.00	X	-	X	<u> </u>		⊢		)	-0	0
` -	TREASURER	2.00	x		x						o	0
( 2	1) SHANNON LOLLAR											-
_	SECRETARY	1.00	х		Х				С	)	0	0
( 2	2) CHARLENE SEVERANCE	1 00	Į,		,				_			•
( 5	MEMBERSHIP DIRECTOR  3) TOME' FRAZIER	1.00	X		X		<u> </u>			)	0	0
` =	VICE PRESIDENT	5.00	x		x					1	o	0
( 2	4) CONNIE FREELAND											<u> </u>
. =	PUBLICITY COORDINATOR	5.00	Х			_			С	)	0	0
( 2	CERTIFICATION COORDINATOR	8.00	x						,			0
-	4 h Ch A-4-1	1.			<u> </u>	l	l	_			0	0
	c Total from continuation sheets to Part VII, S	ection A		• •		• •		•	С		0	0
_	d Total (add lines 1b and 1c)							<b>&gt;</b>	C		0	0
	2 Total number of individuals (including but not reportable compensation from the organization			liste )	d al	bov	e) wh	о ге	ceived more than	\$100,000 of		
•												Yes No
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi	er, directo	r, or chind	tru Ividi	uste ual	e,	key e	emp	oloyee, or highes	t compensate	d	3 X
	4 For any individual listed on line 1a, is the sorganization and related organizations gre	sum of rep eater than	ortab \$15	le 6	com	per	satio	n ai	nd other compens	sation from the	e . h £	
	<ul><li>individual</li></ul>				 on 1	 fron	 anv	un	· · · · · · · · · · · · · · · · · · ·	on or individua	· —	4 X
-	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	for	such	per	son	· · · · · · · · · · · · · · · · · · ·		5 X
-	Section B. Independent Contractors  1 Complete this table for your five highest com	pensated ii	ndepe	ende	ent (	con	tracto	rs t	hat received more	than \$100,00	00 of	
	compensation from the organization Report of year	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organiz	ation's t	ax
-	(A)								(B)			(C)
-	Name and business add	iress					·	+	Description of se	ervices	Comp	ensation
-								1	-			
-								-	<u>-</u>			
-								L				
_	2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite:	d to	thos 0	se li	isted above) who	received		
	SA E1055 2 000 8 9 3 6 4 J 6 4 9 R								1447160		F	orm <b>990</b> (2011)

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

(C)

(D)

(E)

(B)

Part VII Section A. Officers, Directors, Tru	1	y En	ipio			and I	ııg.			<b>:S</b> (¢	
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average hours per	(do 1	not ch		ition more	e than c	ne	Reportable compensation	Reportable compensation		Estimated amount of
	week					is both		from	related		other
	(describe hours for		1 _ 1		7	or/trust		the	organization		compensation from the
	related	d V	Stite	Officer	ey e	Highest employe	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	organization
	organizations	ecto	힣	٦	夏	st cor	۳	(** 271000 111100)			and related
	in Schedule O)	Individual trustee or director	at		Key employee	m omp					organizations
	3,	itee	nstitutional trustee			mpensat					
26) JARED HENDERSON						ted	_				
SECRETARY AND TREASURER	5.00	х		х				С		0	
27) ROCHANA LAHIRI WEBMASTER	5.00	x								0	
28) ANGIE ROBINSON	0.00	<del></del>	$\vdash$		-			· · · · · · · · ·	<del></del>	$\dashv$	
MEMBERSHIP COORDINATOR	5.00	х							ļ	o	
29) MICHELLE SEELING			$\Box$				$\vdash$				<del></del>
PRESIDENT	10.00	х		х				C		o	
30) SLAVA SOTNIKOV											
PROGRAMS COMMITTEE CHAIR	5.00	х						l c		o	
31) NATALIE WARE										$\dashv$	
SECRETARY AND TREASURER	5.00	Х		Х				C		o	
32) ROBERT JEFFREY BRATTON								-			
PRESIDENT	2.00	х		Х						o	
33) DAVID W. HALL					İ				İ	$\neg$	
TREASURER	1.80	х		Х				C		o	
34) YAN-YAN NG					_					$\neg$	
VICE PRESIDENT	2.50	Х		Х				l c		o	
35) TAMARA L. RANDLE								· · <del>-</del> · · · · · · · · · · · · · · · · · · ·			
MEETING DIRECTOR	2.00	х						l c		o	
36) AARON J. SINGLETON				_						$\neg$	
SECRETARY	1.50	х		Х			İ	c		o	
1b Sub-total							▶				
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$				,
d Total (add lines 1b and 1c)							▶				
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) wh	o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n <b>▶</b>		)								Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensate	ed	
employee on line 1a? If "Yes," complete Schedi	ule J for su	ch ind	lıvıdı	ual	٠.						3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	per	satio	n a	nd other compens	sation from th	ie	
organization and related organizations greated individual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individu	al	· · · · · · · · · · · · · · · · · · ·
for services rendered to the organization? If "Ye Section B. Independent Contractors	zs, compre	ie oci	ıeau	ie J	ıof	sucn	μer	auii ,	· · · · · · · · · · · · · · · · · · ·	•	5 X
Complete this table for your five highest com	noncated I	ndone	ndo	nt		traata	rc +	hat sacauad mare	than \$100.0	00.0	
compensation from the organization Report of year											
(A)	<del></del>						Τ	(B)			(C)
Name and business add	fress							Description of se	ervices	C	ompensation
							+				
							$\perp$				
							$\perp$				
2 Total number of independent contractors (in				nite	d to	thos	e i	isted above) who	received		
more than \$100,000 in compensation from th	e organizar	uon									Form <b>990</b> (20
89364J 649R								1447160			PAGE 1

	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and I	ligl	hest Compensat	ed Employ	yees (c	continued)
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average	/do r	ot ch		ition	e than c	nn e	Reportable	Reporta	,	Estimated amount of
		hours per week					ıs both		compensation from	compensati relate		other
		(describe					or/trust		the	organiza		compensation
		hours for related	or di	nstı	Officer	Key	를	Former	organization	(W-2/1099	-MISC)	from the organization
		organizations	idividual i	Institutional	:er	emp	est l	e	(W-2/1099-MISC)			and related
		ın Schedule	٩ 🚆	nal		employee	e com					organizations
		O)	trustee	trustee		ñ	Highest compensatemployee				ļ	
		]		8			sated					
(	37) NANETTE A. TAYLOR	-	-									
	MEMBERSHIP DIRECTOR	1.50	Х						0		o	0
(	38) DR. JAMES L. WORRELL											
	MEMBERSHIP & ACADEMIC CHAIR	1.00	X						0		o	0
(	39) BRADLEY N. YOUNG											
	WEBMASTER. PAST PRESIDENT	1.70	X						0		o	0
(	40) BRANT BORCHERT											
	TREASURER	1.60	X		Х				0		0	0
(	41) DANIEL DECLOSS											
	WEBMASTER	.77	X	L.,		<u>L</u> .	ļ	_	0		0	0
(	42) DAVID JORGENSEN							Ì	_			_
	PREVIOUS NEWSLETTER CHAIR	.30	X			<u> </u>	<u> </u>	<u> </u>	0		0	0
(	43) STEVE LEDBETTER	1 , ,	١,,									
,	PREVIOUS CERTIFICATIONS CHAIR	.15	X						0			0
١	44) CHRISTINE MARIMAN AUDIT & NOM. CHAIR, NEWSLETTER	1.00	x			1						,
,	45) ANDREW RICHTER	1.00	^		_		-	-	0			0
`	PAST PRESIDENT	.50	x						_		0	o
,	46) AMY SHAW	50	<u> </u>	$\vdash$		-	-	-	ļ-		Y	
`	MEMBERSHIP CHAIR	1.00	х				1		ر ا		0	0
1	47) VINCE SKINNER	1.00		├			<u> </u>					
`	CERTIFICATIONS CHAIR	.50	х					į	1 0		o	0
	1b Sub-total			ـــــا			J	<b></b>				
	c Total from continuation sheets to Part VII, S	ection A						•				
	d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u> </u>				<b>&gt;</b>				
	2 Total number of individuals (including but not		hose	liste	d al	bov	e) wh	o re	ceived more than	\$100,000	of	
	reportable compensation from the organizatio	n ▶	(									
												Yes No
	3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highes	t compens	ated	`°`@ \
	employee on line 1a? If "Yes," complete Sched											3 X
	4 For any individual listed on line 1a, is the											
	organization and related organizations grandividual											4 X
	5 Did any person listed on line 1a receive or											
	for services rendered to the organization? If "Y	es." comple	te Scl	sau iedu	ile J	l for	such:	per	son	on or mary	luuai	5 X
	Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,	-							,	· · · ·	
	1 Complete this table for your five highest com	pensated i	ndepe	ende	ent (	con	tracto	rs t	hat received more	than \$100	0,000 c	of
	compensation from the organization Report of	compensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the orga	anızatıo	n's tax
	year	<del></del>	· · · · · · · · · · · · · · · · · · ·									
	(A)								(B)		1	(C)
	Name and business add	iress							Description of se	rvices	c	Compensation
		·····						$\perp$			<u> </u>	
		<del></del>						+				
								+				
								+	<del>_</del>		<u> </u>	
	7 Tatal number of independent contact.			. 1	<b>.</b> -				and all all and a second		n/22	Literation in Table 1
	2 Total number of independent contractors (ii more than \$100,000 in compensation from the				nite	a to	o thos	se I	isted above) who	received	*** . §	
	JSA	o organiza		-		-			<del></del>			Form <b>990</b> (2011)
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									_13,100			11100 12

G	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
( 41	B) DAWN TEPLY PRESIDENT	1.00	х		х				0	o	0
( 4 !	O) TROY TORRES SECRETARY	1.25	х		х				0	O	0
( 50	)) PATRICIA WATSON VICE PRES. AND ACADEMIC REL.	1.25	х		х				0	α	0
( 5	SECRETARY	1.50	х		х				0	O	0
( 52	P) IVANA COJBASIC BOARD MEMBER	.35	х						0	0	0
( 5	BOARD MEMBER	.35	х						0	0	0
( 54	) STEVEN KELLER BOARD MEMBER	.35	Х						0	o	0
( 5.5	O) PAUL MONTROSE  VICE PRESIDENT	.35	х		х				0	0	0
5	5) TANYA MONTROSE BOARD MEMBER	.35	х						O	0	0
( 5	7) AMANDA PRINCE TREASURER	1.50	х		х				0	0	0
( 58	B) CHRISTOPHER RANDLE PRESIDENT	3.00	х		х				0	0	0
	b Sub-total c Total from continuation sheets to Part VII, Sed d Total (add lines 1b and 1c)  Total number of individuals (including but not	limited to t	· · ·		<u> </u>	  bove	  e) wh	► ► o re	ceived more than	\$100,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Scheduler for any individual listed on line 1a, is the second	er, directo lie J for suc	ch ind oortab	tru ividi	<i>ual</i> :om	 per	 Isatioi	 n ai	 nd other compens	sation from the	Yes No
5	for services rendered to the organization? If "Ye	accrue coi	 mpen	satı	 on f	· · fron	 n any	 uni			4 X 5 X
_	Complete this table for your five highest com compensation from the organization Report c year	pensated in ompensation	ndepe on for	ende the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 c	of n's tax
_	(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compensation
_							-			-	
	Total number of independent contractors (in more than \$100,000 in compensation from the	icluding bu e organizat	ut not	lım	ited	d to	thos	e li	sted above) who	received	
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	Name and title	Average hours per week (descnbe	unles er and	s pe d a d	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	n from	Esti amo o comp	(F) imated ount of other eensation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga: and	m the nization related nizations
59	) KATE ALLEN BOARD MEMBER	2.00	x										
60	) BILL BRANNEKY	2.00						-		<u> </u>			
==	BOARD MEMBER	2.00	х						(		o	l	
61	AUDREY GRAYSON	+	<del></del> -									<del></del>	
	SECRETARY	4.00	x		х				(		o		
62	) STEVE HELWIG												
	WEBMASTER	2.00	Х								0		
63	) SHERRY HILLEY					-		٠.		<u> </u>			
	TREASURER	4.00	x		х		1				o		
64	) JACQUI HOLDER												
	BOARD MEMBER	4.00	Х								0		
65	) DON KIMMEL												
	BOARD MEMBER	3.00	Х			1			\ (		o	ĺ	
66	) DONALD SPARKS										_		
	VICE PRESIDENT	2.00	Х		Х						o		
67	) TONY VALENTINO												
	PAST PRESIDENT	1.00	Х								0		
68	) MICHAEL WALSH					<u> </u>							
	PRESIDENT	5.00	Х	l	х						o		
69	) NANCY A. BLACKWELL												
~-	PRESIDENT	4.00	Х		Х						o		
	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	<u> </u>						<b>&gt; &gt;</b>					
2	Total number of individuals (including but no reportable compensation from the organizat			liste )	d al	bove	e) wh	o re	eceived more than	\$100,000 0	of		
_													Yes No
3	Did the organization list any former of	ficer, directo	r. or	tru	ıste	e.	kev e	emo	olovee, or highes	t compens	ated		
	employee on line 1a? If "Yes," complete Sche											3	X
4	For any individual listed on line 1a, is the	sum of rer	ortah	ole d	nm	ner	satio	n a	nd other compen	sation from	the	· ·	<b>%</b> ,;
	organization and related organizations											المنائد ا	
	ındıvıdual											4	X
5	Did any person listed on line 1a receive												- 1
	for services rendered to the organization? If	"Yes," comple	te Scl	nedu	ile J	for	such	per	son			5	X
Sc	ection B. Independent Contractors								- <del></del>				
1	Complete this table for your five highest compensation from the organization. Report year	mpensated i t compensati	ndepe on foi	ende the	ent e ca	con	tracto dar ye	rs t ar e	that received more ending with or wit	e than \$100 hin the orga	,000 o nizatio	of n's tax	
_	(A)							T	(B)			(C)	
	Name and business a	address						+	Description of se	ervices		Compens	ation
	<del></del>		-					+					
								+					

Form 990 (2011)  Part VII Section A. Officers, Directors, Tru	ustees. Ke	v Em	olar	ve	es.	and F	lial	hest Compensat	ed Employees	Page 8
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do r box,	not ch unles	Pos heck ss pe	C) sition more	n oth st Highest compensated or is or/trust employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC)	(F) Estimated n amount of other compensation
70) HOLLY COX SECRETERY	2.00	х		x		ed.		0		0 0
71) JONNA GRAMA DIRECTOR	1.00	x		<u> </u>					-	0 0
72) GREG HADRICK										
DIRECTOR 73) DENNIS HATTABAUGH	1.00							-		0 (
PAST PRESIDENT 74) SEAN HISE	1.00	Х		Х				C		0 (
DIRECTOR 75) ZHEN LIU	1.00	Х						C		0 (
DIRECTOR 76) FRANK NEVERS	1.00	Х						<u> </u>		0 (
TREASURER 77) ROB STOUDER	4.00	Х		х				C		0
VICE PRESIDENT 78) DAVE BENNETT	1.00	Х		х				C		0
PROGRAM CO-CHAIRPERSON 79) STEFANO CAIOLA	1.00	х			_			C		0
MARKETING CO-CHAIRPERSON	2.00	х						C		0
ARRANGEMENTS CHAIRPERSON	3.00	х						c		0 (
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	<u></u>	· ·	<u> </u>	<u> </u>		<b>&gt;</b>			
reportable compensation from the organization  3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedular For any individual listed on line 1a, is the organization and related organizations grandividual	er, directoule J for sur sum of repeater than	or, or ch ind portab \$15 	tru lividi ole o	uste ual com 007	e, per	key e	emp	oloyee, or highes nd other compens complete Schedu related organizati	t compensatedsation from the le J for such	Yes No 3 X 4 X 5 X
Complete this table for your five highest com- compensation from the organization Report of year										
(A) Name and business add	dress				-			(B) Description of se	ervices	(C) Compensation
			-							
2 Total number of independent contractors (ii more than \$100,000 in compensation from the				nite	d to	thos	e l	isted above) who	received	v 3
JSA 1E1055 2 000 89364J 649R				-	-			1447160		Form <b>990</b> (2011 PAGE 15

	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week (descnbe	box, office	unles r and	Pos heck ss pe	more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(	81) SCOTT HIGGINS MARKETING CO-CHAIRPERSON	2.00	х						0	0	0
(	82) DAVID HORVATH VICE PRESIDENT	1.00	х		х				0	o	0
(	83) AIJAZ HUSSAIN MARKETING CO-CHAIR/ACADEMIC	2.00	х					İ	0	0	0
•	84) JAMES KALBAC REGISTRATION COMMITTEE	2.00	х						0	С	0
•	85) RYAN KROPFF MEMBERSHIP/PROGRAM CO-CHAIR	2.00	х						0	0	0
	86) WESLEY LEWIS PRESIDENT	3.00	х		х				0	c	0
•	87) KELLI MCDONALD ACADEMIC OUTREACH CO-CHAIR	2.00	х						0	c	0
•	88) JOANIE MILLER EDUCATION CO-CHAIRPERSON	2.00	х		-			_	0	0	0
	CERTIFICATION COORDINATOR	1.00	х						0	o d	0
	90) MEAGAN O'HARA  ACADEMIC OUTREACH CO-CHAIR	2.00	х						0	c	0
(	91) TANVIR REFAI WEBMASTER	1.00	х						0	c	0
	1b Sub-total						 	<b>*</b> * *			
	Total number of individuals (including but not reportable compensation from the organization)		hose (	liste	d a	bov	e) wh	o re	eceived more than	\$100,000 of	
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	tru Ividi	uste ual	e, • •	key e	emp	oloyee, or highest	t compensated	Yes No
	4 For any individual listed on line 1a, is the corganization and related organizations grandvidual	eater than	\$15	0,0	007	) If	"Yes	s, "			4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5 X
	Complete this table for your five highest com- compensation from the organization Report of year										
	(A) Name and business add	Iress			-				(B) Description of se	rvices (	(C) Compensation
								_			
	2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received	
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Page 8

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (describe	box, office	unle:	Pos heck ss pe d a d	rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d ions	(F) Estimated amount of other compensation from the	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations	
( 92)	LISA SCHENK TREASURER	3.00	х		х				0		0	0	
( 93)	RAY SCURR EDUCATION CO-CHAIRPERSON	2.00	х						0		0	0	
( 94)	JOHN SHUEY SECRETARY/MEMBERSHIP ASST.	2.00	х						0		0	0	
`	SHEELA THIRUVADI ACADEMIC OUTREACH CO-CHAIR	2.00	х						0		0	0	
	DAN ZIMERMAN ADVERTISING/RESEARCH/STANDARDS	2.00	х						0		0	0	
`	AMY ZIMMERMAN PROGRAM CO-CHAIRPERSON	2.00	х						0		0	0	
	GLORIA GIBBON VICE PRESIDENT	2.00	х		х				0		0	0	
·	JIM MACLACHALN TREASURER KATHLEEN WOJSLAW	2.00	х		х				0		0	0	
·	CHAPTER SECRETARY  JASON WOOD	1.00	х		х	_			0		0	0	
	CHAPTER PRESIDENT ZENNIERE BOWRY	2.00	х		х				С		0	0	
	BOARD OF DIRECTORS Sub-total	1.00	х					L	c		0	0	
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	<u> </u>			<u> </u>			<b>&gt;</b>					
	Total number of individuals (including but not l reportable compensation from the organization		hose (		d a	bove	e) who	o re	eceived more than	\$100,000 d	of		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No	
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	1003	) If	"Yes	, "	complete Schedu	le J for :	such	4 X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or indivi	dual	5 X	
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization Report c year												
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	
_								F					
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2	Total number of independent contractors (in more than \$100,000 in compensation from the				nıte	d to	thos	e I	isted above) who	received	<b>%</b>		

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u> </u>	_F		) ()		J'	(D)		(F)
Name and title	(D) Average			Pos	•			Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	(dor	ot ch			than o	ne	compensation	compensation from	1
	week					ıs both		from	related	other
	(describe		rand		_	or/trust		the	organizations	compensation
	hours for	유	l IS	Officer	Key	Hıgi	Forme	organization	(W-2/1099-MISC)	from the
	related	lire d	를	cer	еп	hes oloy	e	(W-2/1099-MISC)		organization
	organizations in Schedule	함	95		Key employee	ee Co	<u> </u>			and related organizations
	0)	Individual trustee or director	ᅙ		yee	mpe				
		e	nstitutional trustee			Highest compensated employee				
03) MICHAEL BRADY						Δ				
TREASURER	2.00	X		Х				0	(	
04) ERIC EBELING										,
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05) WENDI FINN										
BOARD OF DIRECTORS	1.00	x						1 0	(	
06) SCHLAINE HUTCHINS										
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07) VINCE JACOMINI				<u> </u>	-		$\vdash$	-		<del> </del>
	1 00	١,,								,
BOARD OF DIRECTORS	1.00	X					<u> </u>	0		1
08) MICHAEL KIRK										
BOARD OF DIRECTORS - PAST PRES	1.00	X	Ш				L	0	(	)
09) ANNIE KOWALESKI										
BOARD OF DIRECTORS	1.00	X						0	(	
10) RICHARD RIDEWOOD										
BOARD OF DIRECTORS	1.00	x						l 0		
11) MATTHEW SCHONDEL				-						
PRESIDENT	2.00	x		x				٥ ا	,	1
12) CHRIS WATSON	2.00	<u> </u>						-		1
VICE PRESIDENT	2.00	١,,	1	x						,
	2.00	X	<u> </u>	^				U		<b></b>
13) ERIC COLLINS		l						_		
PRESIDENT	3.00	X		X				0	(	)
1b Sub-total							▶			<u> </u>
c Total from continuation sheets to Part VII, Se	ection A .						$\blacktriangleright$			
d Total (add lines 1b and 1c)							▶			
2 Total number of individuals (including but not I	ımıted to t	hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	<b>•</b>	(	)							
										Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e, I	key e	emp	oloyee, or highest	t compensated	
employee on line 1a? If "Yes," complete Schedu	ile J for suc	ch ind	ividi	ual						3 X
4 For any individual listed on line 1a, is the s	um of rer	ortah	ام د	nm	nen	satioi	n ai	nd other compens	sation from the	71
organization and related organizations gre	ater than	\$15	ה ח	007	) If	"Yes	."	complete Schedu	le .I for such	- az t ~,
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5 Did any person listed on line 1a receive or										
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Section B. Independent Contractors	s, comple	16 001	Cuu	11C 0	101	Sucii	per	3011	<del> </del>	3   1
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ıplo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (c	ontinued)
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1151 CARL CRITES  PAST PRESIDENT  125 X			ñ	tee			sated					
115) CARL CRITES  PAST PRESIDENT  125 X											_	
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COMMUNICATIONS CHAIR 2.00 X 0 0 0  1b Sub-total c Total from continuation sheets to Part VII, Section A		2.00				├	<del>                                     </del>	-			-	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye		2.00	Х						C	)	0	
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employee on line 1a? If "Yes," complete Schedule J for such individual												Yes No
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Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990 (2	compensation from the organization Report of											
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JSA 1E1055 2 000 Form <b>990</b> (2	Name and business add	iress							Description of se	ervices		Compensation
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JSA 1E1055 2 000 Form <b>990</b> (2								+				
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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	уе	es,	and l	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average			Pos	C) sition			(D) Reportable	(E) Reportal	ole	(F) Estimated
	hours per week	box,	unles	ss pe	rson	e than d is both tor/trust	an	compensation from	compensation related	ı	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensa employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		compensation from the organization and related organizations
125) KEVIN GULLY			_			ted					
PROGRAM CHAIR	2.00	x						0		0	
126) CYNTHIA HARRIS								-			
GENERAL DIRECTOR	2.00	X						0		0	
127) RICHARD LARSEN CISA COORDINATOR	2.00	x						0		0	
128) SHAHAB NAYYER	2.00	<del></del>	$\vdash$		-						
PRESIDENT	2.00	x		x				0		o	
129) CALVIN REEVES		<del></del>	$\vdash$	<del></del>							
SECRETARY	2.00	x		$ _{\mathbf{x}}$			ļ	0		o	
130) MARCELA SANCHEZ		<del></del>		Ë		<del> </del>	<del> </del>	<u> </u>		-	
EVENT MANAGEMENT CHAIR	2.00	x						1 0		ام	
131) CHERYL SMITH							<del>                                     </del>				
VICE PRESIDENT	2.00	x		x						o	
132) ROBERT SNODGRASS							-				
WEBMASTER	2.00	х						0		o	
133) MIKE WALLER								-			
ACADEMIC RELATIONS COORDINATOR	2.00	x								o	
134) DAVID BAKER				_						<u>-</u>	
CERTIFICATION DIRECTOR	2.00	х						1 0		o	
135) MAMERTO BLANCAFLOR								-			
AUDIT DIRECTOR	1.00	x								o	
1b Sub-total						L	<u> </u>				
c Total from continuation sheets to Part VII, S	ection A		• • •	• •	• •		•				
d Total (add lines 1b and 1c)							•				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose (	liste	d al	ovo	e) wh	o re	eceived more than	\$100,000 o	f	- 1
	•										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	compensa	ated	3 mg 1
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividi	ual							3 X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ole c	:om	ner	satio	n a	nd other compens	sation from	the	- 12 1.5% NAT
organization and related organizations gr	eater than	\$15	0,0	00?	lf.	"Yes	s,"		le J for s		4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	ron	ı any	un	related organization	on or individ	· · iual	74 % - 74 M
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ile J	for	such	per	son	<u></u>	• •	5 X
Section B. Independent Contractors										<del></del>	
<ol> <li>Complete this table for your five highest com- compensation from the organization Report of year</li> </ol>											
(A)							Т	(B)			(C)
	dress							Description of se	rvices	С	compensation
Name and business add							-				
Name and business add									ľ		
Name and business add							$\pm$				
Name and business ad											
Name and business ad											
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ncluding bu	ut not	l lim	nited	d to	thos	se li	isted above) who	received	~	
2 Total number of independent contractors (iii	ncluding bu	ut not	l lim	nited	d to	) thos	se li	isted above) who	received	~	Form <b>990</b> (201

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employee	s (cc	ontinued)
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations	,	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)	from the organization and related organizations
(136) HORST BRUNNER											
MEDIA DIRECTOR	1.00	X			<u> </u>		_	0		0	
(137) TIM DEMAS PROGRAM DIRECTOR	3 00	,									
(138) JIM ENSTROM	3.00	X					-	0		<del>-</del>	
VICE PRESIDENT	5.00	x		x						n	
(139) TOM, HUMBERT PROGRAM DIRECTOR	3.00	х						0		0	
(140) BERNIE KIENSTRA											
SECRETARY	5.00	Х		Х				0		0	
(141) MICHAEL KRUTZSCH											
PROGRAM DIRECTOR	1.00	X						0		0_	
(142) FRANCINE MCKENNA  IMMEDIATE PAST PRESIDENT	1 00	, v									
(143) DOUG OCHAB	1.00	X						0		<del>-</del> 4	
MEDIA DIRECTOR	3.00	x						l		٥	
(144) BOB PARDON	0.00				$\vdash$					╗	
SEMINAR DIRECTOR	1.00	x						o		0	
(145) AARON PARKS					Г	· · ·				$\neg$	
PRESIDENT	5.00	Х		Х				0		0	
(146) MICHAEL PODEMSKI											
MEDIA DIRECTOR	3.00	X			<u> </u>			0		_0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)				 	  <u></u>	 	<b>*</b> * *				
2 Total number of individuals (including but not reportable compensation from the organization		hose (		d al	bov	e) wh	о ге	ceived more than	\$100,000 of		
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensated	Ł	Yes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	i If	"Yes	3,"				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individua	.i	5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>	pensated i compensati	ndepe on for	nde the	ent o	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,00 nin the organiz	₀0 of ation	's tax
(A) Name and business add	dress					•		(B) Description of se	rvices	Cr	(C) ompensation
		<del></del>					-				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se li	sted above) who	received	,	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees	Page <b>{</b> 'continued)
(A) Name and title	(B) Average hours per week (describe	(do r box, office	not ch unles	Pos neck s pe	ction more rson irect	e than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
147) MIKE RUSSELL MEETINGS DIRECTOR	1.00	х								
148) MATT RUSSO  MEETINGS DIRECTOR										0 (
149) KEN SCHMIDT	1.00	X	_						,	<u></u>
MEMBERSHIP DIRECTOR 150) NORM SPIELMAN	3.00	X						(	)	0 (
SEMINAR DIRECTOR 151) DEBBIE WASEMANN	1.00	Х						(	)	0 (
MEETINGS DIRECTOR 152) VESELA ZLATEVA	1.00	Х						(	)	0 (
TREASURER	5.00	x		x				C		0 (
153) BRENNAN BAYBECK CHAIRMAN OF THE BOARD	2.00	х		х						0
154) MARK GENGOZIAN CISA COORDINATOR	3.00	х						(		0 (
155) KOUSHIK KUMARASWAMY CGEIT COORDINATOR	3.00	х								0
156) RICK LUCY VICE PRESIDENT - EDUCATION	5.00	х		х				(		0
157) DON MAPES TREASURER	6.00	х		х						0
total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	Imited to t						> > >	eceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	tru ividu	ıal						Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	002	lf.	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satio iedu.	on f le J	fron for	any such	un <i>per</i>	related organizati	on or individual	5 X
Section B. Independent Contractors     Complete this table for your five highest communication from the organization Report of year	pensated ii compensati	ndepe on for	nde the	nt o	con	tracto lar ye	rs t ar e	hat received more	e than \$100,000 nin the organizati	of on's tax
(A) Name and business add	lress					•		(B) Description of se	ervices	(C) Compensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors).				ıted	d to	thos	e I	isted above) who	received 4	
JSA 1E1055 2 000 89364 J 649R	o organizat		•					1447160	<u>_ L'</u>	Form <b>990</b> (201 PAGE 2:

Part VII Section A. Officers, Directors, Tru		y <u></u>	.р.с			anu i	<u>''</u> g'	T		5 (CO	
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do r	not cl		ition	e than c	ne	Reportable compensation	Reportable		Estimated amount of
	hours per week					ıs both		from	compensation fr related	OIII	other
	(describe		rand			or/trust	ee)	the	organizations		compensation
,	hours for	e Ind	lns	Officer	Fey	g H	For	organization	(W-2/1099-MIS		from the
	related	dividual I	<u> </u>	Cer	en	hes	E E	(W-2/1099-MISC)		İ	organization
	organizations in Schedule	ct al	iona		employee	e 6	'				and related organizations
	0)	Individual trustee or director	n n		yee	퍦					organization o
		ee	Institutional trustee			Highest compensate employee					
			L"			ie i					
58) TIM MCCAIN	F 00	,,									
SECRETARY	5.00	X		Х	_		<u> </u>	0		4	
59) SCOTT PEYTON											
VICE PRESIDENT - MEMBERSHIP	4.00	X		Х			L.,	0		0	
60) RAM RAMADOSS											
EXECUTIVE VICE PRESIDENT	6.00	Х		Х				0		0	
61) MATT RANDOLPH											
PRESIDENT	6.00	Х		x				0		o	
62) DAVID VOS	<del>-</del>										
CISM COORDINATOR	3.00	x						0		٥	
63) RHONDA WILLERT	1 3.00									$\dashv$	
	3 00	.,									
ACADEMIC RELATIONS COORDINATOR	3.00	X	<u> </u>					0		4	
64) ED BARSZCZ	_		ļ.								
DIRECTOR (PAST PRESIDENT)	1.00	X						0		0	
65) GREG BOEHMER			1								
DIRECTOR	1.00	Х						0		0	
66) DERRICK BUCKINGHAM										$\neg$	
DIRECTOR	1.00	Х						1 0		o	
67) MICHAEL FORREST										-	
DIRECTOR	1.00	х						۱ ،		ما	
68) MICHELE HAROON	1.00	<u> </u>	-			<del> </del>	<b> </b> -			<del>-</del>	
	1 2 22	.,		١.,							
VICE PRESIDENT	2.00	X	L	Х	<u> </u>	<u>L</u>		<u> </u>		4	
1b Sub-total								***		$\dashv$	
c Total from continuation sheets to Part VII, S	•										
d Total (add lines 1b and 1c)							<u> </u>			Щ.	
2 Total number of individuals (including but not			_	d al	bov	e) wh	o re	eceived more than	\$100,000 of		
reportable compensation from the organizatio	<u>n</u> ▶	(	)								
											Yes N
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividi	uai				• • • • • • • • • •		1	3 2
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	per	satio	n a	nd other compens	ation from the	3	
organization and related organizations gr	eater than	\$15	0,0	002	. If	"Yes	5, "	complete Schedu	le J for such	7	
ındıvıdual											4   2
5 Did any person listed on line 1a receive or										1	- 5,
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	l for	such	per	rson			5
Section B. Independent Contractors	<u> </u>										
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100,00	0 of	
compensation from the organization Report of											
year											
(A)						_	Т	(B)			(C)
Name and business add	dress							Description of se	rvices	Cc	(C) ompensation
							┿				
							╄				
							_				
							$\perp$				
							1				
							_				
2 Total number of independent contractors (i	ncluding bi	ut no	t lin	nite	d to	thos	se I	isted above) who	received	Ş	*
Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t				nite	d to	thos	se I	isted above) who	received	Ņ	*
				nite	d to	thos	se I	isted above) who	received	\ \ '	Form <b>990</b> (20

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (describe hours for	box office	unles r and	Pos heck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportat compensatio related organizati (W-2/1099-i	n from I ons	(F) Estimated amount of other compensation from the		
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-	WISC)	organization and related organizations		
(169) M. SIOBHAN JORDAN					$\Box$								
PRESIDENT	3.00	Х		Х				0		0	0		
(170) BRENDA KARL							]						
DIRECTOR	1.00	Х					<u> </u>	0		0	0		
(171) RICHARD MORRIS													
DIRECTOR	1.00	Х			ļ		ļ	0		0	0		
(172) ROBERT OKOPNY	1 00	,,											
DIRECTOR	1.00	X		<u> </u>			<u> </u>	0		U	0		
(173) BRADLEY PARTON DIRECTOR	1 00	J.											
(174) RAJ PATEL	1.00	Х		<b></b>				0			0		
DIRECTOR	1.00	x						١			0		
(175) BRANDY PFEIFFER	1.00						$\vdash$	0					
DIRECTOR	1.00	х					Ì	1		٥	0		
(176) SAJAI RAI							-	ļ <u> </u>					
DIRECTOR	1.00	х						0		0	0		
(177) JAMSHID SADAGHIYANI											-		
DIRECTOR (PAST PRESIDENT)	1.00	х						l o		o	0		
(178) CARRIE SCHRADER								-					
DIRECTOR (PAST PRESIDENT)	1.00	х						0		0	О		
(179) CHARLES SILVA													
DIRECTOR	1.00	Х						0		0	0		
1b Sub-total							<b>▶</b>	aceived more than	\$100,000,0	ıf			
reportable compensation from the organization		(		u a.	0000	<i>-</i> ) <b>w</b>	0 10	ceived more than	Ψ100,000 0	•			
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensa	ated	Yes No		
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ıvıdı	ual							3 X		
4 For any individual listed on line 1a, is the organization and related organizations greated individual	eater than	\$15	0,0	007	lf !	"Yes	3, "	nd other compens complete Schedu	sation from le J for s	the uch	4 X		
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individ	dual			
for services rendered to the organization? If "Yo Section B. Independent Contractors	s, comple	e scr	eau	iie J	ior	sucn	per	son , , ,		• •	5 X		
Complete this table for your five highest com	nensated u	ndene	nde	nt o	con	tracto	rs t	hat received more	than \$100	000 6	of		
compensation from the organization. Report o													
(A) Name and business add	rvices	c	(C) Compensation										
							+						
							+						
A.C							†-				_		
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	se li	sted above) who	received	*			

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	continued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(40.5	ant of		ition	a Iban a		Reportable	Reporta		Estimated
	hours per week					e than o is both		compensation from	compensation related		amount of other
	(describe	office	rane	dad	irect	or/trust	lee)	the	organizat		compensation
	hours for	or d	Inst	Officer	Key	em <sub>E</sub>	Former	organization	(W-2/1099	-MISC)	from the
	related organizations	vidu	itut	er er	em	nest	mer .	(W-2/1099-MISC)			organization and related
	in Schedule	Q =	onal		employee	8 8	1				organizations
	O)	ndividual trustee r director	Institutional trustee		ee	pen					
		e e	tee			Highest compensated employee	ļ				
(180) JASON THOMPSON				<del> </del>		۵	┢	<del></del>	<u> </u>		
SECRETARY	2.00	x		x	ĺ			1		0	0
(181) DOUGLAS WAHR					-		├	† <u>-</u>			<del></del>
DIRECTOR (PAST PRESIDENT)	1.00	x	l i							0	0
(182) JAMES WATSON		<del></del>		-	$\vdash$	<del>                                     </del>	$\vdash$	<del>                                     </del>			
DIRECTOR	1.00	х								0	0
(183) SUSAN YAMIN		<u> </u>			$\vdash$	-	┢	† <del>-</del>			<del></del>
DIRECTOR (PAST PRESIDENT)	1.00	х		}	l	Ì				0	0
(184) MANISH ZAVERI		<del></del>	<del> </del>	-	$\vdash$	<del> </del>	┢	<u> </u>			
TREASURER	3.00	X		х		ľ		l c		0	0
(185) BRANDON CAREY			╁╌					ļ			
AVP-PROGRAMS COMMITTEE	1.00	х								0	0
(186) ROSALYN ELLIS		<del></del>			<del> </del>	<del>                                     </del>	$\vdash$				
AVP-PROGRAMS COMMITTEE	1.00	x								0	0
(187) JESSE HANFORD				+-	$\vdash$	<del> </del>					
VP - PROGRAMS	1.00	х		X	ļ	1	ļ			0	0
(188) TOM HARROW			$\vdash$	Ë	├	+	╁-	<u> </u>			
IMMEDIATE PAST PRESIDENT	1.00	X								0	0
(189) JUSTIN HEDRIC		1	<u> </u>	╁	$\vdash$	ł	-	<u> </u>			
VP - PROFESSIONAL DEVELOPMENT	1.00	X		x						0	0
(190) HOLLY JOHNSON		<u> </u>		t	<u> </u>	┼─┈	ļ —		<del></del>		
AVP - PROFESSIONAL DEVELOPMENT	1.00	x	ĺ					l c		0	0
1b Sub-total						L	_				
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not							o re	eceived more than	\$100,000	of	·
reportable compensation from the organization			0						· ,		
								<del></del>			Yes No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key (	emp	oloyee, or highes	t compens	ated	
employee on line 1a? If "Yes," complete Schede	ule J for su	ch ina	livid	ual							3 X
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole d	com	ner	nsatio	n a	nd other compen	sation from	the	
organization and related organizations gro											
ındıvıdual								•			4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Yo	es," comple	te Sci	hedu	ıle .	) for	such	per	rson	<u> </u>	<u> </u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com											
compensation from the organization Report of	ompensati	on to	rtne	e ca	uen	dar ye	ear e	enaing with or witi	nin the orga	anizatio	n's tax
year											
(A)	l						-	(B) Description of se		١,	(C)
Name and business add	ļ	Compensation									
							+				
							+				
	<del></del>						+	<del></del>		ļ	
							+				
2 Total number of independent contractors (ii	actudina h	ut no	t lin	nıta	d +-	n the		listed above) who	reconod	3	1400 (A) (A)
2 Total number of independent contractors (ii more than \$100,000 in compensation from the				me	u (	U 1110	೨೮ ∣	naceu above) WNO	received	92 18	
mana mana a sala a manufa a mana mana mana mana mana a man			_							· * ***	Cr + 55623 - 1.

Page 8

ı	(A)	(B)				C)			(D)	(E)		(F)
	lame and title	Average			Pos	ition			Reportable	Reporta	ble	Estimated
		hours per					than c		compensation	compensation	on from	amount of
		week (describe					ıs both or/trust		from	related		other compensation
		hours for	_		_			7	the organization	organizat (W-2/1099-		from the
		related	물호	stitu	Officer	yer	ghe	me	(W-2/1099-MISC)	(**-2/1033-	WildC)	organization
		organizations	idual t	ģ		Key employee	st cc	٦	[`			and related organizations
	:	in Schedule O)	Individual trustee or director	al t		yee	ğ					organizations
			ee	nstitutional trustee			Highest compensated employee					
191) RUSSELL KI	RICK	<del></del>		<del> </del>		_	۵			<u> </u>	1	
PRESIDENT		2.00	x		Х				0		o	
192) JOE LAIRS	ON											
AVP - PRO	FESSIONAL DEVELOPMENT	1.00	х						0		o	
193) ADAM LEIGI	1										i	
SECRETARY		1.00	х		Х				0		o	
194) JEFF MERHO	DUT											
ACADEMIC	ADVOCATE	.50	Х					İ	0		o	
195) LANCE MURI	RAY											
DIRECTOR		.50	х						0		o	
196) DARRIN MUI	RRINER											
DIRECTOR		.50	х				1		0		o	
197) KIM NELSO	N											
MARKETING	COORDINATOR	1.00	х						0		o	
198) TIFFANY R	INGENBACH											
UNIVERSIT	Y LIAISON	.50	х						0		o	
199) ANDREW SE	LIG			··-								
WEBMASTER		1.00	х						0		o	
200) MIKE SMIT	H											
VP - MEMBI	ERSHIP	1.00	х		Х			ļ	c		o	
201) BUKY THOR	PE				<b>-</b>						i	
NEWSLETTE		1.00	х		ļ				c		o	
1b Sub-total								▶				
	tinuation sheets to Part VII, S	ection A			• •	• •	· · ·	•				
	s 1b and 1c)	-			• •			•				
	f individuals (including but not							o re	ceived more than	\$100,000	of .	
	pensation from the organization			)	_		-,			* •		
												Yes No
3 Did the organ	nization list any former offic	er. directo	r. or	tru	uste	e.	kev e	emp	olovee, or highes	t compens	ated	
employee on lu	ne 1a? If "Yes," complete Schedu	ule J for su	ch ına	lıvıd	ual							3 X
	lual listed on line 1a, is the											200
organization a	ind related organizations gre	eater than	\$15	50 0	007	) If	"Yes	. "	complete Schedu	le J for :	such	
												4 X
	n listed on line 1a receive or											3437: 12112 138: 14112 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 14113 141
	dered to the organization? If "Ye											5 X
Section B. Indepe								•				, , ,
	table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100	0,000	f
	from the organization Report of											
· · · · · · · · · · · · · · · · · · ·	(A)							Τ	(B)			(C)
	Name and business add	Iress						$\bot$	Description of se	ervices	C	ompensation
								+				
		<del></del>						+			<u>.</u>	
<del></del>								+				
								+		····		
								l				
0 Total :: 1	of independent contractors (in	والمنامينا سيا	.4			<b>.</b> .			and the second of the second o			À\$

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	уе	es,	and I	łigl	nest Compensat	ed Employ	ees (c	Page ontinued)
(A) Name and title	(B) Average hours per week (describe	box,	unles	heck ss pe	more more	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation relate organizal	on from d	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
102) LEI ZHAO TREASURER	3.50	х		х				C		0	
03) JAY ADAMS											
PRESIDENT O4) AMIR AMIRTHALINGAM	10.00	X		Х	-	<u> </u>			)		····
BOARD MEMBER AT LARGE	2.00	х						c	)	0	
05) RON BIEDRYCKI BOARD MEMBER AT LARGE	2.00	х						C		0	
06) JIM BRISLIN BOARD MEMBER AT LARGE	2.00	x						(		n	
07) SCOTT ESPOSITO  BOARD MEMBER/ TREASURER	5.00	x								0	<del></del>
08) JAY FERRON											
BOARD MEMBER AT LARGE	2.00	X			<u> </u>			C		0	
BOARD MEMBER AT LARGE	2.00	x						c	)	0	
10) DAN HIGHAM						-					· · · · · · · · · · · · · · · · · · ·
VP FOR PROGRAMS	5.00	X	_	Х	-		_	C		0	
PAST PRESIDENT	2.00	х		x				(		0	
12) TOM MCGRATH BOARD MEMBER AT LARGE	2.00	х							)	_ 0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t						▶ ▶ o re	ceived more than	\$100,000	of	
reportable compensation from the organization	n <b>▶</b>	(							<del></del>		Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru <i>ividi</i>	uste ual	e, • •	key e	emp	oloyee, or highes	t compens	ated	3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	11	"Yes	,"	complete Schedu	le J for .	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	ı any	un	related organizati	on or indivi	dual	5 X
Section B. Independent Contractors									- Ab #400	2000 -	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>											
(A) Name and business add	ress							(B) Description of se	ervices	C	(C) Compensation
							1				
							+				
2 Total number of independent contractors (ii	ncluding bu			nite	d to	thos	e I	isted above) who	received		

(A) Name and title	(B) Average			(C Posi	ition			(D) Reportable	(E) Reportab	e	( <b>F)</b> Estimated	
	hours per week	box,	unles	s pe	rson	e than o is both or/trust	an	compensation from	compensation related		amount of other compensation	
	(describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		from the organization and related organization	n I
2) VARI CCUOEN_DENE			tee			sated						
3) KARL SCHOEN-RENE SECRETARY	5.00	х		х				C		o		
4) KAREN STONE											<del></del>	
TREASURER	5.00	X		Х			_	(	)	0		
.5) DIANE WYNNE BOARD MEMBER AT LARGE	2.00	x										
.6) NORMAN COMSTOCK	2.00						_		, 	- 4		
VICE PRESIDENT	2.00	x		х						o		
.7) ASHISH GUPTA						1	_					
TREASURER	3.00	Х		Х			L		)	0		
8) MARY HALL		Ì										
SECRETARY  9) MEL MCQUARY	3.00	X	-	Х			_	(	)	0		
AUDIT COMMITTEE HEAD	3.00	x						(		0		
O) HARVEY NUSZ		<u> </u>			-		-	<u> </u>			<del></del>	_
PROGRAM MANAGER	3.00	Х								o		
1) MIKE SIRAJ												
PRESIDENT	3.00	Х		Х				(		0		
22) KEVAN BREWER	]	Ì			}							
DIRECTOR  (3) MOLLY COPLEN	1.00	X				<b> </b>		(	,	0		
SECRETARY	1.00	x		х					,	ما		
1b Sub-total			ll		<u> </u>	L	_	<u> </u>	<u></u>			_
c Total from continuation sheets to Part VII, S	-			• •	• •		•					_
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	eceived more than	\$100,000 o	F		
reportable compensation from the organization	<u> </u>		)						<del></del>		Yes	N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or chind	tru <i>ividu</i>	iste Jal	е,	key e	emp	oloyee, or highes	t compensa	ted	3	\$ 90 E
4 For any individual listed on line 1a, is the organization and related organizations groups	eater than	\$15	0,00	00?	İ	"Yes	s, "	complete Schedu	ile J for si	uch	in Sitter .	3
<ul><li>Individual</li></ul>	accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or individ	uai	4	
for services rendered to the organization? If "Yo Section B. Independent Contractors	es," compie	te Scr	nedu	ile J	tor	such	per	rson	<u></u>	• • •		L:
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	dress						T	(B) Description of so	ervices	C.	(C)	_
				_			‡					_
							#					_

Form 990 (2011) Part VII Se	ction A. Officers, Directors, Tru	ıstees. Ke	v Em	olar	vee	es.	and I	lia	hest Compensat	ed Employ	ees (c	Page 8
	(A) Name and title	(B)  Average hours per week (describe	(do r box,	not ch unles:	Pos eck s pe	C) Ition more rson	e than o	one an eee)	(D) Reportable compensation from the	(E) Reportal compensatio related	ble en from	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
(224) WENDY D		1 00	,		37							
(225) JENNIFE		1.00	X		Х					<u> </u>	U	
DIRECTO	R	1.00	х						c	)	0	C
(226) ALFIE M DIRECTO	R	1.00	х						С		0	O
PRESIDE	NT	2.00	х		х				C		0	C
(228) MATT SU TREASUR		3.00	x		х				_			
(229) DAVID A		1.00	x		Â				0		0	
(230) LUIS ES SECRETA		1.00	х		х				C		0	
	HIP DIRECTOR	1.00	х						O		0	C
(232) JOHN PO PRESIDE	NT	4.00	х		х				C		0	C
***************************************	CATION COORDINATOR	1.00	х						c		0	C
(234) DAN STO WEBMAST		1.00	x								١	(
d Total (add l	continuation sheets to Part VII, Solines 1b and 1c)			isted				b b	eceived more than	\$100,000 o	of	
3 Did the or employee o	rganization list any former offic n line 1a? If "Yes," complete Schedi	er, directo	or, or chind	tru:	stee	e, I	key e	emp	oloyee, or highes	t compensa	ated	Yes No
4 For any inco	dividual listed on line 1a, is the some and related organizations gre	sum of repeater than	ortab \$15	le c	omi	pen <i>If</i>	satioi "Yes	n ai	nd other compens	sation from	the	4 X
5 Did any pe for services	rson listed on line 1a receive or rendered to the organization? If "Ye	accrue co	mpen	satio	n f	rom	n any	un	related organization	on or individ	dual	5 X
	ependent Contractors			- Cour		101	00011	pur	3077	<u> </u>	• •	<u> </u>
1 Complete the compensation of the compensation of the compensation of the complete	his table for your five highest com on from the organization Report c	pensated ii ompensati	ndepe on for	nde the	nt d cal	conf	tracto Iar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga	,000 o nizatior	f n's tax
	(A) Name and business add	ress						_	(B) Description of se	ervices	С	(C) ompensation
2 Total numb	er of independent contractors (in	ncluding bi	ıt not	lim	iter	i to	thos	e l	sted above) who	received		
more than \$	5100,000 in compensation from the	e organizat	ion Þ	· · · ·				_ "				
1E1055 2 000	4J 649R								1447160			Form <b>990</b> (2011) PAGE 29

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	уев	es,	and F	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (describe hours for related organizations	box,	ot ch unles rand	ss pe	rson rect	than o is both or/trust employe	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISO	other compensation
	in Schedule O)	Individual trustee or director	Institutional trustee		employee	Highest compensated employee		}		organizations
(235) TONI VERRET	Ţ									
TREASURER	2.00	X		Х		<u> </u>		0		9 0
(236) JEFFREY WAGAR							ļ	_		
VICE PRESIDENT	4.00	X		Х	<u> </u>	ļi		0		0 0
(237) LACEY HALLOWELL		l								
ARRANGEMENTS DIRECTOR	2.00	X			L			0		0 0
(238) MEGAN KEYS	1	١.,								
WEBMASTER	1.00	X	$\vdash$		<u> </u>	ļ		<del> </del>		0 0
(239) KARL KROHN EDUCATION DIRECTOR	2.00	x								o o
(240) PATTI LOCKE	2.00	^					_			9
SECRETARY	.50	х		х						
(241) SCOTT MOODY	30	- ^-						<u> </u>		<u> </u>
MEMBERSHIP DIRECTOR	1.00	х		]				1		o) c
(242) CHRISTINE RODGERS	1.00				$\vdash$		-			<del></del>
CHAPTER PRESIDENT	2.00	X		x	l		ŀ			d
(243) STANLEY SEIDERS				<del></del>	<del> </del>					
CERTIFICATIONS DIRECTOR	.50	х								o c
(244) JENNIFER WALKER					Ī					
TREASURER	2.00	x		х		ŀ		C		0 0
(245) DOUG WISE (1/1/11 - 11/25/11)										
TREASURER	2.00	X		Х			L	C		0 0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	hose	Iiste				> re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the	er, directo	or, or ch ind	ividi	ual						Yes No
organization and related organizations gr	eater than	\$15	0,0	007	i If	"Yes	3, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.										
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
							+			

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	уе	es,	and I	lig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from d	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
(246) VINCENT CHAN	-				-	<u>e</u>	H				
PROGRAM DIRECTOR	1.00	Х						C		0	0
(247) MARK CURNOW							l	_			_
VICE PRESIDENT	1.50	X	<u> </u>	Х	<b> </b>	<u> </u>		0		0	0
(248) JOSEF FUKANO PRESIDENT	1 50	J	<b>'</b>	J							0
(249) ELDEN HAMADA	1.50	Х		Х	-						
MEMBERSHIP DIRECTOR	1.00	x			1		ĺ	) .	Ì	0	ď
(250) GARY KAHN	1.00		-	-	┢	-					
ACADEMIC RELATIONS CHAIR	1.00	х	ļ			ļ		c	ļ	0	c
(251) ADDIE LUI			İ								
CISA/CISM COORDINATOR	1.00	Х						c		0	c
(252) JENNIFER PRZYGODZINSKI			1								1
SEMINAR DIRECTOR	1.00	X	L	<u> </u>			<u> </u>	C	)	0	
(253) SAM SOK	1 00				İ				ļ	0	
WEBMASTER	1.00	X	ļ	-	1			C	]i		
(254) MATTHEW TSUTSUMI TREASURER	1.50	x	ļ	X				,		n	(
(255) HOWARD VAN DE VAARST	1.30	^	<del> </del>	1	├—		1		<del></del>		
NEWSLETTER EDITOR	1.00	x			Ì		Ì		)	n	)
(256) DEBRA VELA	1.00	† <u></u> -	<del>                                     </del>	<del> </del>	-	<del> </del>	1	<u> </u>			
HOSPITALITY DIRECTOR	1.00	x	ŀ		Ì					o	ď
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	 hose	 liste	<u></u>			o re	eceived more than	\$100,000	of	
reportable compensation from the organization	<u>n</u> ▶	(	<u> </u>						<del></del>		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 •••	50,0	007	) II	Ye:	s,"	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	<del></del>										
<ol> <li>Complete this table for your five highest com- compensation from the organization Report of year.</li> </ol>											
(A) Name and business add	dress							(B) Description of se	ervices	(	(C) Compensation
			-	-			+				
							ŀ		-		
2 Total number of independent contractors (i	noludina h	ut no	+ l.,	nıtc	d +	n the		listed above) who	rocowed	ive să	
2 Total number of independent contractors (i more than \$100,000 in compensation from the				me	u ((	U 110	5E	mateu above) WIIO	-eceiveu		

Name and title  257) SANG YONG PAE SECRETARY  258) SEAN ATKINSON NEWSLETTER EDITOR  259) BRENDA CARVER PAST PRESIDENT  260) JIM DAVIDSON PRESIDENT ELECT  261) KELLY GARDINEER WEBMASTER  262) REGINALD HARNISH VP EDUCATION  263) LYNN HUMISTON STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS  265) PAM MATTHEWS VP MEMBERSHIP		(B) Average hours per week (describe			Pos heck	C) sition more	e than o	one	(D) Reportable	(E) Reportable	(F) Estimated
SECRETARY 258) SEAN ATKINSON NEWSLETTER EDITOR 259) BRENDA CARVER PAST PRESIDENT 260) JIM DAVIDSON PRESIDENT ELECT 261) KELLY GARDINEER WEBMASTER 262) REGINALD HARNISH VP EDUCATION 263) LYNN HUMISTON STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS 265) PAM MATTHEWS	Name and title			rand	dad	lirect	is both or/trust	an tee)	compensation from the	compensation from related organizations	amount of other compensation
SECRETARY 258) SEAN ATKINSON NEWSLETTER EDITOR 259) BRENDA CARVER PAST PRESIDENT 260) JIM DAVIDSON PRESIDENT ELECT 261) KELLY GARDINEER WEBMASTER 262) REGINALD HARNISH VP EDUCATION 263) LYNN HUMISTON STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS 265) PAM MATTHEWS		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
NEWSLETTER EDITOR  259) BRENDA CARVER PAST PRESIDENT  260) JIM DAVIDSON PRESIDENT ELECT  261) KELLY GARDINEER WEBMASTER  262) REGINALD HARNISH VP EDUCATION  263) LYNN HUMISTON STUDENT LIAISON  264) RANDY MARSICAANO DIRECTOR OF AWARDS  265) PAM MATTHEWS		1.00	х		х				0	(	
PAST PRESIDENT 260) JIM DAVIDSON PRESIDENT ELECT 261) KELLY GARDINEER WEBMASTER 262) REGINALD HARNISH VP EDUCATION 263) LYNN HUMISTON STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS 265) PAM MATTHEWS		4.00	х						0	(	
PRESIDENT ELECT 261) KELLY GARDINEER WEBMASTER 262) REGINALD HARNISH VP EDUCATION 263) LYNN HUMISTON STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS 265) PAM MATTHEWS		4.00	х						0	(	
WEBMASTER  262) REGINALD HARNISH  VP EDUCATION  263) LYNN HUMISTON  STUDENT LIAISON  264) RANDY MARSICAANO  DIRECTOR OF AWARDS  265) PAM MATTHEWS	<b></b>	4.00	х		x				0	(	
VP EDUCATION  263) LYNN HUMISTON  STUDENT LIAISON  264) RANDY MARSICAANO  DIRECTOR OF AWARDS  265) PAM MATTHEWS	<b></b>	4.00	Х						0	C	
STUDENT LIAISON 264) RANDY MARSICAANO DIRECTOR OF AWARDS 265) PAM MATTHEWS		4.00	х		х				0	(	
DIRECTOR OF AWARDS 265) PAM MATTHEWS		4.00	Х						0	(	
		4.00	х						0	C	
221 2		4.00	х		х				0	C	
SECRETARY		4.00	х		Х				0		
VP PUBLICITY		4.00	х		х				0	C	
to Sub-total continuation sheet d Total (add lines 1b and 1c).  Total number of individuals (in reportable compensation from	including but not l	ımıted to t	<u> </u>	liste	· ·	<u> </u>	  e) who	▶ ▶ o re	ceived more than	\$100,000 of	
3 Did the organization list a employee on line 1a? If "Yes,"	any former offici complete Schedu	er, directo ile J for sud	r, or ch ind	tru <i>ıvıdı</i>	ıal						Yes N
4 For any individual listed on organization and related or individual	organizations gre	ater than	\$15 	0,0	00?		"Yes 	i," (	complete Schedu	le J for such	4
5 Did any person listed on lin for services rendered to the o	rganization? If "Ye	accrue coi s," complei	mpen te Sch	satio edu	on f <i>le J</i>	rom for	any such	uni pers	related organization	on or individual	5 X
Complete this table for your compensation from the organ year	five highest com	pensated in	ndepe	nde	nt o	cont	racto lar ye	rs ti ar e	hat received more	than \$100,000 on the organization	of n's tax
Nam	(A) ne and business add	ress							(B) Description of se	rvices (	(C) Compensation
								1			••

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	rson	e than o	an ee)	(D)  Reportable compensation from the	(E) Reportal compensation related organizati	n from	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
268) WENDY NELSON											
TCTC COORDINATOR	4.00	X			_			C	) 	0	
269) TED PHELPS		l		}							
CERTIFICATION COORDINATION	4.00	X								0	
270) BRENDAN SCHAEFER	4 00	.,		١,,							
PRESIDENT	4.00	X		Х	<b>-</b>					0	
271) BOB SCHWIND VP PROGRAMS	4.00	x		,				,		o	(
272) RICH THOMAS	4.00		<del>  -</del>	X	-	<del> </del>		<del>                                     </del>	1	4	<del></del>
TREASURER	4.00	х		X				_		0	
273) J BRADLEY BOROFF	1.00	<del>                                     </del>		<u> </u>			-		<u>'</u>		<del></del>
TREASURER	3.00	x		x				(	 	o	
274) ANDREW CRIST		<del></del>					-				
VICE PRESIDENT	1.00	х		x	ļ				)	o	
275) GENE FRUIT										-	
PAST PRESIDENT	.50	х								o	
276) BRAD GRAY								<u> </u>	<del> </del>		
BOARD MEMBER	.50	х								o	
277) DOUGLAS HATHHORN					厂			· · · · · · · · · · · · · · · · · · ·			
SECRETARY	1 .50	х		Х					ol	o	
278) JARED ROSS											
PRESIDENT	2.00	X		Х					)	o	
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Imited to t				bov	  e) who	► • • re	eceived more than	\$100,000 c	of	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched.	er, directo	or, or	tru	uste	е,	key e	emp	ployee, or highes	t compens	ated	Yes No
For any individual listed on line 1a, is the organization and related organizations grandividual	sum of rep eater than	oortab \$15	le o	com	per	nsatioi "Yes	n ai	nd other compen complete Schedu	sation from le J for s	the such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satı	on '	fron	n any	un	related organizati	on or indivi	dual	5 X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensation
							1				

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

Form **990** (2011)

Part VII S	ection A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and I	Higl	hest Compensat	ed Employ	ees (c	continued)		
	(A) Name and title	(B) Average hours per week (describe	box,	unles r and	neck sspe dad	morerson	e than o	an lee)	(D) Reportable compensation from the	(E) Reportal compensation related organizati	on from	(F Estim amou oth comper	nated int of ier nsation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from organi and re organiz	zation elated	
(279) SEAN S	CRANTON													_
BOARD	····	.50	Х			_	<u> </u>	ļ	C		0			0
(280) MICHAE BOARD		.50	x						,		c			0
(281) JOSHUA		.30				_	-	-						_
TREASU		2.00	x		х		ļ	ļ	\ c	,	0	ļ		0
(282) JULIE														
	RESIDENT	2.00	Х	L	Х		<u> </u>		C	)	0			0
(283) TERRY		2.00	,,		,		1		)					^
PRESID (284) PAUL C		2.00	X		X		<del>                                     </del>							0
	ICATIONS	.40	x		ļ	Ì			C	)	0			0
(285) DAN DE			1		-			<del>                                     </del>					-	_
VICE P	RESIDENT	.40	_ x_		х				c		0			0
(286) TANYA						П								
SECRET		.40	X		Х	<u> </u>	<u> </u>	<u> </u>			0			0
(287) JON EI PROGRA		l .40	X	1	}	1	ļ	1			r			0
(288) EVAN F		.40		<del> </del>		┝	<u> </u>	$\vdash$		,				_
NOMINA	~	.40	Х				Í		\ c		С			0
(289) PILAR	HILST						ļ							_
EDUCAT	ION	.40	X						С	)	0			0
	continuation sheets to Part VII, S							<b>*</b> *						_
	I lines 1b and 1c) ber of individuals (including but not					_			cowed more than	\$100,000,0		l		_
	compensation from the organization			)	ua	DOV	e) wii	0 16	eceived more man	\$100,000 t	,1			
<u></u>	<del> </del>					_	_		<del></del>			Y	es N	<del>-</del>
3 Did the employee	organization list any <b>former</b> offic on line 1a? <i>If "Yes," complete Sched</i> i	er, directo ule J for suc	or, or ch ind	tru Iividi	uste ual	e, 	key (	emp	oloyee, or highes	t compens	ated	3	3	ζ.
organizati	ndividual listed on line 1a, is the son and related organizations gre	eater than	\$15	0,0	007	11	f "Ye	s, "	complete Schedu			4		\ \ \
5 Did any p	erson listed on line 1a receive or serendered to the organization? If "Yo	accrue co	mpen	sati	on '	fron	n any	un un	related organizati	on or indivi	 duai	5		` '*!:
	dependent Contractors	so, compic	10 00,	1000	,,,,	, ,0,	- aucii	per	3011	· · · · · · ·				_
	this table for your five highest com ation from the organization Report of													
	(A) Name and business add	lress							(B) Description of se	ervices	(	(C) Compensat	tion	
								+						_
								+						
	ber of independent contractors (ii				nıte	d to	o tho	se I	listed above) who	received	ź.,			100 A

Part VII Section A. Officers, Directors, Tra	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (describe	box, office	ot ch unles ranc	Pos neck s pe	rson Irect	e than c	an :ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
(290) ALEK ISMAYILOV PRESIDENT	.40	x		X		-		0	<u> </u>	0 0
(291) RYAN KEEHN									<u></u>	
TREASURER (292) SAM KOLLATH	.40	X		Х				C	)	0 0
AUDITOR	.40	х						С		0 (
(293) SHIRLEY WEUVE MEMBERSHIP	.40	х		Х				С		0 (
(294) VICTORIA BISCHOF PRESIDENT	10.00	x		х						
(295) WILLIAM CROWE					-					
SECRETARY (296) LESLIE DEPPE	5.00	X		Х	<u> </u>			C	)	0 0
HOSPITALITY DIRECTOR	5.00	х						c	)	0 (
(297) SHERRY DOUB TREASURER	1.00	х		х				C		0
(298) BOB GARDNER AT LARGE DIRECTOR	.35	x								0
(299) VICKIE GATEWOOD										
EDUCATION CHAIR (300) ALYA GENNARO	5.00	X			┝			C	)	0 (
AT LARGE DIRECTOR	.35	х						c	)	0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-	  <u></u>		 	  	  	<b>&gt; &gt;</b>			
2 Total number of individuals (including but not reportable compensation from the organizatio		hose )	_	d al	bov	e) wh	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	ividi	ual			• •			3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	007	i If	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on '	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>										
(A) Name and business add	dress					<del></del>		(B) Description of se	ervices	(C) Compensation
							-			
							I.			
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	a to	thos	se I	isted above) who	received	

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation f related		(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
(301) GARY GREENEWALT VICE PRESIDENT	5.00	x		х				0		0	0
(302) HIRAM MARTINEZ	<del> </del>										
MEMBERSHIP DIRECTOR	.35	Х						0		o	0
(303) TIMOTHY MCALILEY											
CERTIFICATION DIRECTOR	.35	Х		_				0		0	0
(304) KENNETH PROUDFOOT		١						_			_
IMMEDIATE PAST PRESIDENT (305) MARK ROBINSON	.35	X	<u> </u>	<u> </u>				0		- 0	0
AT LARGE DIRECTOR											
(306) TOMMY ABRAHAM	.35	X	⊢		<del> </del> -	<b> </b> -		0		-4	0
VP CERTIFICATIONS	4.00	x		x	ŀ			0		٨	0
(307) MICHAEL GARR	1.00	_ ^	┢	^				-		-	
VP COMMUNICATIONS	4.00	x		x				0		٥	0
(308) CHRIS GIDA				<del>                                     </del>		<del></del> -					
VP MEMBERSHIP	4.00	x		х				0		o	0
(309) MITCH GREENFIELD	1										
PRESIDENT	8.00	х		х				0		q	0
(310) LISA HOLDEN											
VP PROFESSIONAL RELATIONS	4.00	Х		Х				0		o	0
(311) BRIAN JACKSON											
VP PROGRAMMING	4.00	Х		Х		<u> </u>		0		0	0
1b Sub-total							<b>&gt;</b>				
c Total from continuation sheets to Part VII,											
d Total (add lines 1b and 1c)							<u> </u>				<del> </del>
2 Total number of individuals (including but no reportable compensation from the organization)			iiste )	d a	DOV	e) wn	о ге	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former offi	cer, directo	or, or	tru	ıste	e, l	key e	emp	oloyee, or highest	t compensate	d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ind	ividi	ual						-	3 X
4 For any individual listed on line 1a, is the organization and related organizations g											
individual											4 X
5 Did any person listed on line 1a receive o											10 10 10 10 10 10 10 10 10 10 10 10 10 1
for services rendered to the organization? If "	es," comple	te Sch	nedu	ıle J	for	such	per	son	<u> </u>		5 X
Section B. Independent Contractors	-										
<ol> <li>Complete this table for your five highest cor compensation from the organization Report year</li> </ol>	npensated i compensati	ndepe on for	the	ent o	cont	tracto Iar ye	rs t ar e	that received more ending with or with	than \$100,00 nin the organiz	00 of ation	f n's tax
(A)							Τ	(B)			(C)
Name and business ac	dress		<del></del>				+	Description of se	rvices		ompensation
							+				
							$\bot$				
<del></del>		<u>-</u>		_			+				
2 Total number of independent contractors ( more than \$100,000 in compensation from t				nited	d to	thos	e l	isted above) who	l'	<b>/3-</b>	
JSA 1E1055 2 000											Form <b>990</b> (2011)

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week			Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated n amount of other
	(describe hours for related organizations in Schedule					Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	compensation
(312) COREY JOHNSON  VP PROGRAMMING	4.00	х		х	-			0		0 0
(313) CHUCK KIEFER  VP PROGRAMMING	4.00	х		х				0		0 0
314) SCOTT MACARTHUR VP COMMUNICATIONS	4.00			x				0		0 (
315) AMANDA PERRY SECRETARY & TREASURER	4.00			x				0		
316) ANGELA WALLACE  VP PROFESSIONAL RELATIONS	4.00			X				0		0 0
317) MEGAN CHRISTMAN SECRETARY	2.00			X				0		0 0
(318) DINA DRINKUS  MEMBERSHIP DIRECTOR	4.00			^	<u> </u>			0		0 (
319) RICHARD JANEZIC  MARKETING DIRECTOR	2.00				-			0		0 0
(320) MATT JOHNSON VICE PRESIDENT	2.00			х				0		0 0
321) LYNN MILNER PRESIDENT	8.00			x				0		0 (
(322) JON STERNBERG  CERTIFICATION DIRECTOR	.50			7.				0		0
total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)      Total number of individuals (including but not reportable compensation from the organization	limited to t	<u></u>	 liste	<u> </u>	bove	  e) wh	o re	ceived more than	\$100,000 of	
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the organization and related organizations graindividual</li></ul>	er, directorile J for succession of repeater than accrue co	ch ind portab 1 \$15  mpen	ividi ile o 50,0 • • sati	ual com 007 • •	per If	Sation "Yes	n ai s," i	nd other compens complete Schedu	sation from the le J for such	Yes No
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Sch	nedu	ile J	l for	such	per	son		5 X
Complete this table for your five highest com compensation from the organization Report of year										
(A) Name and business add	ress					-		(B) Description of se	rvices	(C) Compensation
2 Total number of independent contractors (in	cluding bi	ut not	lım	nite	d to	thos	se li	sted above) who	received	
more than \$100,000 in compensation from th  JSA 1E1055 2 000 89364 J 649R	e organiza:	uon 🕨						1447160		Form 990 (201
093040 043K								1447160		PAGE 3

TREASURER	Par	t VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	continued)
Control   Cont			Average	(do a		Pos	sition	- 1 <b>h</b> an -		Reportable	Reportat		Estimated
Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Compensation   Control   Cont			1							1			
Carried House   Carried Hous			l	office	er an	dad	irec	or/trus	ee)	1			compensation
Carried House   Carried Hous			l	or d	Inst	ef	<b>₽</b>	High emp	Forn	_	(W-2/1099-	MISC)	
323  JANET TARA WISDORF   3,00   X   X   C   O   O			l	inect /d	tutio	Ĕ	a a	est loye	ner	(W-2/1099-MISC)			
323  JANET TARA WISDORF   3,00   X   X   C   O   O			l	٩٥	nal		l oye	e com					organizations
323  JANET TARA WISDORF   3,00   X   X   C   O   O			O)	stee	ınışt		j ē	pens					
323] JANET TARA WISDORE   3.00 x x x   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				_	8			sated					
ROBERT BARNES	(323)	JANET TARA WISDORF				<del> </del>	$t^-$		-	-			
TRESTDENT  CISA COORDINATOR  2.50 X X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		TREASURER	3.00	х		x				0		0	0
CISA CORDINATOR   .25   X	(324)	ROBERT BARNES											-
CISA COORDINATOR  25 X  0 0 0  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PRESIDENT	2.00	Х		Х				0		0	0
326  CRAIG MCCOMICK	(325)	TUG GOKAYDIN											
VICE PRESIDENT    Solid Note		CISA COORDINATOR	.25	Х						0		0	0
ABERTICK MCOY	(326)												
MEMBERSHIF DIRECTOR 2.5 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			.50	Х		Х				0		0	0
(328) HANK POVINELLI  FAST FRESIDENT  .25 X  .25 X  .26 O  .37 O CORENTATION  .27 O O  .38 O CORENT AUTHOR  .28 O O  .38 O CORES SCHNEIDER  .39 O O  .30 O	(327)												
PAST PRESIDENT			.25	Х						0		0	0
CISM COORDINATOR	(328)									_		_	_
CISM COORDINATOR   .25   X			.25	X			_	ļ	_	0		0	0
(330) GEORGE SCHNETDER CONTENT AUTHOR SECRETARY/TREASURER SECRETARY OF ON ON ON ON ON ON ON ON ON ON ON SECRETARY OF THE SECRETARY ON ON ON ON ON ON ON ON ON ON ON ON ON	(329)		0.5									_	
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SECRETARY/TREASURER   .25   X   X   0   0   0   0   0   0   0   0	(330)		5.0	v								_	
SECRETARY/TREASURER  25 X X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/2211		.50	X	<del> </del>			-	ļ				0
TERRY TOBIAS	(331)		25	l .		v		1		_		c	,
PROGRAM CHAIR    333   CHARLIE BLANCHARD   3.00   X   0   0   0	(332)		.23		$\vdash$	<u>  ^</u>	$\vdash$	<del> </del>	<del> </del>		<u>'</u>		
3.33  CHARLIE BLANCHARD   3.00   X   0   0   0   0   0   0   0   0	(332)		50	×							1	۲	
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	(333)	<del>_</del>	.50	_ ^	┢	-		<del> </del>	<del>                                     </del>				
to Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  CC  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	(333/		3.00	l x							)	e	0
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	1b	Sub total			<u> </u>	L	1	<u>.                                    </u>	_				_
Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			ection A		• •	• •	• •		•				
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									o re	ceived more than	\$100,000 c	of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	n 🕨	(	0								
employee on line 1a? If "Yes," complete Schedule J for such individual													
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation													لتُختَثَثُم أَنْ خَمَعُكُمُ أَحِدُ السَّاحِ السَّاحِ السَّاحِ السَّاحِ السَّاحِ السَّاحِ السَّاحِ ا
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Individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received													
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for services rendered to the organization? If "Yes," complete Schedule J for such person													T T T T T T T T T T T T T T T T T T T
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received													1 1 1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received			es, compre	ie sci	ieut	ne c	) 101	Sucri	per	8011	<u> </u>		15 1
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received		•	nensated i	nden	-nd	ent	con	tracto	rs t	that received more	than \$100	000 (	
(A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received													
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received		year						•		-	_		
2 Total number of independent contractors (including but not limited to those listed above) who received		(A)				-			Τ	(B)			(C)
		Name and business add	fress						<u> </u>	Description of se	ervices		Compensation
			<del></del>						4				
									_				
									+				
									+				
		Total number of independent contractors (v	actudina h	ut no	+ 1	n it c	<del>ط +</del>	a tha		isted above) who	rocowad	* */	12 mm - , 5 s
more than \$100,000 in compensation notified organization \$\blue{\pi}\$						e	u il	J 11103	oe 1	isieu anove) who	received	, ~~	- 32-1

1 - 1		<u>,</u>				ana i	9			1
(A) Name and title	(B) Average	(do i		Pos		e than c	ne	Reportable	Reportable	Estimated
	week							from	related	other
	(describe		T = T					the	organizations	
	1	n dy	ns	Offic	e e	뺡	orn	organization	(W-2/1099-MISC)	1
	organizations	rect du	E	еr	emp	est oye	Į ę	(W-2/1099-MISC)		
	ın Schedule	의 불	na		loye	e S				organization
	O)	ıstee	truste		ě	pens		(D) Reportable compensation from the organization (W-2/1099-MISC)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
			ř			ated				
4) LARRY HANSON DIRECTOR	10.00	, v							0	
5) LEON KASPERSKY	10.00	<u> </u>	H							1
SECRETARY	7.00	Х	Ш	Х				0	0	
66) LISA KINYON DIRECTOR	14 00									
7) KAREN NORTON	14.00	^	$\vdash$			-			U	· · · · · · · · · · · · · · · · · · ·
TREASURER	14.00	x		х				0	o	
8) THOMAS PHELPS IV								-	<del> </del>	
DIRECTOR	7.00	Х	Ш					0	0	
9) MARTIN ROJAS DIRECTOR	7 00	, ,								
0) CHERYL SANTOR	7.00		Н					0		
DIRECTOR	7.00	x						0	0	
1) KENDRICK TSE	·					-				
VICE PRESIDENT	7.00	Х		Х				0	0	
2) MIGUEL VILLEGAS	7 00	١								
PRESIDENT 3) AMANDA XU	7.00	X	$\vdash\vdash$	Х			_	0	0	
DIRECTOR	7.00	x						o	o	)
4) KAREN FARNHAM										
VP PROGRAMS	1.00	X		Х				0	0	
1b Sub-total	to Protection A									
•										(E) eportable ensation from related amount of other compensation from the organizations and related organizations  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
							o re	eceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	(	)							
3 Did the organization list any former offic	or directo		<b>.</b>	e to		Reportable compensation from the organization of the organizations (W-2/1099-MISC)  Reportable compensation from the organizations (W-2/1099-MISC)  Reportable compensation from the organizations (W-2/1099-MISC)  Reportable compensation from the organizations (W-2/1099-MISC)  Reportable compensation from the organization or individual from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization or individual for such person  Reportable compensation from the organization from the organization or individual for such person  Reportable compensation from the organization from				
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividi	iste ial	e, i			mgnesi	·····	<del></del>
organization and related organizations gre	eater than	\$15	0,0	00?	· If	"Yes	3,"	complete Schedul	le J for such	
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	le J	for	such	per.	son	on or marvidual	
Section B. Independent Contractors	·									
(A)								(B)		(C)
Name and business add	lress							Description of se	rvices (	Compensation
							+			
2 Total number of independent contractors (in	ncluding bu	ut not	lım	ııted	d to	thos	e li	isted above) who	received	
2 Total number of independent contractors (in more than \$100,000 in compensation from the 54 E 1055 2 000	ncluding bu e organizat	ut not	l lim	ııted	d to	thos	ie li	isted above) who	received	Form 990 (

Part VII Section A. Officers, Directors, Tru		y Em	ipio			and F	ugl			1
(A) Name and title	(B)				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per	(do r	not ch			than o	ne	compensation	compensation from	amount of
	week					is both		from	related	other
	(describe hours for					or/trust		the	organizations	compensation from the
	related	d d	Ista	Officer	Key e	mple	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ecto	tro	1 3	mpl	est c	er,	(***2/1099-1015C)		and related
	in Schedule	Individual trustee or director	la l		employee	m in in				organizations
	O)	stee	Institutional trustee		Ф	Highest compensated employee				
5) PAULA MCLAIN						ted				
VICE PRESIDENT	1.50	х		x				0	(	
6) ROBERT MOULDER										
VP COMMUNICATION	3.00	Х		Х				) c	C	
7) KEITH RICHARDSON										
SECRETARY	1.00	Х		x				C	c	
8) ANGELA ROSS										
VP PROGRAMS	1.00	Х		Х	1			} c	C	)
9) SUSAN ROSS										
PRESIDENT/ TREASURER	5.00	X		Х				0	c	)
0) JACOB ARTHUR										
TREASURER	2.00	Х		Х				0	(	
1) MATTHEW EDMAN	]									
PRESIDENT	2.00	Х		Х			L	C	(	)
2) KEVIN GROOM										
VICE PRESIDENT	2.00	X		X			<u> </u>	c	· · · · · ·	)
3) JAMES HLAVATI										İ
PAST PRESIDENT	2.00	X	<u> </u>					0		
4) JOSHUA LEWIS						ĺ		_		
WEBMASTER	2.00	X					_	0	(	)
5) KRISTI MEYER		١.,								
MARKETING DIRECTOR	2.00	X	<u>.                                    </u>		L	<u> </u>				<u> </u>
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S							•			<u> </u>
d Total (add lines 1b and 1c)							_		\$400.000 of	L
2 Total number of individuals (including but not reportable compensation from the organization			iiste D	a aı	DOV	e) who	o re	ceived more than	\$100,000 of	
							_			Yes
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	emo	lovee or highes	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lıvıdı	ual				• • • • • • • • • • •		3
For any individual listed on line 1a, is the										7 4
organization and related organizations gri										
ındıvıdual ,										4
5 Did any person listed on line 1a receive or										₹
for services rendered to the organization? If "Yo	es," comple	te Scl	hedu	ıle J	for	such	per	son	<u> </u>	5
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>										
(A)							T	(B)		(C)
Name and business add	dress						1	Description of se	ervices	Compensation
							Ι			
							_			
							1			
2 Total number of independent contractors (iii	ncludina bi	ut no	t lırr	nite	d tr	thos	se l	isted above) who	received	
Total number of independent contractors (ii more than \$100,000 in compensation from th				nite	d to	thos	se I	isted above) who	received	
				nited	d to	thos	se I	isted above) who	received	Form <b>990</b>

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	уе	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per week	,				e than d is both		compensation from	compensation from related	om amount of other
	(describe			dad		or/trus	lee)	the	organizations	compensation
	hours for	or d	lnst	Officer	ě	em Hg	Former	organization	(W-2/1099-MIS	c) from the
	related organizations	vidu	it l	сег	Key employee	hest	mer	(W-2/1099-MISC)		organization and related
	in Schedule	or ia	on a		Boy	8 6		•		organizations
	0)	ndividual trustee r director	Institutional trustee		ee	nper				
		ñ	stee			Highest compensated employee				
(356) JULIE MYERS			Н			<u> </u>	-			
MEMBERSHIP DIRECTOR	2.00	х						,		
(357) AHMAD SABBARINI	2.00	^	Н				-			0 0
CERTIFICATION DIRECTOR	2.00	х						,		0
(358) LAURA SHIVER	2.00	^	Н					ļ <u>-</u>		0 0
SECRETARY	2.00	x		Х				,		
(359) REGGIE ABRAHAM	2.00			^	_	-	}—	-		0 0
ACADEMIC RELATIONS VP	2 00	x		х				,		
(360) STEPHEN CASPER	2.00			^			-			0 0
VICE PRESIDENT	3.00	v		х						
(361) LINDA DAWSON	3.00	X	$\vdash$	^		<del> </del>	-			0 0
SECRETARY	2 00	v		v				1		
(362) MATT HYNES	2.00	X	Н	Х		ļ				0 0
	1 00	,								
DIRECTOR	1.00	X	$\vdash$			<del> </del> -	ļ	0		0 0
(363) JOHN JASINSKI	2 00	١								
ADMINISTRATION & MEMBERSHIP VP	3.00	Х		Х	_			0		0 0
(364) JORDAN SERRE										
ROUNDTABLES VP	2.00	X	Ш	Х	_	ļ	ļ	0		0 0
(365) RICHARD SPIEKER										
TREASURER	1.00	X	Ш	Х	_			0		0 0
(366) KIM STULL					ĺ			_		
EDUCATION VP	2.00	<u> </u>		X				0		0 0
1b Sub-total										
c Total from continuation sheets to Part VII, Se										
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>		,l
2 Total number of individuals (including but not l				d al	bov	e) wh	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	1 -		)						·	<del></del>
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	кеу е	emp	oloyee, or highes	t compensated	••
employee on line 1a? If "Yes," complete Schedu										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 For any individual listed on line 1a, is the s										
organization and related organizations gre										
ındıvıdual										" ."b., "\$4.5.5.2.8.4 EST
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye Section B. Independent Contractors	s, comple	te Scr	ieau	iie J	101	sucn	per	son	<u> </u>	5   X
· · · · · · · · · · · · · · · · · · ·									#400 000	
1 Complete this table for your five highest com- compensation from the organization. Report c										
year	ompensan	011 101	liic	. La	ICIII	Jai ye	ait	anding with or with	iiii tile organiza	IIIOIIS IAX
							_		<del></del>	
(A) Name and business add	roce							(B) Description of se	204000	(C)
Maine and business add							+	Description of se	VICES	Compensation
							+			
							+-			
4							+	·	<del></del>	
							+			
O Table with a standard standard	- Lucius						٠.			
2 Total number of independent contractors (in				nite	a to	thos	se I	isted above) who	received	*
more than \$100,000 in compensation from the	e organiza	uon 🦻								5 000 (00)
1E1055 2 000								1447160		Form <b>990</b> (2011)
89364J 649R								1447160		PAGE 41

Pai	rt VII Section A. Officers, Directors, Tru	istees, Ke	y Em	ıplo	ye	es,	and I	ligl	hest Compensat	ed Employee	:s (c	continued)
	(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation f related organization	from	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensa employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
13671	THOMAS TISTHAMMER						ed	ļ				
(30,7	DIRECTOR	1.00	x						1		O	0
(368)	JEFFREY VERSTEEG	2.00	<del>                                     </del>				<del></del> -		<u> </u>	1	<u>_</u>	
	PRESIDENT	2.00	x		x				l		0	l c
(369)	ELIZABETH WAGNER				<u> </u>			<u> </u>			_	
·	COMMUNICATIONS VP	2.00	x		x						0	c
(370)	MICHAEL WILM		-	_	-							
	DIRECTOR	1.00	x						l c		0	d
(371)	RON BURFORD											
	TREASURER/PAST PRESIDENT	2.00	х		x	ļ			c		0	C
(372)	GORDON CRAIG		T					<b></b>				
	SECRETARY	1.00	x		х				c	)	0	d
(373)	DC GRANT											
	PRESIDENT	2.00	X		x				c	)	0	C
(374)	KRISHNA MANDAVA											
	VICE PRESIDENT	3.00	X		х				c	)	0	C
(375)	DAN SPEIGLE											
	GOVERNING BODY MEMBER	.50	X						c		0	d
(376)	SARAH ABEDIN	<del></del>										
	SECRETARY	2.00	x		x				! c	)	0	
(377)	SAM ARTHUR							<b>-</b>				
	CO-DIRECTOR CRISC REVIEW	1.00	х						l c	)	0	d
1b	Sub-total				<b>!</b>		1	`▶				
С	Total from continuation sheets to Part VII, S							•				
	Total (add lines 1b and 1c)								<u> </u>	\$400 000 of		
2	Total number of individuals (including but not reportable compensation from the organization			liste )	d a	bov	e) wh	о ге	eceived more than	\$100,000 of		
	· · · · · · · · · · · · · · · · · · ·											Yes No
3	Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key (	emp	oloyee, or highes	t compensate	d	
	employee on line 1a? If "Yes," complete Schedu											3 X
4	For any individual listed on line 1a, is the											
	organization and related organizations gre											
	ındıvıdual											4 X
	Did any person listed on line 1a receive or											
	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ile J	tor	such	per	son	<u> </u>	•	5 X
	ction B. Independent Contractors						<del></del>					·· <u>·</u>
7	Complete this table for your five highest com compensation from the organization Report o year											
	(A)	<del></del>							(B)			(C)
	Name and business add	Iress						_	Description of se	ervices		Compensation
								$\perp$				
								+	·			
		-						$\bot$				
								$\bot$				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se l	isted above) who	received		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and I	lig	hest Compensat	ed Employ	ees (d	continued)	
(A) Name and title	(B) Average hours per week (describe	box,	not ch unles rand	s pe la d	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizal	on from	(F) Estimated amount of other compensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organizatio and related organization	1
378) MELODY BALCET												
CISM REVIEW COORDINATOR	2.00	Х								0		
379) PHILLIP CROSBY											-	
SPONSORSHIP PROG COORDINATOR	1.00	Х					_	0		0		
380) STEWART DALEY MARKETING COORDINATOR	3.00	х						o		0		
381) ESTHER FISCHER												
ARCHIVIST COORDINATOR	1.00	Х						0		0		
382) KYLE FOLEY												
PRESIDENT	4.00	Х		Х				0		0		
383) MICKEY GANDHI								_				
CGEIT REVIEW COORDINATOR	1.00	X						0		0		
384) THERESA GRAFENSTINE	1 1 00	,,								•		
PAST PRESIDENT	1.00	Х					<u> </u>	0		0		
385) FRANK GREENWELL BUDGET COORDINATOR	2 00	,						,		^		
386) ROSEY GREER	2.00	X		_				0				
DOD LIAISON COORDINATOR	1.00	x								0		
387) DAN HILL	1.00	_ ^				<del> -</del>		0		U		
CO-DIRECTOR CRISC REVIEW	1.00	x						,		٥		
388) DANIELLE HOLLOMON	1.00	<u>^</u>	$\vdash$									
TREASURER	8.00	x		х				1 0		0		
1b Sub-total						l	_					
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						 	<b>&gt;</b>					
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste			e) wh	o re	ceived more than	\$100,000	of		
		-						<del>.</del>			Yes	No
3 Did the organization list any former office	er, directo	r. or	tru	ste	e.	kev e	emp	lovee, or highes	t compens	ated		
employee on line 1a? If "Yes," complete Schedi	ule J for suc	ch ind	ividu	ıal ,	· .	́ .					3	X
4 For any individual listed on line 1a, is the	sum of ren	ortab	le c	om	pen	satio	n aı	nd other compens	sation from	the	300	,
organization and related organizations gre												<u> </u>
ındıvıdual											4	Х
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	any	un	related organization	on or indivi	dual		* , ; ;
for services rendered to the organization? If "Ye	es," comple	te Sch	edu	le J	for	such	per	son	<u></u>		5	Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com compensation from the organization Report of year</li> </ol>												
(A) Name and business add	fress							(B) Description of se	PDICES		(C) Compensation	
							+					
							+			-		
							T					
							$\top$	<del></del>				
							1				<u> </u>	

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	rt VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average				o, sition			Reportable	Reportable	Estimated
		hours per			heck	mor	e than o		compensation	compensation from	amount of
		week					is both or/trust		from	related	other
		(describe hours for	0 =						the	organizations	compensation from the
		related	를	stitu	Officer	Key employee	Highest employe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		organizations	cto	tion		륗	st co	٦	,		and related
		in Schedule O)	ndividual trustee ir director	Institutional truste		yee	dg				organizations
		·	e e	ıstee			st compensated yee				
389)	MIKE HOWARD					-	<u> </u>	-			
	WEBMASTER	5.00	x						0	(	,
(390)	BEN HSIAO				_						
	SPECIAL SEMINARS COORDINATOR	3.00	x							(	,
391)	BJ JAMES				<u> </u>						
	SPECIAL SEMINARS COORDINATOR	2.00	Х						0	(	
392)	REJIVE JOSEPH										
	CO-DIRECTOR LIAISON PROF. ORGS	1.00	х						0		
393)	ALOK KAKKER							-			
	MONTHLY SEMINARS-BOARD MEMBER	2.00	х						l 0	(	
394)	AMANDEEP LAMBA										
	EVENT COORDINATOR	3.00	х						l 0	(	
395)	WERNER LIPPUNER				<b>-</b>						
	CO-DIRECTOR EVENT COORDINATOR	1.00	Х						0	(	
396)	NOEL NAZARIO										
	ACADEMIC RELATIONS COORDINATOR	1.00	Х						0	(	
397)	VANESSA NELSON										
	AUDIT COORDINATOR	.75	х						0	(	
398)	FERNANDO NIKITIN										
	RESEARCH DIRECTOR	1.00	Х						0	(	)
399)	CLIFTON PERSAUD										
	CISA REVIEW COORDINATOR	2.00	Х				ŀ		0	(	
1b	Sub-total							<b></b>			
C	Total from continuation sheets to Part VII, Se	ection A						$\blacktriangleright$			
d	Total (add lines 1b and 1c)	<u></u>				<u></u>	<u> </u>	<b>&gt;</b>			
2	Total number of individuals (including but not l				d al	bov	e) wh	o re	eceived more than	\$100,000 of	
	reportable compensation from the organization									<del></del>	
_	Did the constraint but only to										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, airecta de Lforsu	r, or	tru	uste	e,	кеу е	emp	ployee, or highes	t compensated	3 X
4	For any individual listed on line 1a, is the s										
	organization and related organizations greindividual										4 X
5	Did any person listed on line 1a receive or										1 1/20 1 7.1
3	for services rendered to the organization? If "Ye	s " comple	te Sch	sau redu	ile J	l for	such	ner	relateu organizatit son	on or individual	5 X
Sec	ction B. Independent Contractors	.o, 00p.o					<del></del>	<i>p</i> 0			
	Complete this table for your five highest com-	pensated u	ndene	ende	ent a	con	tracto	rs t	hat received more	than \$100 000	nf
	compensation from the organization Report c										
	year						_		·	ŭ	
	(A)							Т	(B)		(C)
	Name and business add	ress							Description of se	rvices	Compensation
								T			
	<u> </u>							$\top$			
								T			
	Total number of independent contractors (in	icludina bi	ıt noi	lım	nite	d to	thos	se li	sted above) who	received	計 <sup>×</sup> · · · · · · · · · · · · · · · · · · ·
	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se li	isted above) who	received	
JSA					nite	d to	thos	se li	isted above) who	received	Form <b>990</b> (201

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and b	ligl	hest Compensat	ed Employees	(continued	)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c	an	(D) Reportable compensation from	(E) Reportable compensation fro related	m Estir	F) mated unt of her
	,	(describe hours for related organizations in Schedule O)	of director	institutional trustee	a Officer	Key employee	Highest compensate	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(c) from organ and r	ensation n the nization related izations
(400)	CHARLEY ROBERTS						<u> </u>					
, <u>, 07 \</u>	CO-DIRECTOR MEMBERSHIP	1.00	X		_	-		<u> </u>			0	
(401)	YEHUDA SCHMIDT ANNUAL MEETING COORDINATOR	2.00	x			1			,			,
(402)	SUSAN SHARP	2.00	_^		<u> </u>			<u> </u>			<u> </u>	0
(402)	CO-DIRECTOR LIAISON PROF. ORGS	2 00	x								0	r
(4 <del>03</del> )	KEVIN SUDY	2.00	<u>  ^</u>	-	<del> </del>			ļ			У	
(403)	NEWSLETTER COORDINATOR	.25	l "	ļ	l	l						,
(404)		.25	X	<u> </u>	-	-		_			4	
(404)	ANH TRAN	2 50			.,			ĺ				,
, , <del>, , ,</del>	VICE PRESIDENT	2.50	X	<u> </u>	X		-				0	
(405)	EBERECHI UGWU	1 00	,,									,
	ACADEMIC RELATIONS COORDINATOR	1.00	X	<u> </u>	<u> </u>	_	<b>}</b>		<u> </u>		0	
(406)	BRIAN CASTAGNA		١.,		١							,
<del>= =</del> <del>-</del>	ACADEMIC RELATIONS	2.00	X		Х	ļ		_	0		0	
(40/)	MARTIN DOLPHIN								_			_
== 7	IMMEDIATE PAST PRESIDENT	4.00	X	<u> </u>	Х	_	<b></b>	<u> </u>			0	
(408)	MARK DUDAS			ĺ					_			_
	MARKETING	2.00	Х	<u> </u>	X	_	ļ				0	(
(409)	ERICA HAGUE-ANTOS											
	MEMBERSHIP	1.00	X		Х				C		0	
(410)	KRYSTAL PEDERSEN		ļ									
	PROGRAM DIRECTOR	6.00	X		Х	<u> </u>		L	C		0	(
c d	Total from continuation sheets to Part VII, Some Total (add lines 1b and 1c)	<u> </u>		<u>.</u> .	· ·			► • • re	eceived more than	\$100,000 of		
	reportable compensation from the organization	1 <b>&gt;</b>		<u> </u>			·					
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for sui	or, or ch ind	trı İıvıd	uste ual	е, ••.	key e		oloyee, or highes	t compensated	3	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	007	7 11	"Yes	5, "	complete Schedu	le J for such	4	X
5 	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satı hedu	on Ile J	fron <i>I for</i>	n any such	un <i>per</i>	related organization	on or individual	5	X
	ction B. Independent Contractors								<del> </del>			
1	Complete this table for your five highest com compensation from the organization Report c year											
	(A)							Τ	(B)		(C)	
	Name and business add	iress						_	Description of se	ervices	Compensa	ition
								+				
								+			<del> </del>	
2	Total number of independent contractors (in				nıte	d to	o thos	se I	isted above) who	received 💯		)* " /
JSA 1F10	more than \$100,000 in compensation from the	e organiza	tion	<u> </u>				_			Form 9	90 (201
,,,,	89364J 649R								1447160		P	AGE 45

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)
	(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizati	n from	(F) Estimated amount of other compensation
		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
	SATYENDRA THAKUR CERTIFICATION DIRECTOR	2.00	х		х				0		0	0
(412)	BEVERLY M. AUSTIN DIRECTOR	5.00	х						0		o	С
(413)	YOLANDA BAKER VICE PRESIDENT	5.00	х		х				0		0	C
	RUSTOM BHOPTI DIRECTOR	5.00	х						0		0	С
(415)	CARY BROWN DIRECTOR	5.00	х						0		0	С
(416)	KARL E. DAHLBERG DIRECTOR	5.00	х						0		0	C
(417)	BILL D'ALIA DIRECTOR	5.00	х						0		0	C
(418)	JOANNE DE PALMA DIRECTOR	5.00	х						0		0	C
(419)	DOUGLAS J. DI PERSIO DIRECTOR	5.00	х						0		0	C
(420)	ANDREW ELLSWEIG DIRECTOR	5.00	х						0		0	C
(421)	BETH FLORES-MANLAPIG DIRECTOR	5.00	х						o		0	0
С	Sub-total	-						<b>*</b> * *				
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	eceived more than	\$100,000 0	of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	2 11	"Ye	s, "	complete Schedu	le J for s	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual	5 X
	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization Report of year											
	(A) Name and business add	dress							(B) Description of se	rvices		(C) Compensation
								$\downarrow$				
_				_				$\downarrow$				
2	Total number of independent contractors (iii				nıte	d to	o thos	se I	isted above) who	received		
ISA	more than \$100,000 in compensation from the	e organiza	แอก									* 5° 1 . 34 44

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and I	lıgl	hest Compensat	ed Employ	yees (d	ontinued)
(A) Name and title	(B) Average hours per week			Pos heck		e than o		(D) Reportable compensation from	(E) Reporta compensati relate	on from	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)					Highest compensated employee		the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations
422) DOROTHY GUO											
SECRETARY	5.00	X		X	ļ		ļ	0		0	
423) MARIE IVANOV DIRECTOR	5.00	X		İ				0		0	
424) DONALD LIAO	3.00	_ ^		-							
TREASURER	5.00	x		x				lo		0	
425) GEORGE G. MCBRIDE							H				
DIRECTOR	5.00	Х						0		0	
426) TOM MCDERMOTT											
DIRECTOR	5.00	X		<u> </u>	ļ			0		0	
427) ANANT NAGANATHAN		۱								•	
DIRECTOR 428) CARL H. PHILLIPS	5.00	X	_	-	ļ <u>-</u> -			0		0	
DIRECTOR	5.00	x						0		0	
429) JEFFREY S. SAFFER	3.00	_ ^	╁		-						
DIRECTOR	5.00	x						0		0	
430) LILY SHUE											
DIRECTOR	5.00	Х						0		0	
431) JENNIFER LYNN SPIEWAK											
PRESIDENT	5.00	Х		Х		<u> </u>		0		0	
432) MIZBA TAWA		١				1					
DIRECTOR	5.00	Х	<u> </u>		l	<u> </u>	L_	0		U	
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u></u>	<u></u>	<u></u>	<u> </u>			<b>&gt;</b>				
2 Total number of individuals (including but not reportable compensation from the organization			liste O	d a	bov	e) wh	o re	ceived more than	\$100,000	of	
reportable compensation from the organization											Vac Na
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	If	"Yes	s, "	complete Schedu	le J for		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co /es," comple	mpen te Sci	satı hedu	on ile J	fron <i>I for</i>	n any such	un per	related organization	on or indiv	idual	5 X
Section B. Independent Contractors						<del></del>					
<ol> <li>Complete this table for your five highest con compensation from the organization Report year</li> </ol>											
(A) Name and business ad	dress							(B) Description of se	rvices	C	(C) compensation
											-
									-		
Total number of independent contractors (in more than \$100,000 in compensation from the contractors of				nıte	d to	thos	e i	sted above) who	received		

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	ye	es,	and F	ligi	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
33) THOMAS ZACHARIAH DIRECTOR	5.00	V							(	
34) GUS GALVES	3.00	X	-							,
SECRETARY AND MEMBERSHIP	.50	х		Х					(	
35) DAVID GRISHAM  ACADEMIC RELATIONS COORDINATOR	.50	х						C	(	)
36) ALAN GUTOWSKI PAST PRESIDENT	.50	х						C	(	
37) LISA A. KERR			-		-		-			
CISA/CISM COORDINATOR	.50	х						C	(	)
38) ALLEN LEATHERWOOD	1 00	١,,		v						_
PRESIDENT 39) JAIME RUMBAOA	1.00	Х		X			_	C	(	,
TREASURER	1.00	х		Х				c		
40) LISA WAUNEKA			П							
WEBMASTER	.50	Х						C	(	
11) LEW WITZ										
VICE PRESIDENT 42) ALEXANDER ABRAMOV	.50	X		Х					9	<b>/</b>
BOARD MEMBER	2.00	х						ر ا	,	1
43) JAMES AMBROSINI				-			<del>                                     </del>			
CHAPTER PRESIDENT	16.00	X		Х				C	) (	
1b Sub-total	<u> </u>		<u> </u>	• •	<u> </u>					
2 Total number of individuals (including but not reportable compensation from the organization			liste O	d al	bove	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru Iividi	ıste ual	e, I	key e	emp	oloyee, or highes	t compensated	Yes N
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	003	) If	"Yes	s," (	complete Schedu	sation from the le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>										
(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
							+			
							-			
2 Total number of independent contractors (in				ııte	d to	thos	se li	isted above) who		
more than \$100,000 in compensation from th	e organizat	lion	<u> </u>					<del></del>		Form <b>990</b> (20

Form 990 (2011)  Part VII Section A. Officers, Directors, True	ıstees. Ke	v Em	olar	vee	es.	and F	lial	hest Compensat	ed Employee		ontinue		age 8
(A)  Name and title	(B) Average hours per week (describe hours for	(do n box, office	ot ch unles	Pos heck ss pe	c) ition more	than o	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation fr related organizations (W-2/1099-MIS	om	Est am c comp	(F) timated ount of other pensation	f
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	/ employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anization frelated nization	t
444) EMMA ARAKELYAN BOARD MEMBER	2.00	х								0			
445) CLIVE BLACKWOOD BOARD MEMBER													
446) ROCHELLE BRENNER	2.00	X		ļ						7	_		(
BOARD MEMBER 447) TON CHOOKHARE	2.00	Х					-	C		0			(
BOARD MEMBER	2.00	х					_	c		_0			(
448) ANTHONY D'AMATO BOARD MEMBER	2.00	x								0			
449) KEVIN FULLER													
BOARD MEMBER 450) NIGEL JAMES	2.00	X		-	-	<u> </u>	-	0	<u> </u>	9			- (
2ND VICE PRESIDENT	16.00	Х		х				C		0			(
451) ALEXANDAR JOSEPHITE  1ST VICE PRESIDENT	16.00	x		x						0			(
452) PATRICIA MARTIN	2 00	, , , , , , , , , , , , , , , , , , ,								$\int$			
BOARD MEMBER 453) MARGUERITE MCCARTHY	2.00	X					_	C		9			
BOARD MEMBER 454) VOULA MUCKALLI	2.00	X		-			_			0			(
BOARD MEMBER	2.00	х						C		0			
1b Sub-total	-					  <u>.</u>	<b>*</b> * *						
2 Total number of individuals (including but not reportable compensation from the organization		hose (	liste O	d a	bov	e) who	o re	eceived more than	\$100,000 of				
												Yes	No 3
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo ule J for su	ir, or ch ind	tru Iividi	uste ual	е, • •	кеу е 	•mp	oloyee, or highes	t compensated		3		X
4 For any individual listed on line 1a, is the organization and related organizations gri													_
ındıvıdual											4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year	pensated i compensati	ndepe on for	ende the	ent e ca	con	tracto dar ye	rs t ar e	that received more ending with or with	than \$100,00	0 of ation	f n's tax		
(A) Name and business add	dress							(B) Description of se	ervices	Cı	(C) ompens	ation	
							F						
						-	T			_			
							+-	·					—
2 Total number of independent contractors (iii more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received				

Name and tide    Authors   Content	Part VII Section A. Officers, Directors, Tru		y <u>L.</u> 11	ipic			aria i	···g			<u> </u>
Boasp Weekees   Secretary	(A)	(B)							(D)	(E)	(F)
Section   Sec	Name and title	_	/do r	ant cl			a than c	n a		•	_
Comparison   Co		1									·
Part   Part			office								compensation
455) JAMES POWERS SOARD MEMBER 2.00 X 565 NAREN RAWLS BOARD MEMBER 2.00 X 0		hours for	악方	Ins	앜	<u>@</u>	em H	F		-	from the
455) JAMES POWERS SOARD MEMBER 2.00 X 565 NAREN RAWLS BOARD MEMBER 2.00 X 0		l .	dire	tıtut	icer	en	hes ploy	me <sub>i</sub>	_		organization
455) JAMES POWERS SOARD MEMBER 2.00 X 565 NAREN RAWLS BOARD MEMBER 2.00 X 0		I -	당	ion		흥.	e co				1
455) JAMES POWERS  SOARD MEMBER 2.00 X 0 0 0 0 0 157) RAISA SEREBRENIK 150ARD MEMBER 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			STU	n le		yee	ag mg				organizations
455) JAMES POWERS BOARD MEMBER 2.00 X 0 0 456) KAREN RABLS BOARD MEMBER 2.00 X 0 0 477 RAISA SEREBRENIK BOARD MEMBER 2.00 X 0 0 458) KWONGMEI TO BOARD MEMBER 2.00 X 0 0 459) CHRISTOPHER WESTERNAN RECORDING SECRETARY 2.00 X 0 0 460) JULIANNE WU CHAPTER TEEASURER 4.00 X X 0 0 0 461) RICHARD ZIEGLER CORRESPONDING SECRETARY 4.00 X X 0 0 0 462) TONY AGUILAR WESSITE ADMINISTRATOR I 2.00 X 0 463) CAROL BARKE RESERVATIONS CORDINATOR RECORDINATOR RECORDINATOR RESERVATIONS CORDINATOR 2.00 X 0 0 665) DANNY DANIELS ASST. TREASURER 2.00 X 0 0 676 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 677 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 678 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 679 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 679 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 670 DANNY DANIELS ASST. TREASURER 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			tee	ıstee			ensa				
SOARD MEMBER  2.00 X  0 0  0 0  0 0  0 0  0 0  0 0  0 0				Ľ			ted				
## SAREN RAWLS    SOARD MEMBER   2.00   X   0   0											
SOARD MEMBER  2.00 x  0 0  457) RAISA SEREBERSHIK  BOARD MEMBER  2.00 x  0 0  458) KWONGRET TO  BOARD MEMBER  2.00 x  0 0  459) CHRISTOPHER WESTERMAN  RECORDING SECRETARY  2.00 x  400 JULIANNE NU  CHAPTER TREASURER  4.00 x  401 RICHARD ZIEGLER  CORRESPONDING SECRETARY  4.00 x  4.00 x  401 RICHARD ZIEGLER  WESSITE ADMINISTRATOR I  2.00 x  402 TOWN AGUILAR  WESSITE ADMINISTRATOR I  2.00 x  403 CAROL BARKE  RESERVATIONS COORDINATOR  2.00 x  404 JISA BARTSCH  EDUCATION COORDINATOR I  2.00 x  405 DANNY DANIELS  ASST. TREASURER  2.00 x  0 0  455 DANNY DANIELS  ASST. TREASURER  2.00 x  0 0  458 DANNY DANIELS  ASST. TREASURER  2.00 x  0 0  458 DANNY DANIELS  ASST. TREASURER  2.00 x  0 0  459 Town and related organization is tarry former officer, director, or trustee, key employee, or highest compensated employee on line 1ar // "Yes" complete Schedule J for such midwidual  4 For any individual lated on line 1a, is the sum of reportable compensation from the organization is former officer, director, or trustee, key employee, or highest compensated employee on line 1ar // "Yes" complete Schedule J for such midwidual  4 For any individual lated on line 1a, is the sum of reportable compensation from the organization is former officer, director, or trustee, key employee, or highest compensated employee on line 1ar lar // "Yes" complete Schedule J for such midwidual  5 Did any person listed on line 1a is the sum of reportable compensation and other compensation from the organization of the calendar year ending with or within the organization is travered and the sum of the proper trustee of the organization of the calendar year ending with or within the organization is tary year  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 is tary year.		2.00	X	<u> </u>					0		<u>U</u>
### ### #############################							ŀ				
SOARD MEMBER   2.00   X   0   0   0   0   0   0   0   0		2.00	X		L			_	0		0
456) KRONGMEI TO  BOARD MEMBER  RECORDING SECRETARY  CORRESPONDING SECRETARY  4.00 X X 0 0 0  CHAPTER TREASURER  CORRESPONDING SECRETARY  4.00 X X 0 0 0  461) RICHARD ZIEGLER  CORRESPONDING SECRETARY  4.00 X X 0 0 0  462) TONY AGUILAR  WEBSITE ADMINISTRATOR I 2.00 X 0 0 0  463) CAROL BARKE  RESPONDING CORDINATOR 2.00 X 0 0 0  464) LISA BARTSCH  EDUCATION CORDINATOR 1 2.00 X 0 0 0  465) DANNY DANIELS  ASST. TREASURER  C TOTAL from continuation sheets to Part VII, Section A	457) RAISA SEREBRENIK										
### BOARD MEMBER    2.00   X   X   0   0	BOARD MEMBER	2.00	X						0		o
ASST. TREASURER  1. DO X  1. Sub-total  1. Total from continuation sheets to Part VII, Section A  1. Total from continuation sheets to Part VII, Section A  1. Total from continuation is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1. For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual  1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the organization from the organization Report compensation from the compensation from the organization Report compensation from the compensation from the organization Report compensation from the compensation from the organization Report compensation from any unrelated organization or individual for services rendered to the organization of If "Yes," complete Schedule J for such individual for services rendered to the organization Report compensation from any unrelated organization or individual for services rendered to the organization Report compensation from any unrelated organization or individual for services rendered to the organization Report compensation from any unrelated organization or individual for services rendered to the organization Report compensation from any unrelated organization or individual for services rendered to the organization Report compensation from the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or individual for services rendered to the organization or individual for services.  1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 in compensation from the organi	458) KWONGMEI TO										
RECORDING SECRETARY  2.00 X X X 0 0 0  RECORDING SECRETARY  4.00 X X X 0 0 0  RICHARD ZIEGLER  CORRESPONDING SECRETARY  4.00 X X 0 0 0  462) TONY AGUILAR  WEBSITE ADMINISTRATOR I 2.00 X 0 0  463) CAROL BARKE  RESERVATIONS COORDINATOR 2.00 X 0 0 0  464) LISA BARTSCH  EDUCATION COORDINATOR I 2.00 X 0 0 0  465) DANNY DANIELS  ASST. TREASURER 2.00 X 0 0 0  1b Sub-total  c Total from continuation sheets to Part VII, Section A	BOARD MEMBER	2.00	X			1			l o		ol
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463) CAROL BARKE  RESERVATIONS COORDINATOR 2.00 X 0 0 0  465) DANNY DANIELS  ASST. TREASURER 2.00 X 0 0  1b Sub-total  c Total from continuation sheets to Part VII, Section A	462) TONY AGUILAR	]									
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EDUCATION COORDINATOR I 2.00 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			<del>                                     </del>								-
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to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Compensation  7 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶		2 00	,,								
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0    Yes								<b>&gt;</b>			
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d al	bov	e) wh	o re	ceived more than	\$100,000 of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organizatio	n <b>▶</b>	(	)							
a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated	<u> </u>
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	lıvıdı	ual						3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 For any individual listed on line 1a is the	sum of rer	oortab	ale d	com	ner	satio	n a	nd other compen	sation from the	
Individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   Form 990 (Form 990)	organization and related organizations gre	eater than	\$15	50.0	007	) If	"Yes	s."	complete Schedu	le J for such	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											4 X
for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  JSA  IE105S 2 000  Form 990									related organization	on or individual	1983 S. J. J.
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  Form 990											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  Form 990		<del>55, 55,11,515</del>	10 00	, cut		, , , , ,	00011	ρυ.			1 9 1 12
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  JSA  1E1055 2 000	<del> </del>	noncated i	ndanı	ando	nt i	con	tracto	rc t	hat recoved more	than \$100,000	
(A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   JSA 1E1055 2 000  Form 990											
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990	year										
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990	(A)								(B)		(C)
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990	Name and business add	dress						-	Description of se	rvices	Compensation
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990											<u></u>
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990								7			
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990					_			†			
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990								+		<del></del>	<del> </del>
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000  Form 990 (								+			····
more than \$100,000 in compensation from the organization ▶  JSA 1E1055 2 000 Form 990	2. Total number of independent sections (			4 le	- 4 -	a 4		<u> </u>			
JSA 1E1055 2 000 Form 990 (					nite	a to	tnos	se I	isted above) who	received	
1E1055 2 000 Form 9 9 0 (		e organiza	uun								- 000
PAGE 1447160 PAGE	1E1055 2 000								1 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	09304J 049K								144/160		PAGE 5

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	уе	es,	and I	ligl	hest Compensate	ed Employees (	continue	d)	
(A) Name and title	(B) Average hours per week (describe	box, office	unles er and	ss pe dad	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) timated nount of other pensation	n
	hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anization d related inizations	
(466) LAURIE FLANDRAU	2.00	,		,,								
VP MEMBERSHIP (467) BRITTANY GEORGE	3.00	X		Х			-			1		
HOSPITALITY COORDINATOR	2.00	х						o	c	ļ		0
(468) CLIFFORD GOMES  VP FACILITIES	3.00	х		х				0	C		_	0
(469) DOUG GORRIE  VP COMMUNICATIONS	3.00	х		х				0	C	)		0
(470) AHMED JESSA	0.00	,,										
DIRECTOR OF ACADEMIC RELATIONS (471) ANGEL JONES	2.00	Х				_		0	(	)		0
MARKETING COORDINATOR	2.00	Х						0	C			0
(472) CHRIS JORDAN TREASURER	3.00	x		x					,			0
(473) JEFF KROMER WEBSITE WEBMASTER	2.00							0				ი
(474) RICK LINK  2ND PAST PRESIDENT	3.00							0		)		<u>_</u>
(475) LETTY MAYS WEBSITE ADMINISTRATOR II	2.00							0				0
(476) CHERYL MCKAY-DORRELL  3RD PAST PRESIDENT	3.00	х						0	-	)		0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>				<u> </u>		<b>&gt; &gt;</b>		0400.000.6			
Total number of individuals (including but not reportable compensation from the organization)			)	o a	DOVE	e) wn	o re	eceived more than	\$100,000 of			
3 Did the organization list any former offic	er, directo	or, or	tru	uste	e, 1	key e	emp	oloyee, or highest	t compensated		Yes	No
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ivid	ual						3		X
4 For any individual listed on line 1a, is the sorganization and related organizations ground individual.	eater than	\$15	0,0	007	lf	"Yes	s,"	complete Schedu	le J for such	4		X
<ul> <li>Individual</li></ul>	accrue co	mpen	satı	on i	fron	any	un	related organization	on or individual			X
Section B. Independent Contractors	es, compie	ie sci	ieat	iie J	101	Sucri	per	son	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compen		
		_					+					<u> </u>
2 Total number of independent contractors (iii				nite	d to	thos	e I	isted above) who	received			

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportab	,	(F) Estimate	
	hours per week					than o		compensation from	compensation related	1 from	amount other	of
	(describe hours for related organizations		ranc			or/trust		the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensa from the organizati and relate	e ion ed
	in Schedule O)	trustee	Institutional trustee		byee	Highest compensated employee					organizali	ons
77) JOE MCKEMAN												
JOBS COORDINATOR	2.00	Х						0		0		
78) RICK NIETUBICZ												
VP PROGRAMS	3.00	Х		Х				0		0		
79) SUE PAGEL 1ST PAST PRESIDENT	3.00	х								O		
80) NEHA PATEL	3.00								<u> </u>			
EDUCATION COORDINATOR II	2.00	x								o		
81) SHAMMY RANA										-		
SECRETARY	3.00	x	İ	х						o		
82) BARRY RAVEN							_					
CERTIFICATIONS COORDINATOR I	2.00	x						0		o		
83) MARVIN READER												
PRESIDENT	6.00	x		х				0		0		
84) MATTHEW SMITH												
NEWSLETTER COORDINATOR	2.00	X						0		0		
85) GREG STREDER	2 00	١ ا										
VP EDUCATION	3.00	Х		Х				U		0		
86) VIRGINIA SUMRALL CHAPTER PHOTOGRAPHER	2 00	,										
87) IDDAH WANGONDU	2.00	Х										
VP CERTIFICATION	3.00	x		х		.		_		٨		
	3.00			Λ			Ļ					
1b Sub-total	ection A			• •	• •							
d Total (add lines 1b and 1c)												
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		iste				o re	ceived more than	\$100,000 o	f		
											Yes	No
3 Did the organization list any former offic												- x
employee on line 1a? If "Yes," complete Sched											3	+^
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	า_ละ	nd other compens	sation from	the	2	, š
organization and related organizations grandvidual											4	X
												\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi es " comple:	mpen: te Sch	sauc	on 1 de 1	for	any	uni	related organizatii	on or individ	uai	5	X
Section B. Independent Contractors	o, compic		Juu	0		34011	P (1)		· · · · · · · ·	• •	1 3 1	<u></u>
Complete this table for your five highest com	pensated ii	ndepe	nde	ent o	conf	racto	rs t	hat received more	than \$100	000 o	f	
compensation from the organization Report of year												
(A) Name and business add	fress							(B) Description of se	rivices	C	(C) ompensation	
Traine and Sasiness au								2000.1911011 01 30			o.nponaation	
							+					
	<del></del>						<b>†</b>	<del> </del>				
							1-					
	_						1					

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and I	ligi	hest Compensat	ed Employees (c	Page <b>8</b> Ontinued)
(A) Name and title	(B) Average hours per week (describe	(do r box, office	not cl unle:	Pos heck ss pe d a d	tion more rson rect	e than o	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
488) KYLE WESS PROGRAM COORDINATOR	2.00	х						О	0	0
489) DAISY ZHENG  CPE COMPLIANCE COORDINATOR	2.00	x						0	0	0
490) JIM DEDAD BOARD MEMBER	1.00	X		-			-	0	0	0
491) KAREN DOUBRAVA BOARD MEMBER	1.00	x	_					0	0	0
492) DAMON HACKER PROGRAMS COORDINATOR	2.00	х						o	0	0
493) DAVID HADLEY BOARD MEMBER	1.00	х						0	0	0
494) DAN LEO BOARD MEMBER	1.00	х						0	0	0
495) JENNIFER MORGAN PRESIDENT	2.00	х		х				0	0	0
496) TRAVIS MOSER SECRETARY	1.00	х		х				c	O	0
497) JEFF PERSHING VICE PRESIDENT	1.00	х		х				C	0	0
498) LISA PETERSON TREASURER	2.00	х		Х				C	0	0
1b Sub-total	ection A .	<u></u>	 	· ·		<u> </u>				
Total number of individuals (including but not reportable compensation from the organization)		hose (	liste	ed al	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	•					•		,	•	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	11	"Yes	n a s,"	nd other compens	sation from the le J for such	4 X
5. Did any person listed on line 12 receive or	accrue co	mnen	cati	on i	fron	n anv	מנו	related organization	on or individual	1 1 2 E

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	<u>Ž.</u>	X
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	- 3	X

## Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
		-	
<del></del>			
<del></del>	- <del>, , , , , , , , , , , , , , , , , , , </del>		1.4° 285 . C

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

Name and title    Name and title   Name	Part \		ıstees, Ke	y Em	plo			and I	ligl	1	ed Employees	(continue	d)
499   PASCAL BIZARRO   TREASURER   2.00   X   X   X   0   0   0		(A) Name and title	Average hours per week (describe	box, office	unle:	Pos heck ss pe	more more rson lirect	ıs both or/trust	an ee)	compensation from the	Reportable compensation fro related organizations	Est om am comp	timated sount of other pensation
TREASURER  TREASURER  TOOL KRISTIAN BUCKMASTER  BOARD MEMBER  1.00 X  0 0  0 0  0 0  0 0  0 0  0 0  0 0			related organizations in Schedule	ndividual trustee ir director	nstitutional trustee	Officer	(ey employee	lighest compensated imployee	ormer		(W-2/1099-MIS	orga and	anızatıon 1 related
BOARD MEMBER			2.00	х		х				0		0	
SECRETARY  502) DAVID CUTRI BOARD MEMBER  1.00 X  0 0  0 0  503) MICHAREL GERBER PRESIDENT  2.00 X X  0 0 0  504) ANNA HARLESS  505) MEMBER  1.00 X  0 0 0  505) MEAGAN HERMES  506ARD MEMBER  1.00 X  0 0 0  506) MATT HOVERMAN  507) ALAN LORD VICE PRESIDENT  2.00 X X  0 0 0  507) ALAN LORD VICE PRESIDENT  2.00 X X  0 0 0  508) STEPHEN MOHR 50ARD MEMBER  1.00 X  0 0 0  508) STEPHEN MOHR 50ARD MEMBER  1.00 X  0 0 0  509) MATT PRESTON  509) MATT PRESTON  501 SOARD MEMBER  1.00 X  0 0 0  509 MATT PRESTON  501 SUB-total C Total from continuation sheets to Part VII, Section A  4 Total (add lines 1b and 1c).  2 Total (add lines 1b and 1c).  2 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P  4 For any individual listed on line 1s, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1s, is the sum of reportable compensation or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1s receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1s receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual.  6 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year			1.00	х						0		0	(
BOARD WEMBER   1.00   X   X   X   X   X   X   X   X   X	·		2.00	x		x				0		0	(
Section B. Independent Contractors   Section B. Independent Contractors   Section B. Independent Contractors   Compensation from the organization Report Compensation from the organization   Compensation from the organization Report Compensation for the calendar year ending with or within the organization is tax year   Compensation from the organization Report Compensation for the calendar year ending with or within the organization   Compensation from the organization Report Compensation for the calendar year ending with or within the organization is tax year   Compensation from the organization Report compensation for the calendar year ending with or within the organization   Compensation from the organization Report compensation for the calendar year ending with or within the organization   Compensation from the organization Report compensation for the calendar year ending with or within the organization   Compensation from the organization Report compensation for the calendar year ending with or within the organization   Compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensation Report compensation for the calendar year ending with or within the organization is tax year   Compensati	(502) D	AVID CUTRI					-			0		0	
Solid Horizon Member   1.00   X	(503) M	ICHAEL GERBER				x				0		0	
BOARD MEMBER  1.00 X  0 0  0 0  0 0  0 0  0 0  0 0  0 0	(5 <u>04)</u> A	NNA HARLESS				ļ						1	
BOARD MEMBER   1.00   X   X   X   X   X   X   X   X   X	(5 <mark>05) M</mark>	EAGAN HERMES											
507) ALAN LORD  VICE PRESIDENT  2.00 X X X  0 0 0  SOB STEPHEN MORR  BOARD MEMBER  1.00 X  0 0  10 0  10 SUB-total  1 Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  0 0 0  0 0  1 Ves N  Yes N  Yes N  Yes N  Yes N  Yes N  Yes N  O  0 0  0 0  1 First organization or individual standary organization or individual for such individual for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization's tax year	(5 <u>06)</u> M	ATT HOVERMAN										0	`
SOBJECT   SOBJECT   SUBJECT   SOB	(507) A	LAN LORD				x						0	(
BOARD MEMBER 1.00 X 0 0  1b Sub-total contains to part VII, Section A	(5 <u>08)</u> S	TEPHEN MOHR											`
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address    A	(5 <u>09)</u> M	ATT PRESTON								0			·
reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	1b Su c To d To	ub-total otal from continuation sheets to Part VII, Sotal (add lines 1b and 1c)	ection A				<u> </u>		<b>&gt; &gt;</b>				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 lo	otal number of individuals (including but not portable compensation from the organization	limited to t			d al	bov	e) wh	o re	ceived more than	\$100,000 of		<del></del>
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Die	d the organization list any former offic oployee on line 1a? <i>If "Yes," complete Schedi</i>	er, directo ule J for suc	or, or ch ind	tru <i>ividi</i>	uste ual	e, • •	key e	emp	loyee, or highes	t compensated		X X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	org	ganization and related organizations gre	eater than	\$15	0,0	007	) If	"Yes	s," (	complete Schedu	le J for such		and the principle
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation	5 Di	d any person listed on line 1a receive or	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or individual	1 1	CARREST TO A CONTROL OF THE CONTROL
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services  Compensation			,								· · · · · · · · · · · · · · · · · · ·		
Name and business address Description of services Compensation	со	mpensation from the organization Report of											
2 Total number of independent contractors (including but not limited to those listed above) who received			ress			·					rvices		ation
2 Total number of independent contractors (including but not limited to those listed above) who received													
- I vie nombo, of moopongon, compactor informatic parties will find those water active with referent / / / / / / / / / / / / / / / / / / /	2 To	atal number of independent contractors (in	ncluding bi	ıt no	lin	nite	ri tr	thos	ال م	sted ahove) who	received		

Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and F	ligl	nest Compensat	ed Employees	(continued)
	(A) Name and title	(B) Average hours per week (describe	box, office	unles r and	Pos heck ss pe d a d	rson irect	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
(510	JULIO RAMIREZ BOARD MEMBER	1.00	х			-					0 0
(511	LAURIE RYAN IMMEDIATE PAST PRESIDENT	1.00	Х		х				0		0 0
(512	CATHERINE SCHMIDT BOARD MEMBER	1.00	х						0		0 0
	ANTHONY WILSON BOARD MEMBER	1.00	х						0		0 0
	JOE GLAB WEBMASTER DAVID M. MEDEIROS	2.00	х						0		0 0
	VICE PRESIDENT PATRICK MILLER	5.00	х		х			_	0		<u>o</u> <u>o</u>
	PROGRAM CHAIR SCOTT M. SHINNERS	2.00	Х			-			0		0 0
(518	PRESIDENT ) JOHN C. VYHLIDAL	5.00	Х		Х				0		0 0
(519	SECRETARY/TREASURER TRENT WILLIAMS ACADEMIC ADVISOR	2.00	X		X				0		0 0
(520	DAVID BARTON PRESIDENT (JULY 11-DEC 11)	1.00			x						0 0
	Sub-total  Total from continuation sheets to Part VII, Solution I Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	ection A		<u></u>	<u></u>			▶ ▶ • re	ceived more than	\$100,000 of	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	uste ual	e,	key e	emp	loyee, or highes	t compensated	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	1007	i If	"Yes	3, "	complete Schedu	le J for such	4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satı nedu	on ule J	fron I for	any such	un <i>per</i>	related organization	on or individual	5 X
	Complete this table for your five highest com compensation from the organization Report c year										
	(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru (A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per	, .				than o		compensation	compensation from	amount of
	week (describe					is both or/trust		from	related	other compensation
	hours for		$\overline{}$		_			the organization	organizations (W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***-271099-10113C)	organization
	organizations in Schedule	ual :	nona		oldu	/ee	٦			and related organizations
	O)	rust	5		yee	mpe	1			Organizations
		ee	stee			esns	ŀ			
			.0			ted				
521) DAVID BARTON										
VICE PRESIDENT (JAN 11-JUN 11)	1.00	Х		Х				0	O	
522) JOHN BROOKS										
SECRETARY (JULY 11-DEC 11)	1.00	Х		Х				0	0	
523) JASON JAMES										
VICE PRESIDENT (JULY 11-DEC 11)	1.00	Х		Х				0	0	
524) KENT KIEFFER		1								
PRESIDENT (JAN 11-JUN 11)	10.00	X		Х				0	0	
525) SAL SARABOSA										
SECRETARY (JAN 11-JUN 11)	1.00	Х	<u> </u>	Х				0	0	
526) DAVID SUH										
TREASURER (JAN 11-JUN 11)	1.00	X	<u> </u>	Х				C	0	<del>-</del>
527) JASON UHLMAN	_								İ	
TREASURER (JULY 11-DEC 11)	10.00	X		Х				C	9	
528) JARED BERNSTEIN										
DIRECTOR	1.00	X					_	0	0	
529) DEREK DANILSON								_		
DIRECTOR	1.00	X	<u> </u>		ļ			C	9	
530) MICHELE DICKINSON		١								
ALTERNATE DIRECTOR	1.00	Х	ļ			_	_	- 0	0	
531) PAULA D'ORAZIO	1 22	.,			1		Ì		]	
COMMUNICATIONS CHAIR	1.00	X	<u> </u>					<u> </u>	<u> </u>	
1b Sub-total							▶			
c Total from continuation sheets to Part VII, S										
d Total (add lines 1b and 1c)							_		©4.00.000 -f	<del></del>
2 Total number of individuals (including but not reportable compensation from the organization			iiste D	u ai	DOVE	e) wn	о ге	ceived more than	זס טטט,טט ז	
		'								

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	is in	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	4.	x
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

## Section B. Independent Contractors

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

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

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

Section A. Ufficers, Directors, Iri		y En	ipio			and r	ııgı			s (co	
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average hours per	(dor	not ch	Pos neck		than c	ne	Reportable compensation	Reportable compensation	rom	Estimated amount of
	week					is both		from	related		other
	(describe					or/trust		the	organization		compensation from the
	hours for related	T de V	13 L	Officer	ey e	ag light	Former	organization	(W-2/1099-MI	SC)	organization
	organizations	ecto	탈	er	mpl	est c	٩	(W-2/1099-MISC)			and related
	in Schedule	Individual trustee or director	Institutional truste		Key employee	Highest compensated employee					organizations
	O)	stee	ารเ		е	pens					
			ee			atec					
532) LINDA FONNER	<del> </del>	<del></del> -									
DIRECTOR	1.00	x								ol	(
533) DEAN FOWLER		<u> </u>				<u> </u>					
ALTERNATE DIRECTOR	1.00	x								ol	(
534) MICHAEL GRIFFITH										1	
DIRECTOR	1.00	x						1		o	(
535) ALEX HABRE								-		_}	
DIRECTOR	1.00	x								o	(
536) DONAVAN HAWSE											
COLLEGIATE ADVISOR	1.00	x						1	,	o	
537) ANTHONY HERNANDEZ											
DIRECTOR	1.00	x			!				)	0	
538) DAN HILL											
1ST VP	5.00	x		x						0	(
539) ZACHARY LEAHAN								<u>_</u>			
DIRECTOR	1.00	х								0	
540) ATUL MALHOTRA			$\vdash$		_		-	-		<del>-</del>	
CONTINUING EDUCATION CHAIR	5.00	x						(		0	
541) DAVID MENICHELLO			Н				-				
DIRECTOR	1.00	х								0	
542) CRAIG MOREA		<del></del>								$\dashv$	
COLLEGIATE ADVISOR	1.00	х								٥	1
1b Sub-total		1				<u> </u>	_				
c Total from continuation sheets to Part VII, S	ection A		• • •	• • •	• •						
d Total (add lines 1b and 1c)									-		
2 Total number of individuals (including but not							o re	ceived more than	\$100 000 of	l	
reportable compensation from the organization			)		•••	,		roomod moro man	<b>4</b> 100,000 01		
											Yes No
3 Did the organization list any former office	er directo	r. or	tru	iste	e. 1	kev e	emo	lovee or highes	t compensate	d	Charges & Blacks 34 2 14
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gri											
ındıvıdual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	any	un	related organizati	on or individu	al	
for services rendered to the organization? If "Yo	es," comple	te Scl	hedu	ıle J	for	such	per	son			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent o	con	tracto	rs t	that received more	than \$100,0	00 of	
compensation from the organization Report of	compensati	on for	r the	са	lend	lar ye	ar e	ending with or with	nin the organiz	ation'	s tax
year											
(A)								(B)			(C)
Name and business add	dress						ļ	Description of se	ervices	Co	mpensation
							$oldsymbol{\mathbb{I}}$				
							$oldsymbol{oldsymbol{oldsymbol{oldsymbol{I}}}$				
2 Total number of independent contractors (ii	ncluding bi	ıt no	t lim	nited	d to	thos	se l	isted above) who	received		\$ 1 3 n
more than \$100,000 in compensation from th								•			* 6 /5 * * *
· · · · · · · · · · · · · · · · · · ·	e organiza	1011				_			l l	8	i will in the second
1SA 1E1055 2 000	e organizar	.1011									Form <b>990</b> (2011

(A) Name and title  (543) CHERYL MORRIS  DIRECTOR  (544) THU NGUYEN  DIRECTOR	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	not ch unles er and	s pe	ition more	e than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
(543) CHERYL MORRIS  DIRECTOR (544) THU NGUYEN	hours per week (describe hours for related organizations in Schedule	box,	not ch unleser and	eck spe ad	more rson irect	ıs both or/trust	an ee)	compensation from	compensation from	amount of other		
DIRECTOR (544) THU NGUYEN	week (describe hours for related organizations in Schedule	box,	unles	s pe i a d	rson irect	ıs both or/trust	an ee)	from	•	other		
DIRECTOR (544) THU NGUYEN	(describe hours for related organizations in Schedule	office	r and	iad	irect	or/trust	ee)	1	relateu			
DIRECTOR (544) THU NGUYEN	related organizations in Schedule	Individual trustee or director	Institutional t	Officer	Key	OΙ		l the I	organizations	compensation		
DIRECTOR (544) THU NGUYEN	organizations in Schedule	ividual trustee director	titutional t	cer		3 G	ᅙ	organization	(W-2/1099-MISC)	from the		
DIRECTOR (544) THU NGUYEN	in Schedule	ual trustee ctor	ional t		err	hes ploy	Former	(W-2/1099-MISC)	,	organization		
DIRECTOR (544) THU NGUYEN		rustee	=		ploj	ee ee	'			and related organizations		
DIRECTOR (544) THU NGUYEN		ee	ΙžΙ		/ee	mpe						
DIRECTOR (544) THU NGUYEN			stee			Highest compensated employee						
DIRECTOR (544) THU NGUYEN			$\vdash$			ed						
(544) THU NGUYEN	1.00	x						ا		ļ		
	1.00	_ ^	╁				-	4				
	1.00	x								)		
(545) KEVIN O'SULLIVAN	1.00		<del> </del>		_			0	<del></del>	<del></del>		
2ND VP / SECRETARY	5.00	x		х				o	,			
(546) AGNES PERAINO	3.00	_^		^				<u> </u>		, <u> </u>		
	1 00	.,							_			
PAST PRESIDENT	1.00	Х	$\vdash$					0		!		
547) CHIP RINDGEN									_			
MEMBERSHIP CHAIR	1.00	X	$\sqcup$					0	С	<u> </u>		
548) ALAN SHEPPARD												
PRESIDENT	10.00	Х		Х				0	C	J		
549) GIRARD ROD SMITH												
PAST PRESIDENT										)		
550) RAM VIJAYANATHAN												
DIRECTOR	1.00 X 0									)		
551) WILLIAM VINK												
DIRECTOR	1.00	X						l o	C	)		
552) TORPEY WHITE												
TREASURER	5.00	x		Х				l o	C	)		
553) JON CHANDLER						-				0		
DIRECTOR	2.00	x						l o	o			
1b Sub-total							•					
c Total from continuation sheets to Part VII, Se	ction A	• • • •		•	• • •		•					
d Total (add lines 1b and 1c)			 				•		-			
2 Total number of individuals (including but not li	mited to t	hose I	listed	d al	DOVE	e) who	o re	ceived more than S	\$100,000 of	J		
reportable compensation from the organization		C				,						
										Yes No		
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, ł	key e	emp	loyee, or highest	compensated	* 154- , 45454 45 , a		
employee on line 1a? If "Yes," complete Schedu	le J for suc	ch ind	ıvıdu	ıal						3 X		
4 For any individual listed on line 1a, is the s	um of rep	ortab	le c	om	pen	satioi	n ar	nd other compens	ation from the			
organization and related organizations gre	ater than	\$15	0,00	00?	lf	"Yes	s," (	complete Schedul	e J for such			
ındıvıdual										4 X		
5 Did any person listed on line 1a receive or a	accrue co	mpen	satio	on f	ron	any	un	related organizatio	n or individual	SERVE OF THE		
for services rendered to the organization? If "Ye	s," comple	te Sch	edul	le J	for	such	per.	son		5 X		
Section B. Independent Contractors												
1 Complete this table for your five highest comp	ensated ii	ndepe	ende	nt o	cont	racto	rs t	hat received more	than \$100,000 d	of		
compensation from the organization Report co	ompensati	on for	the	ca	lend	lar ye	ar e	ending with or with	in the organization	ın's tax		
year												
(A)	(A)											
Name and business addr	ess							(B) Description of sei	vices	(C) Compensation		
							$\top$					
							T		-			
							$\top$		<del></del>			
	<del></del>						+		<del></del>			
							+		<del></del>			
2 Total number of independent contractors (in	cluding by	ıt not	lım	utor	1 10	than	ا م	etad abovo) whe	rocewod ** *	VI 7/1 1/2		
more than \$100,000 in compensation from the				me(	י נט	1105	- II	ared above) MIIO	received			
JSA	. J. gamzai											
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UVED OFFICE								T##/TOO		rage 5		

Name and title	(B) Average hours per		not che		re than		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)		r and		bit in Highest compensated is or employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
4) AARON COOK SECRETARY	4.00	х		x			C		
5) TIM COX SECOND VICE PRESIDENT	2.00	х	]	x			0		
6) BRIAN IRISH TREASURER	3.00	х		х			0		)
7) KIM JONES DIRECTOR	2.00	х				_	0		)
8) DENISE LECLAIRE DIRECTOR	2.00	х					0	,	
9) ADAM REMIS PAST PRESIDENT	.50	х					0	,	
0) GAIL RICKETTS PRESIDENT	7.00	х	:	x			0		
1) JOHN SIMONS DIRECTOR	2.00	х					О		)
2) CLAYTON SMITH DIRECTOR	2.00	х			<u> </u>		0		)
3) JEFF TROGAN VICE PRESIDENT	2.00	х	]	x			0		)
4) CLAIRE DEMARCO VP PROGRAMS	.50	X	:	x			0		)
to Sub-total  c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	imited to t		listed			o re	eceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedute For any individual listed on line 1a, is the sorganization and related organizations greater than the second sec	er, directo lle J for suc	ch ind ortab	<i>ividua</i> ile co	a/ ompe	 nsatıo	 na	nd other compens	sation from the	Yes N
Individual	accrue con	mpen	satioi	n fro	m any	un	related organization	on or individual	5
Section B. Independent Contractors  Complete this table for your five highest com compensation from the organization Report c year	pensated ii ompensati	ndepe on for	ender the	nt co caler	ntracto idar ye	rs t	hat received more	than \$100,000 nin the organizati	of on's tax
(A) Name and business add	ress						(B) Description of se	rvices	(C) Compensation

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)													
	(A) Name and title	(B) Average hours per week			Pos heck	sition mor	e than o		(D) Reportable compensation from	(E) Reportable compensation for related	om	(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)				tirec	Highest compensated employee	tee\	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations		
	COLLEEN KEREKES VP SEMINARS	1.00	х		х				0		0	0		
	STEPHANIE MCDONOUGH EDUCATION DIRECTOR	1.00	х						0		0	0		
	TONY POLITO VP LOGISTICS	1.00	х		х				0		0	0		
(568)	DAVE RUSSELL DIRECTOR-AT-LARGE	.50							0	_		0		
(569)	STACEY SLAVONIC PRESIDENT	.50	х		x			H	0			0		
(570)	BRENDA TROUT SECRETARY	.50	x		x				0			0		
(571)	BRETT WILSON TREASURER	2.00	x		X				0			0		
(572)	2) JASON ZAHN DIRECTOR-RESEARCH .50 X 0											0		
(573)	DIRECTOR-RESEARCH .50 X 0 ) JACK CHAMPLIAN													
(574)	REBECCA DOLS TREASURER	2.00	X		х			-			0			
(575)	CHITRA GOPALAKRISHNA CISA COORDINATOR	1.00							0			0		
c T d T 2 T	ub-total otal from continuation sheets to Part VII, So otal (add lines 1b and 1c) otal number of individuals (including but not leportable compensation from the organization		 hose					► • • • re	ceived more than	\$100,000 of				
3 D e 4 F	old the organization list any former office imployee on line 1a? If "Yes," complete Schedu or any individual listed on line 1a, is the seganization and related organizations greatividual	er, directoule J for suc sum of repeater than	ch ind oortab \$15	lividi de c 50,0	ual com 007	per	onsation	naı s,"	nd other compens	ation from the		Yes No		
5 D	and any person listed on line 1a receive or	accrue co	mpen	sati	on '	fron	n any	uni	related organization	on or individua	ı	Same Libbar Man		
	or services rendered to the organization? If "Ye ion B. Independent Contractors	es," compie	ie Scr	neau	iie J	itor	sucn	per	son	• • • • • • • •		5 X		
C	complete this table for your five highest com compensation from the organization. Report c ear	pensated ii ompensati	ndepe on for	ende the	ent ca	con lend	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,00 iin the organiz	0 of ation's	s tax		
	(A) Name and business add	ress							(B) Description of se	rvices	Cor	(C) mpensation		
	otal number of independent contractors (in				nite	d to	thos	se li	sted above) who	received	, 4			
JSA 1E1055	nore than \$100,000 in compensation from the 2000 89364J 649R	e organizat	ion <b>P</b>						1447160			Form <b>990</b> (2011)		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)													
(A)	(B)			(D)	(E)	(F)							
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated			
	hours per					e than o		compensation	compensation from				
	week					is both or/trust		from	related	other compensation			
	(describe hours for							the	organizations (W-2/1099-MISC)	from the			
	related	흑	Stit.	Officer	y e	흥율	Former	organization (W-2/1099-MISC)	(VV-2/1099-WISC)	organization			
	organizations	ecto	tion	ř	mp!	st c	۳	(** 27.1000 11.100)		and related			
	in Schedule O)	Individual trustee or director	ıal tı		Key employee	T A				organizations			
	0,	stee	Institutional truste		"	ens							
			ě			Highest compensated employee							
(576) STEVE JUE			$\vdash$		-	<del>-</del>		_		1			
PROGRAMS DIRECTOR	1.00	x						ا ا	ſ	0			
(577) STEVE MAR	1.00	<del>- ``</del>	<del>                                     </del>	-					`	1			
CISA COORDINATOR	1.00	x							,	d			
(578) TOM MCANDREW	1.00	_^	$\vdash$	_	-			0		1 0			
`	2 00	٠,			ĺ				,				
PRESIDENT	3.00	X	$\sqcup$	Х	_	<u> </u>	_	U	(	0			
(579) DON MCGILLIVRAY						1							
WEBMASTER	1.00	X					L.	0	(	0			
(580) ROBERTA MCGILLIVRAY	[		] ]										
MEMBERSHIP DIRECTOR	1.00	X						0	(	) 0			
(581) SCOTT NEWMAN													
VICE PRESIDENT	1.00	X		Х				i o	(	o			
(582) MIKE SANTOS													
WEBMASTER	1.00	l x						1 0	(	o			
(583) MATTHEW SCHWAB					-					ļ			
COMMUNICATIONS DIRECTOR	1.00	x						1	(	o			
(584) AARON SOUJA	1.00	<del>                                     </del>			-					1			
SECRETARY	1.00	l x		х				0	,	0			
(585) MIKE BURCH	1.00			^	-		-						
	20								,				
DIRECTOR	.30	Х			<u> </u>			U	(	0			
(586) SUSAN BURCH													
FACILITIES COORDINATOR	.25	Х						0	(	0			
1b Sub-total							▶						
c Total from continuation sheets to Part VII, S	-						▶						
d Total (add lines 1b and 1c)							<u> </u>						
2 Total number of individuals (including but not		hose	liste	d al	bove	e) wh	o re	ceived more than	\$100,000 of				
reportable compensation from the organization	<u> </u>	(	)					<u> </u>					
										Yes No			
3 Did the organization list any former offic	er, directo	r, or	tru	ste	e, I	key e	emp	loyee, or highest	compensated				
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ıal						3 X			
4 For any individual listed on line 1a, is the s	sum of rer	ortah	de c	om	nen	satio	n ai	nd other compens	ation from the	1 1			
organization and related organizations gre													
ındıvıdual										4 X			
5 Did any person listed on line 1a receive or										***: ,			
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	le J	for	such	per	son		5 X			
Section B. Independent Contractors													
1 Complete this table for your five highest com	pensated i	ndepe	ende	nt o	con	tracto	rs t	hat received more	than \$100,000	of			
compensation from the organization Report c	ompensatı	on for	the	ca	lend	lar ye	ar e	ending with or with	in the organization	on's tax			
year						•		•	ŭ				
(A)	<del></del>						Т	(B)	1	(C)			
	Name and business address												
									-				
							+		<del></del>				
							+	<del></del>					
							+						
							1_			<del></del>			
2 Total number of independent contractors (in				uted	d to	thos	se li	isted above) who	received				
more than \$100,000 in compensation from the	e organizat	ion )	<u> </u>					· · · · · · · · · · · · · · · · · · ·	<u> </u>				
1E1055 2 000										Form 990 (2011)			
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(A)											(F)
Name and title	Average hours per	(do i	not ch			e than o	one	Reportable compensation	Reportat compensatio		Estimated amount of
	week	DOX.	unles	s pe	erson	ıs both	an	from	related		other
	(describe hours for	2 2				tor/trus □ ፲		the	organizati		compensation from the
	related	d vi	stitu	Office	Key employee	nplo	Former	organization (W-2/1099-MISC)	(W-2/1099-I	VISC)	organization
	organizations	dual	tion	7	훃	st co	۳	(** =: *********************************			and related
	in Schedule O)	Individual trustee or director	Institutional trustee		yee	mpe					organizations
		ee	stee			Highest compensated employee					
(587) KEITH GARRETT					-	<u> </u>	-				W-042
DIRECTOR	.30	l x							)	0	0
(588) CHRIS GARRISS					┢╌			_			
DIRECTOR	.50	х						0		o	0
(589) KATHY GREEN											<del> </del>
PAST PRESIDENT	.50	Х			<u> </u>			0	)	0	0
(590) RICK HUDON											
PRESIDENT	2.00	Х		X	_			0		0	0
(591) SRINI KOLATHUR  CERTIFICATION COORDINATOR	1 00	.,									
(592) SATYA MARUVADA	1.00	X			⊢	-		0		0	0
SECOND VP (MEMBERSHIP)	.10	x		х	l				1	0	0
(593) DIANA PETERS	.10	_ ^		Λ	┝╌	<del> </del>	<del> </del>	0		$\overline{}$	
TREASURER (FACILITIES)	1.00	x		х						0	0
(594) JOANNA ROJAS					$t^-$						
SECRETARY	.80	x		х				0		o	0
(595) ALAN ROTH							Т				
CERTIFICATION COORDINATOR	1.00	Х			ŀ			0	į	0	0
(596) SRINIVAS SARASWATULA											
FIRST VP (SPEAKER)/WEBMASTER	7.00	Х		Х			<u> </u>	0		0	0
(597) JIM TARANTINO		l						_			
WEBMASTER	.10	X			L	l	<u> </u>	0		0	0
1b Sub-total								·-			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	•				• •						
Total number of individuals (including but not)							o re	ceived more than	\$100 000 o	l f	
reportable compensation from the organization			)			-,			<b>*</b> ,	<u> </u>	
											Yes No
3 Did the organization list any former office	er, directo	or, or	tru	iste	e,	key (	emp	oloyee, or highes	t compensa	ited	( 377)
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ına	ividi	ıal	٠.			• • • • • • • • • •			3 X
4 For any individual listed on line 1a, is the											ANTION COME
organization and related organizations greated individual											4 X
5 Did any person listed on line 1a receive or											7 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	ile J	l for	such	per	son		luai	5 X
Section B. Independent Contractors											1 - 1
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent (	con	tracto	rs t	hat received more	than \$100	,000 o	f
compensation from the organization. Report of	ompensati	on for	the	са	len	dar ye	ar e	ending with or with	nin the orgai	nızatıor	n's tax
year											
(A)	•							(B)		_	(C)
Name and business add	ress						_	Description of se	ervices		ompensation
							+				
							+				<del></del> .
							+				
	<del></del> -						T				
2 Total number of independent contractors (iii	ncludina bi	ut no	lım	nte	d to	tho:	se li	sted above) who	received		-
more than \$100,000 in compensation from th				_			_				
JSA 1E1055 2 000											Form <b>990</b> (2011)
89364J 649R								1447160			PAGE 62

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employe	es (d	continued)
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	from Ins	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	IISC)	from the organization and related organizations
(598) SUE BAUMES											
PROGRAMS EDUCATION COMMITTEE	.30	Х	ļ		L			C		0	0
(599) DALIA BUBNYS  CONTENT AUTHOR	30	١,,									
(600) DEEPIKA CHANDARANA	.30	X					-	<u> </u>	)		0
MEMBERSHIP DIRECTOR	.30	x						, ا	)	n	0
(601) BEN COGAN									1		
BOARD MEMBER	.30	x								0	0
(602) JOSEPH COLLINS											
PROGRAMS EDUCATION COMMITTEE	.30	Х						c		0	o
(603) TOM LALIBERTE											
PROGRAMS EDUCATION COMMITTEE	.30	Х			<u> </u>			C	)	0	0
(604) PAULINE LAMANTIA		١								_	_
IMMEDIATE PAST PRESIDENT (605) JENNIFER MIER	.30	Х			_			C	)	0	0
BOARD MEMBER	.30	x						,		0	
(606) BARBARA NORRIS	1 .30			<del> </del>			-	-			<u> </u>
ACADEMIC RELATIONS COORDINATO	.30	x						1		0	٥
(607) WILL NOWIK	1 100	<del> </del>			_						
PROGRAMS EDUCATION COMMITTEE	.30	x				ŀ		l c		0	l
(608) STEVEN PRIMOST						-					
CERTIFICATION DIRECTOR	.30	Х			<u> </u>		<u> </u>	C		0	0
1b Sub-total					  <u></u>	 	<b>*</b> * *				
2 Total number of individuals (including but not reportable compensation from the organization)		hose (	liste	d al	bov	e) wh	o re	eceived more than	\$100,000 of		
3 Did the organization list any former offi	cer, directo	or. or	tru	ıste	e.	kev e	emo	olovee, or highes	t compensat	ted	Yes No
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ividi	ual							3 X
4 For any individual listed on line 1a, is the organization and related organizations gi	eater than	\$15	0,0	002	) If	"Yes	s, "	complete Schedu			4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	satı	on 1	fron	ı any	un	related organization	on or individi	ual	
Section B. Independent Contractors	cs, comple	18 301	,cuu	J	101	SUUII	pei	3011		• •	5 X
Complete this table for your five highest cor compensation from the organization Report year	npensated i compensati	ndepe	nde the	ent o	con	tracto	rs t	hat received more ending with or with	than \$100,0	000 d izatio	of n's tax
(A) Name and business ad	dress							(B) Description of se	ervices		(C) Compensation
		-									
2 Total number of independent contractors (improvements than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received .		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)												
	(A)	(B)			(0	C)			(D)	(E)	(F)		
	Name and title	Average	ļ ,,			ition			Reportable	Reportable	Estimated		
		hours per week					e than o is both		compensation	compensation for	rom amount of other		
		(describe	office		dad		or/trust		from the	related organizations			
		hours for	악교	sul	- Si	Key	Hig	For	organization	(W-2/1099-MIS	SC) from the		
		related	dire.	titut	Officer	eq.	hes	Former	(W-2/1099-MISC)	•	organization and related		
		organizations in Schedule	or a	iona	ĺ	етріоуее	e 6				organizations		
		0)	Individual trustee or director	Institutional trust	ļ	/ee	mpe	ļ	į				
			ee	stee			Highest compensated employee						
(609)	KEVAN RILEY				_	-	<u> </u>						
·	PRESIDENT	1.20	Х		Х		}		o		o		
(610)	RON ROY						l —						
·	SECRETARY	1.20	х		x			ļ	l o		o		
(611)	STEVEN SAVARD												
	TREASURER	1.20	Х		Х				0		o		
(612)	BILL SOARES					-		<u> </u>					
	VICE PRESIDENT	1.20	x	ļ	Х				0		o		
(613)	COLLEEN SULLIVAN												
	PROGRAMS EDUCATION COMMITTEE	.30	X			ļ	ļ		, o		o		
(614)	DAVID BLACKBURN												
	AT LARGE	1.00	X						0		o		
(615)	FRANCIS BUEB												
	AUDITOR	.50	Х						0		0		
(616)	LESLIE DEANDA												
	SECRETARY	1.50	X		X				0		0		
·	ROCHELLE GOHERING	ļ	1										
	DIRECTOR/MEMBERSHIP	1.00	X	<u> </u>					0		0		
·	VELAYUTHAN JAWAHAR		1								o		
	ACADEMIC LIAISON	1.00	X						0		0		
(619)	JACK LEIDECKER												
	DIRECTOR/SEMINARS	4.00	X			<u> </u>	L		0	<del></del>	0		
	Sub-total							<b>&gt;</b>					
	Total from continuation sheets to Part VII, So												
	Total (add lines 1b and 1c)							_	1	\$400.000 of			
	Fotal number of individuals (including but not learntable compensation from the organization			iiste D	o a	DOV	e) wn	o re	eceived more than	\$100,000 61			
	<u></u>										Yes No		
3 [	Old the organization list any former offic	er. directo	or. or	tru	uste	e.	kev e	emo	olovee, or highes	t compensate	7.39 3550		
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ına	livid	ual						. 3 X		
4 1	or any individual listed on line 1a, is the s	sum of rer	oortah	nle d	com	ner	satio	n a	nd other compens	sation from th	e h		
	organization and related organizations gre										h L. L.		
1	ndıvıdual										. 4 X		
	Did any person listed on line 1a receive or												
	or services rendered to the organization? If "Ye	es," comple	te Scl	hedu	ıle .	J for	such	per	rson	<u> </u>	. 5 X		
	tion B. Independent Contractors				_				<del></del>				
	Complete this table for your five highest com												
	compensation from the organization Report c year	ompensau	on ioi	the	e ca	ueno	ar ye	are	enaing with or witr	iin the organiz	ation's tax		
								_		<del></del>			
	(A) Name and business add			(B) Description of se		(C) Compensation							
	Ivame and business add	- Description of se	vices	Compensation									
								+					
								+		<del></del>	<del></del>		
					_			+-					
			<del></del>					+					
2	Total number of independent contractors (in	ncluding b	ut no	t lie	nıto	d +-	the	_ ' o '	listed shove) who	received	387- 11 & 64		
	more than \$100,000 in compensation from th				iiie	u (	, till!	∍ <b>୯</b> I	isieu above) Willo	į.			
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1E105	52000 89364J 649R								1447160		PAGE 6		
											1		

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Pai	t VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	уе	es,	and l	ligl	hest Compensat	ed Employ	ees (c	ontınued)	
Part   Part		(A)	(B)			((	C)			(D)	(E)		(F)	
DOCUMENT   CLEAR CONTROL		Name and title	1 -	(40.				o than a		'				
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	n 🕨	- (	J									
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more than \$100,000 in compensation from the organization ▶   JSA 1E1055 2 000  Form 990 (20		Name and business au	ni 622		+-	Description of se	rivices		ompensation					
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more than \$100,000 in compensation from the organization ▶   JSA 1E1055 2 000  Form 990 (20	2	Total number of independent contractors (i	ncluding bi	ut no	t lin	nıte	d tr	thos	. e 1	isted above) who	received			
JSA 1E1055 2 000 Form <b>990</b> (20							. در			.c.co above, will	, cocived	*	, b-	
1E 1033 2 000		55.2.000								·			Form <b>990</b> (201	
	1 = 10	89364J 649R								1447160			PAGE 6	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	oyees, and Highest Compensated Employees (continued)								
(A) Name and title	(B) Average hours per week (describe	(do r box,	not ch unles	Pos neck ss pe	C) ition mor erson lirect	e than o is both tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation froi related organizations	(F) Estimated
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
(631) BARBARA V. MALDONADO		<u> </u>			<u> </u>					
PRESIDENT	2.00	X		Х				0		0 0
(632) AMANDA MARTIN							ĺ	_		
SECRETARY	.50	X	Ш	Х				0		0 0
(633) CHIP MEADOWS EDUCATION CHAIR	.50	,						,		
(634) HAYDEE MEDINA	50	X	Н		-		-	0		0 0
MEMBERSHIP DIRECTOR	1.00	x						1		0 0
(635) ERICA RIVERA	1.00		H				<del> </del> -	<u>-</u>		<del>1</del> °
CISA/CISM DIRECTOR	.50	x						ĺ		o o
(636) JUSTIN THOMPSON							Т			
TREASURER	2.00	Х		Х				0		0 0
(637) ALEX BRANISTEANU										
CISM COORDINATOR	.50	X					_	0		0 0
(638) GARY DIMESKI VICE PRESIDENT	.50	x		х						0 0
(639) EVE DIMESKY	1 .50		$\vdash$		$\vdash$		$\vdash$			<u> </u>
CISA COORDINATOR AND SECRETAR	1.00	x						lo		o o
(640) STEPHEN GERMAIN										
DIRECTOR - WEBMASTER	1.00	Х						0		0 0
(641) NOEL HASKINS HAFER CRISC AND CCEIT COORDINATOR	1.50	х						0		0 0
1b Sub-total							<b>&gt; &gt; &gt;</b>			
2 Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose (	liste	d al	bov	e) wh	o re	ceived more than	\$100,000 of	· · · · · ·
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo	or, or ch ind	tru <i>ividu</i>	ıste <i>ıal</i>	e, • •	key e	emp	oloyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations giandividual	eater than	\$15	0,00	002	· If	"Yes	s," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\">	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	co, compre		,cau	<del>,, , ,</del>	101	30011	per		<u> </u>	
<ol> <li>Complete this table for your five highest concompensation from the organization Report year</li> </ol>	hat received more ending with or with	than \$100,000 nin the organizat	of on's tax							
(A) Name and business ad	dress						(B) (C) Description of services Compensation			
							$\perp$			
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							+	<del></del>		
2 Total number of independent contractors (i	ncluding bu	ut not	lım	iite	d to	thos	se li	sted above) who	received	~

Part	VI Section A. Officers, Directors, Tru	stees, Ke	es,	and I	lig	hest Compensat	ed Employees	Employees (continued)			
	(A) Name and title	(B) Average hours per week (describe	box, office	unle:	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
	RON HEMPHILL										
	MEMBERSHIP DIRECTOR KATHRYN HOLT	1.00	Х						0		0 (
	DIRECTOR OF ED AND SEMINARS	1.00	x						0		0
(644)	PRETESH MISTRY MARKETING COORDINATOR	.50	х						0		0 0
·	METIN PASOGLU			-							
	PRESIDENT	2.00	X		Х				0		0
	SWATI PATEL DIRECTOR - PROGRAMS	2.00	x								
	MISS CHANASEE PHANGMUANGDEE	2.00			<u> </u>			<u>.</u>			1
	NEWSLETTER DIRECTOR	1.00	x				•		0		0
(648)	TRISA MENDOZA RAMIREZ								7		
	CISA COORDINATOR	.50 x 0									0 (
`	ARTURO RUVALCABA II	4 00	,,		١,,						
	SECRETARY TIM SMITH	4.00	X		Х						0
	TREASURER	2.00 x x x									o
	MATT STAMPER	2.00 X X									1
	VP OF MARKETING	2.00	Х						0		0 (
	RON STARZINSKI										
	DIRECTOR - PROGRAMS	.50	X				<u> </u>	Ļ	<u> </u>		0
сТ	ub-total otal from continuation sheets to Part VII, So otal (add lines 1b and 1c)					 	 	<b>\</b>			
2 T	otal number of individuals (including but not leportable compensation from the organization	ımıted to t		liste				o re	eceived more than	\$100,000 of	•
3 🖸	old the organization list any former offic mployee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru	uste ual	e,	key e	emp	oloyee, or highes	t compensated	Yes No
0	or any individual listed on line 1a, is the s rganization and related organizations gre ndividual	eater than	\$15 	0,0	007	) If	"Yes		complete Schedu	le J for such	4 X
fc	old any person listed on line 1a receive or or services rendered to the organization? If "Ye too B. Independent Contractors	accrue co es," comple	mpen te Sch	satı nedu	on <i>ile</i> J	fron <i>I for</i>	any such	un per	related organization	on or individual	5 X
1 C	complete this table for your five highest com ompensation from the organization Report cear										
	(A)							Τ	(B)		(C)
	Name and business add	ress		+	Description of se	ervices	Compensation				
		·					<u> </u>	$\pm$		_	
	otal number of independent contractors (in				nite	d to	thos	e I	isted above) who	received	5 5 at 1 3 4 at
JSA	nore than \$100,000 in compensation from the	e organizat	ion Þ	<u>-</u>						,	Form <b>990</b> (201
1E1055	2 000										1 5/11 5 5 6 (201

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees	continued)
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	neck ss pe	more rson	n both st highest compensated is or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
653)	MATT TOBEY	5.0					_				
. C E A 1	EDUCATION COORDINATOR TONY YEE	.50	X				-	_			0
054	IMMEDIATE PAST PRESIDENT	0	x								0 0
6551	JENNIFER BURTON		<u> </u>			<u> </u>					
055	CHAPTER TREASURER	4.00	x		X	ĺ					o o
656	BILL DAVIDSON	1.00				-		-	†		<del> </del>
050	DIRECTOR	1.00	x						1 0		o
657	SANDY LEE	1.00	<del></del> -	-		-		┢	<u> </u>		
	DIRECTOR	1.00	x					ĺ			ol o
658	DEBRA MALLETTE					-	<del>                                     </del>	_			
	CHAPTER PRESIDENT	4.00	х		х					)	o o
(659)	THEJ MEHTA								-		<del></del>
	CHAPTER VICE PRESIDENT	2.00	Х		х				l c		o o
(660)	DOUG MOHRLAND						<u> </u>	l —			
	CHAPTER SECRETARY	2.00	Х		х			İ	c	i	0 0
(661)	MIKE NELSON										
	DIRECTOR	4.00	Х						c	)	0 0
(662)	HEATHE OUELLETTE										
	CHAPTER 2ND VICE PRESIDENT	2.00	X		Х				) c		0
(663)	STEVE OWYOUNG										
	CHAPTER PAST PRESIDENT	1.00	X						C	)	00
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	limited to t		 liste	<u> </u>			> > o re	eceived more than	\$100,000 of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	ule J for su	ch ind	ividi	ual	٠.					Yes No
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 • • • •	0,0	00? 	)     	"Yes	s,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen te Sch	sati	on de	fron	n any	un ner	related organizations	on or individual	5 X
Se	ction B. Independent Contractors	oc, oompro		,000			00011	<del>p</del> 0.			
1	Complete this table for your five highest com- compensation from the organization Report of year										
	(A) Name and business add	tress							(B) Description of se	en/ices	(C) Compensation
_	warre and pusifiess add				_			+	Description of Se	SI VICES	Compensation
								T			
								+			

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

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)													
	(A) Name and title	(B) Average hours per			Pos heck	more	e than o		(D) Reportable compensation	(E) Reporta compensati	on from	am	(F) smated ount of	
		week (describe hours for related organizations in Schedule O)					Highest compensated		from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	tions	com fro orga and	other pensation om the inization related nization	n I
(664)	STEVE SHOFNER DIRECTOR	4 00	v						0					
(665)	TIM STAPLETON	4.00	X								U			
`	DIRECTOR	2.00	х						0		0			0
(666)	LANCE TURCATO													
	DIRECTOR	1.00	Х					<u>_</u>	0		0			0
(667)	KAREEM BRIGGS	5 00	\ ,,								•			
16681	WEBMASTER BRIAN CLYBURN	5.00	Х						0					0
(000)	SECRETARY	2.00	x		x				0		0			0
(669)	DAVE GORNEY	2.00			<b></b> -							·		
	CERTIFICATION DIRECTOR	2.00	х						0		0			0
(670)	THOMAS HART													
	VICE PRESIDENT	2.00	Х		Х				0		0			0
(671)	LISA HENRY	2.00	x								0			
16721	MEMBERSHIP DIRECTOR CHRIS ODER				0		0			0				
(0/2)	NEWSLETTER DIRECTOR	2.00	х						0		٥			٥
(673)	KATHY RILEY	2.00	_ ^									-		
10101	ACADEMIC ADVOCATE DIRECTOR	2.00	х						0		0			0
(674)	SUSAN RUSHER				-									
	PRESIDENT	8.00	Х		х				0		0			0
	Sub-total							$\blacktriangleright$						
	Total from continuation sheets to Part VII, S							<b>&gt;</b>						
a	Total (add lines 1b and 1c)		 basa			• • b = : :	• • •	<u> </u>		£400.000				
2	Total number of individuals (including but not reportable compensation from the organization			liste )	o a	DOV	e) wn	o re	ceived more than	\$100,000	or			
													Yes	No
3	Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highest	t compens	ated			
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividi	ual				• • • • • • • • • •			3		X
4	For any individual listed on line 1a, is the	sum of rep	ortab	le d	om	per	satio	n ai	nd other compens	sation from	the	****	- ,	
	organization and related organizations grandividual								complete Scheau	ie J for .	sucn	4		X
5	Did any person listed on line 1a receive or								related organization	on or indivi	 Idual		, ,	,
	for services rendered to the organization? If "Yo	es," comple	te Sch	nedu	ile J	for	such	per	son			5	*********	Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization Report of year	pensated i compensati	ndepe on for	the	ent o	con lend	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga	0,000 c anizatio	of n's tax		
	(A)		T	(B)			(C)							
	Name and business add			Description of se	C	ompens	ation							
								1						
								↓	<del></del>					
								+	<del></del>	-				
								t						
2	Total number of independent contractors (ii	ncluding bi	ıt not	lim	nite	d tr	thos	e li	sted above) who	received	_			
-	more than \$100,000 in compensation from th							11	Side above, will	15001460	z			
JSA 1E10	55 2 000						-					Form	990 (	2011)
	89364J 649R								1447160				PAGE	69

Part VII Section A. Officers, Directors, Tr	1	.y <u>L.</u> ii	ipic			anu	'''y		T	
(A) Name and title	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per	(do r	not cl	Pos heck		e than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week					ıs both		from	related	other
	(descnbe				$\overline{}$	or/trust		the	organizations	compensation
	hours for	or d	Inst	Officer	Fey ey	em High	Forme	organization	(W-2/1099-MISC)	from the
	related	lirec vide	l at	cer	ещ	hesi	mer	(W-2/1099-MISC)		organization and related
	organizations in Schedule	함	ona		employee	ee (C)				organizations
	O)	Individual trustee or director	Institutional trusi		/ee	npe				J
		ee	stee			Highest compensated employee				
675) HARRIET SIMPSON			-			ed.	<u> </u>			
TREASURER	5.00	x		х				۱ ،	,	
676) LINDA WEEKS	1 - 3.00		H							
MARKETING DIRECTOR	2.00	x						1	,	
677) MITHIN CHINTARAM	2.00				<u> </u>	-	├			)
		١			ĺ					
SECRETARY	2.50	Х	L	X			<u> </u>	0		)
678) NAVARASU DHANASEKAR	_	ļ								
MARKETING DIRECTOR	5.00	X	L					0	(	
679) ANA MINEL DIAZ										
TREASURER	10.00	X		Х				0	(	
680) GREGORY EDWARDS										
VICE PRESIDENT	2.50	x		Х				l 0	(	
681) LARRY HALME										
ACADEMIC RELATIONS	5.00	x						0	,	
682) ROBERT IKEOKA	3.00		Н		<u> </u>			1		1
	4	١,,								
PROGRAM DIRECTOR	4.00	X						0	(	P
683) MIKE JORDAN	1								<b>,</b>	1
CERTIFICATIONS DIRECTOR	4.50	X						0	(	)
684) SUMIT KALRA										
CONFERENCE DIRECTOR	3.00	Х			1			0	(	)
685) PADMAJA KUMAR			П					-		
MEMBERSHIP DIRECTOR	4.50	x		j				0	(	
1b Sub-total										
c Total from continuation sheets to Part VII, S	ection A		• • •	• • •	• •					
d Total (add lines 1b and 1c)					• •					
Total number of individuals (including but not							0.50	sowed more than	\$100.000 of	<u></u>
reportable compensation from the organization			)	u ai	JUVE	<i>=)</i> wiii	o ie	eceived more than	\$100,000 01	
										Yes No
3 Did the organization list any former office	er, directo	r. or	tru	ste	e. I	kev e	emp	olovee, or highest	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividi	ıal						3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ie c	om	pen	satioi	n aı	nd other compens	sation from the	
individual										ss.: 2
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on t	rom	ı any	un	related organization	on or individual	
for services rendered to the organization? If "Y	es," compie	te Scr	neau	ie J	tor	such	per	rson	<del> </del>	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	ipensated ii	ndepe	ende	ent d	cont	racto	rs t	that received more	than \$100,000	of
compensation from the organization Report of	compensati	on for	the	cal	lend	lar ye	ar e	ending with or with	in the organization	on's tax
year										
(A)								(B)		(C)
Name and business add	dress							Description of se	rvices	Compensation
							1			
						<u> </u>	1-			
							$\top$			<del></del>
							╁			<del></del>
							+	<u> </u>		
2 Total number of independent sectors /	ا - سامريام		1.			41.	<del></del> ,		3 1.	Markett a victoria a la company
2 Total number of independent contractors (ii more than \$100,000 in compensation from the	nciuaing bl	10 DO	LIIM	ntec	סז נ	tnos	se II	isted above) who	received   1	
JSA	e organizat	IOII							4	<u>**.7'                                   </u>
1E1055 2 000										Form <b>990</b> (201
89364J 649R								1447160		- PAGE 70

(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportal	ble	(F) Estimated
Name and the	hours per week	box,	unle	heck ss pe	more rson	e than o is both tor/trust	an	compensation from	compensation from related		amount of other compensation
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		from the organization and related organizations
686) JAYARAMAN SWAMINATHAN	12.00	l ,		7,						0	
PRESIDENT 687) ROBERT ARLOTTO	12.00	X	-	Х	├	-	├	<del>                                     </del>	<u> </u>	<del>- Ч</del>	<del></del>
DIRECTOR OF MARKETING	4.00	x		ľ				, ا		n	
688) DESIREE AUCHEY	4.00	A	╁	-		<del>                                     </del>	-		<u></u>	$\overline{}$	
MEMBERSHIP DIRECTOR	5.00	х						ر ا	\	ام	
689) PETER CHRISTIAANS		<del>  ``</del>	-	_	┢╌		├─	<del> </del>	<u></u>		<del></del>
PRESIDENT	6.00	x		x		1		) (		ol	
690) DONALD GLASS			1	<u></u>	-	<del>                                     </del>	-		<del></del>	-	
DIRECTOR AT LARGE	2.00	х					1	1	)	d	
691) PHILMORE HUGHES					$\vdash$	1				-	
DIRECTOR AT LARGE	2.00	х								o	
692) ABBIE JULIEN		T					_				
DIRECTOR OF CORP RELATIONS	6.00	х			l					o	
693) ROBERT KANTOR		Ì			$\Box$						
DIRECTOR OF IT GOVERNANCE	1.00	x	İ							0	
694) JOANNE KLIPPER											
SECRETARY	6.00	Х	l	Х	١ _		_	(	<u> </u>	0	_
695) JORDAN LLAN LOMBARD											
DIRECTOR AT LARGE	4.00	Х			l _	İ		(	)	0	
696) MICHAEL MARSHALL											_
DIRECTOR AT LARGE	3.00	X					L	(	)	0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	hose	 liste				<b>▶</b> o re	eceived more than	\$100,000 0	of	
reportable compensation from the organization	<u> </u>		0								V   N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	1 \$15	50,0	001	? //	f "Yes	s, "	complete Schedu	ile J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	<del>. ,,</del>										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>											
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensation
							+-				
					_		1				
2 Total number of independent contractors (iii	ncluding b	ut no	t hr	nıte	d t	o tho	 se 1	listed above) who	received		

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and h	ligl	hest Compensat	ed Employe	es (c	ontınue	d)	
(A)	(B)				2)			(D)	(E)			(F)	
Name and title	Average	(do r		Pos		e than o	ne	Reportable	Reportabl			imated ount of	
	hours per week					is both		compensation from	compensation related	. 110111		other	
	(describe	_				or/trust		the	organizatio			ensatio	חנ
	hours for related	Individual trustee or director	nstit	Officer	Key	ag de	Forme	organization	(W-2/1099-N	IISC)		m the Inizatior	1
	organizations	recto	utio	er	퍨	est c	Ē	(W-2/1099-MISC)			-	related	
	n Schedule	ءَ ا	nalt		employee	mg				ļ	orga	nızatıon	s
	0)	stee	Institutional truste		"	Highest compensated employee							
			ě			ated							
(697) FERNANDO MARTINEZ				-	<u> </u>								
CERTIFICATION COORDINATOR	4.00	x						C		0			C
(698) CLAY MOGENBURG													
DIRECTOR AT LARGE	3.00	Х						C		0			C
(699) SANDRA PARRAS													
DIRECTOR OF PROGRAMMING	6.00	Х						C		0			C
(700) LUIS PAULETE													
DIRECTOR OF ACADEMIC RELATIONS	6.00	X						C		0			C
(701) ALEXIS PERDEREAUX-WEEKES													
DIRECTOR OF COMMUNICATION	5.00	Х	Ш		_			С		0			(
(702) ERIC PHIFER								1					
TREASURER	6.00	Х		Х				C		0			
(703) ANGELA POLANIA										ا			_
VICE PRESIDENT	6.00	Х		Х			_			4			
(704) JULIAN SANDOVAL	4 00	,,								٦			,
DIRECTOR OF VOL ACTIVITIES	4.00	X						C	1	4			(
(705) CHARLA E. BERRY	1 00	l ,		v					ļ				(
PRESIDENT (706) PHILLIP DIEKHOFF	1.00	X		Х		-			1	$ ^{4}$			
WEBMASTER	1.00	x						,		٦			(
(707) DAWN FRANK	1.00		$\vdash$		$\vdash$	<del> </del>		-	, 	$\dashv$			
SECRETARY	1.00	x		x				ر ا	,	ام			(
1b Sub-total	1.00	1				l	_						
c Total from continuation sheets to Part VII, Se	 ection Δ		• •	• •	• •								
d Total (add lines 1b and 1c)	-						•						
2 Total number of individuals (including but not l							o re	ceived more than	\$100,000 of	:			
reportable compensation from the organization			)						•				
												Yes	No
3 Did the organization list any former office												. 78	A-116-A-1-4
employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	lıvıdı	ual							3		X
4 For any individual listed on line 1a, is the s	sum of rep	ortab	le d	com	per	satio	n a	nd other compen-	sation from t	the		- 1	
organization and related organizations gre													
ındıvıdual											4		X
5 Did any person listed on line 1a receive or											- <u>-</u> -		X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," compie	te Sci	пеац	iie J	tor	sucn	per	son	· · · · · · · ·	• • •	5		
Complete this table for your five highest complete this table.	noncated i	ndon	ando	nnt.		tracto	rc f	that recovered more	than \$100	000 6	· F		
compensation from the organization Report of year													
(A)								(B)			(C)		
Name and business add	lress						$\perp$	Description of se	ervices	C	ompens	ation	
							$\perp$						
							$\perp$						
							$\perp$				···		
							$\perp$				<del></del>		
							Т.			,-			
2 Total number of independent contractors (in				nite	d to	thos	se I	isted above) who	received	,*			
more than \$100,000 in compensation from the	e organiza	uon				_						000	(22.1
1E1055 2 000 89364J 649R								1447160				<b>990</b> ( PAGE	
055040 0451								144/100				LAGE	1 2

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and l	Higl	hest Compensat	ed Employ	ees (c	continued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average Position					Reportable	Reportab	ıle	Estimated		
	hours per					compensation	n from	amount of			
	week					is both tor/trus		from	related		other compensation
	(describe hours for		_		₩ F			the organization	organizati (W-2/1099-I		from the
	related	d K	State	Officer	y e	탕	Forme	(W-2/1099-MISC)	(VV-2/1099-I	WISC)	organization
	organizations	dual	ē	٦	l di	st c	4	(*** 2. ********************************			and related
	in Schedule	] Ē	alt		employee	<u>_</u> §					organizations
	0,	Individual trustee or director	Institutional truste		"	Highest compensat employee					
			#	ļ		ated					
(708) STACY HILL				1	-	├─					
ARRANGEMENTS DIRECTOR	1.00	х								0	) (
(709) PEGGY MCDANNALD		T			ļ —		<b>†</b>				
TREASURER	1.00	x		x				0		С	
(710) SHANNON MCMURTREY	<del>                                     </del>	H	-	<del>                                     </del>	1			-	<u> </u>	<u>_</u>	
EDUCATION DIRECTOR	1.00	X								r	
(711) LAURA PATRICK	1.00		<del> </del>		+-	<u> </u>	-				
`	1	.,		.,						_	_
VICE PRESIDENT	1.00	X		X	-		ļ	<u> </u>			) (
(712) DAVID SIMMONS											
CERTIFICATION DIRECTOR	1.00	X						C		0	) (
(713) JAMES TAYLOR	]										
RESEARCH DIRECTOR	1.00	X						0	ĺ	C	) (
(714) ERIC WARAKOMSKI											
MEMBERSHIP DIRECTOR	1.00	Х						C	,	C	)
(715) DAVID ALLEN	<u> </u>	<del>                                     </del>				<u> </u>			<del> </del>		<del> </del>
PRESIDENT	2.00	X		X						C	
(716) CRYTAL DEES	1 2000			+	$\vdash$		$\vdash$				<u> </u>
MEMBERSHIP/DIRECTORY	.25	x	ļ	ļ	1					r	) (
(717) JOHN ETO	.23	^	<del> </del>	-	-	<u> </u>		ļ	<u></u>		<u> </u>
	1	١,,				ŀ				,	
PROGRAMS/EDUCATION	1.00	X			ļ		<u> </u>				) (
(718) JASON GOTSCH			ļ	ŀ						_	
WEBMASTER	.25	X	<u>L</u>			L .	ł	C	<u> </u>		) (
1b Sub-total							▶	<del></del>	<del> </del>		
c Total from continuation sheets to Part VII, S							▶				
d Total (add lines 1b and 1c)		<u> </u>					▶				
2 Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) wh	o re	eceived more than	\$100,000 o	f	
reportable compensation from the organization	n ▶	(	)								_
								<u> </u>	<u> </u>		Yes No
3 Did the organization list any former office	er directo	or or	tru	uste	e	kev (	emr	plovee or highes	t compensa	ated	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ına	lıvıd	ual							3 X
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4 For any individual listed on line 1a, is the											
organization and related organizations greendividual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 	fror	n any	un	related organization	on or individ	iuai	
for services rendered to the organization? If "Y	es, compie	te sci	ieat	iie .	<i>J</i> 101	sucn	per	son	<u> </u>	<u>··</u>	5 X
Section B. Independent Contractors									41 0100		
1 Complete this table for your five highest com											
compensation from the organization Report of	compensau	011 101	tne	e ca	Hen	oar ye	eare	enaing with or with	nin the orga	nizatio	ons tax
year		_									
(A)								(B)	1		(C)
Name and business add	dress	_						Description of se	ervices	(	Compensation
											-
	-				_						
	_										
2 Total number of independent contractors (iii	ncludina b	ut no	t lin	nıte	d to	o tho:	se 1	isted above) who	received	¥.	TEAN SEE
more than \$100,000 in compensation from th							·	, <b>u</b>	K	13	

(719) TIM GRACE EXECUTIVE VICE PRESIDENT SECRETARY COUNTRICATE UNIVERSITY LATSON COUNTRICATE ADMINISTRATIVE VICE PRESIDENT COUNTRICATE COUNTRICATION COUNTR
(719) TIM GRACE
EXECUTIVE VICE PRESIDENT   .50
(720) MICHAEL JEANMOUGIN   SECRETARY
SECRETARY
TREASURER
(722)   DOUGLAS MENENDEZ
UNIVERSITY LAISON
ADMINISTRATIVE VICE PRESIDENT   .50
ADMINISTRATIVE VICE PRESIDENT .50 X X
PUBLICITY & PUBLICATION .25 X 0 0 0 0 0 (725) JEFFREY STRIEF PAST PRESIDENT 1.00 X 0 0 0 0 0 (726) RON THENHAUS PROGRAMS/EDUCATION 2.00 X 0 0 0 0 (727) ANDREW TITUS ARRANGEMENTS/HOSPITALITY 2.00 X 0 0 0 0 0 (728) GEOFFREY ADAMS ACADEMIC RELATIONS COORDINATOR 1.00 X 0 0 0 0 0 (729) MIKE BLACKBURN PRESIDENT 1.00 X X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(725) JEFFREY STRIEF PAST PRESIDENT 1.00 X 0 0 0 0 (726) RON THENHAUS PROGRAMS/EDUCATION 2.00 X 0 0 0 0 (727) ANDREW TITUS ARRANGEMENTS/HOSPITALITY 2.00 X 0 0 0 0 (728) GEOFFREY ADAMS ACADEMIC RELATIONS COORDINATOR 1.00 X 0 0 0 0 (729) MIKE BLACKBURN PRESIDENT 1.00 X X 0 0 0 0 0 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
PAST PRESIDENT  1.00 X  0 0  0726) RON THENHAUS PROGRAMS/EDUCATION  2.00 X  0 0  0727) ANDREW TITUS ARRANGEMENTS/HOSPITALITY  2.00 X  0 0  0728) GEOFFREY ADAMS ACADEMIC RELATIONS COORDINATOR 1.00 X  0 0  0729) MIKE BLACKBURN PRESIDENT  1.00 X X  0 0  0  0  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
Total from continuation sheets to Part VII, Section A   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did the organization   Did to   Did the organization   Did to   D
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No   No   O   O   O   O   O   O   O   O   O
ARRANGEMENTS/HOSPITALITY 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated   O
ACADEMIC RELATIONS COORDINATOR 1.00 X 0 0 0 0 (729) MIKE BLACKBURN  PRESIDENT 1.00 X X 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0
PRESIDENT  1.00 X X  0 0  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
c Total from continuation sheets to Part VII, Section A
reportable compensation from the organization ▶ 0  Yes No  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated
25 4 21.5
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
Individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
Section B. Independent Contractors
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year
(A) (B) (C) Name and business address Description of services Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	уе	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	,,,			ition			Reportable	Reporta		Estimated
	hours per week					e than o is both		compensation from	compensati relate		amount of other
	(describe			dac	irect	or/trust	lee)	the	organiza	- 1	compensation
	hours for	욾	Insi	Officer	Key	em H	Former	organization	(W-2/1099		from the
	related organizations	l rec	Ē	cer	em	hest	mer	(W-2/1099-MISC)			organization and related
	in Schedule	or a	ona		employee	e g					organizations
	0)	Individual trustee or director	Institutional truste		ee	npe_					
		ě	stee			Highest compensated employee					
(220) PURE PRETER		<u> </u>		<u> </u>	<u> </u>	8	<u> </u>				
(730) BETH BREIER				,						٦	
SECRETARY	.50	X		Х	ļ		<u> </u>	0		—— <del>Ч</del>	
(731) KAREN CALHOUN	1 100	.,		.,						٦	,
TREASURER	1.00	X		Х	ļ	-		0			
(732) SARAH HALL					ļ	ļ			ļ		_
MEMBERSHIP DIRECTOR	1.00	X	ļ		<u> </u>		ļ			0	
(733) DANIEL MIRONES								_		_	_
DIRECTOR AT LARGE	.10	X	_			ļ	<u> </u>	0		0	
(734) JEAN MARIE PHILLIPS						}	ļ				
CERTIFICATION DIRECTOR	.20	_ X		ļ	<u> </u>	<u> </u>		0		0	
(735) DAMON RODRIGUEZ		-		-		}			 		
VICE PRESIDENT	1.00	X		Х	<u> </u>		<u>L</u>	0		0	(
(736) MICHELLE WEAVER											
WEBMASTER	1.00	Х					<u> </u>	0		0	
(737) TIM FAWCETT	]										
IMMEDIATE PAST PRESIDENT	1.00	X		X				0		0	(
(738) JAIME SMITH											
TREASURER	2.00	Х		Х		L.		c		O	
(739) PAULA STRUNK											
VICE PRESIDENT	.50	Х		Х				c		o	(
(740) MICHELLE STUDIE											-
CHAPTER SECRETARY	1.00	Х		Х				C		o	(
1b Sub-total							•				-
c Total from continuation sheets to Part VII, S	ection A			• •	• •		▶				
d Total (add lines 1b and 1c)	<u> </u>					<u>.</u>	▶				
2 Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) wh	o re	eceived more than	\$100,000	of	
reportable compensation from the organizatio	n ▶	(	)								
											Yes No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compens	ated	37.73
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual							3 X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ile d	com	ner	nsatio	n a	nd other compen	sation from	the	
organization and related organizations gr											
ındıvıdual											4 X
5 Did any person listed on line 1a receive or											2.32
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle .	l foi	such	per	rson			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	ors t	that received more	than \$100	0,000 c	of
compensation from the organization Report of											
year											
(A)						_		(B)			(C)
Name and business add	dress							Description of se	ervices	c	compensation
						-	1				
							十				
		-			-						
						_	$\top$				<del></del>
							$\top$				
2 Total number of independent contractors (ii	ncludina b	ut no	t lın	nıte	d to	o thos	se I	isted above) who	received	12/8/12	S. SA
more than \$100,000 in compensation from th							•				

	(A) Name and title	(B) Average hours per week (describe  (C) Position (do not check more than box, unless person is bo officer and a director/fix.							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(741)	JON WILLIAMS CHAPTER PRESIDENT	1.50	х		x					,	
(742)	ANDREA GROVER	1.50		-	Λ.	-		$\vdash$		<u> </u>	,
	WEBSITE CHAIR	1.00	х						О		0
(743)	GAYLENE KENNEY	1 00	U					İ			
(744)	RESEARCH CHAIR MARK MURDOCK	1.00	X	-			<u> </u>	_	<u> </u>		0
( , 3 3 /	SEMINAR CHAIR	1.00	х								0
(745)	PAUL NEWMAN						ļ .				
	VICE PRESIDENT	1.00	Х	ļ	Х			ļ	0	(	0
(746)	JULIE PARK PAST PRESIDENT	1.00	x	Ì	Ì						
$(7\overline{47})$	BRADY STEVENSON	1.00		<del> </del>				<u> </u>			,
· <del>-</del>	TREASURER	2.00	x		х				o		0
(748)	JOSH TAYLOR										
17/01	COMMUNICATIONS DIRECTOR JONATHAN WEST	2.00	X	-	<u> </u>	<u> </u>	ļ	-	0		0
(149)	SECRETARY	1.00	x		x				c		0
(750)	ELIZABETH YUKMAN						1	<u> </u>	-	-	
.===:	PRESIDENT	4.00	X	<u>L</u> .	X				С		0
(751)	PAGE BROTHERS MEMBERSHIP/SEMINAR DIRECTOR	10.00	x						c		0
	Sub-total							▶			
	Total from continuation sheets to Part VII, S							<b>&gt;</b>			<del></del>
	Total (add lines 1b and 1c)	limited to t						o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n ▶		)							- Tu- Tu-
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	trı İıvıd	uste lual	:е,	key (	emp	oloyee, or highes	t compensated	Yes No
	For any individual listed on line 1a, is the organization and related organizations grandividual	sum of repeater than	oortab \$15	ole (	com	per	nsatio f <i>"Ye</i> :	naı s,"	nd other compens	sation from the	4 X
	Did any person listed on line 1a receive or	accrue co	mper	sati	ion	fron	n any	un	related organization	on or individual	
Sec	for services rendered to the organization? If "You be in B. Independent Contractors	es, comple	te Sci	ieac	uie .	101	sucn	per	SON	<u></u>	5 X
	Complete this table for your five highest comcompensation from the organization Report of year										
	(A)							$\top$	(B)		(C)
	Name and business add	iress					· · ·	+	Description of se	ervices	Compensation
						_		+			
								$\perp$			
2	Total number of independent contractors (iii				nıte	d to	o tho	se I	isted above) who	received	
JSA 1F10:	more than \$100,000 in compensation from th	e organiza	uon J								Form <b>990</b> (2011)
	89364J 649R								1447160		PAGE 76

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

Part VII	Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	уе	es,	and l	lig	hest Compensat	ed Employ	ees (c	continue	<u>d)</u>				
	(A)	(B)				<b>C)</b>			(D)	(E)		(F)					
	Name and title	Average	/			itron			Reportable	Reportat		l l	timated				
		hours per	-				e than o		compensation	compensatio		l .	ount of other				
		week (describe					or/trust		from the	related			oensation				
		hours for				_			organization	organizati (W-2/1099-I			m the				
		related	d N	Stite	Officer	e e	arg arg	Former	(W-2/1099-MISC)		wilde)	orga	anization				
		organizations	dırector	to	٦.	클	st c	4	(*** = ********************************			l .	related				
		ın Schedule	¯ <b>2</b>	at		Key employee	] <u></u>					orga	nızatıons				
		O)	Individual trustee or director	Institutional trustee		1 6	) en										
				ee			Highest compensated employee										
(752) CAT	HIE BROWN				_												
VIC	E PRESIDENT	20.00	Х		X				0		0	l		0			
(753) VAU	GHN CRAWLEY						<del> </del>	_						<u> </u>			
	T PRESIDENT	5.00	х				1		0		0	,		0			
(754) BER		3.00					<del> </del>	-				<del></del>					
	RETARY	E 00	v			1			0		0			^			
		5.00	Х		Х	_	<u> </u>					1		0			
	ALD JARVIS																
	ASURER	20.00	Х		Х		1		0		0	1		0			
	N KARABAIC																
CER	TIFICATIONS DIRECTOR	10.00	X						0		0	4		0			
(757) TER	ESA SKEHAN					ļ											
PRO	GRAMS DIRECTOR	10.00	Х			ŀ			0		0	,		0			
(758) DEI	DRE TOMPKINS						1							_			
	SIDENT	20.00	х		х				0		0	,		0			
(759) CHR					-		-					<del> </del>		<u> </u>			
	E PRESIDENT	20.00	x		x			ļ	0		0			0			
	WNA M. FLANDERS	20.00	_ ^		Λ							<del> </del>					
	M COMMITTEE CHAIR	2 00	,					}		į	0	,		_			
		3.00	X			_		_	0	-		<del> </del>		0			
	K FRIEBOLIN		l						_		_						
	ASURER	10.00	X		Х	<u></u>		_	0		0			0			
	N KADECHKA																
PRE	SIDENT	20.00	Х		X		<u> </u>		0		0	1		0			
1b Sub-t	otal							$\blacktriangleright$									
c Total	from continuation sheets to Part VII, S	ection A .						$\blacktriangleright$									
d Total	(add lines 1b and 1c)							$\blacktriangleright$		_							
	number of individuals (including but not							o re	ceived more than	\$100.000 o	f	1					
	table compensation from the organization		(	)			,			, ,							
													Yes N	Vo			
3 Did t	he organization list any former offic	er. directo	r. or	tru	ıste	e.	kev e	emp	olovee, or highest	compensa	ated						
emplo	oyee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ınd	ividi	ual	-,						3		X			
	ny individual listed on line 1a, is the s rization and related organizations gre																
	dual											4		X			
5 Did a	ny person listed on line 1a receive or rvices rendered to the organization? If "Ye	accrue co	mpen	sau	on i	ron	n any	un	related organizatio	or individ	ıuaı			X			
	3. Independent Contractors	ss, comple	16 301	ieuu	ile J	101	Sucri	per	5011		<del></del>	5					
	plete this table for your five highest com	nancated u	ndone	ndo	nt e	000	tracto	ro +	that recovered more	than £100	000						
	ensation from the organization Report c																
vear		opoout.					.u. ,u	<b>u</b> . c	and my with or with	iii tiic orgai	nzatio	113 tax					
								T				<del></del>		<del></del>			
	(A) (B) (C) Name and business address Description of services Compensation																
								1									
								T									
								$\perp$						_			
	manusch as of said							<u> </u>						<del></del>			
	number of independent contractors (in than \$100,000 in compensation from the				nte	o to	thos	e I	isted above) who	received							

(A) Name and title	(B) Average			(C Posit				(D) Reportable	(E) Reportable		(F) Estimated
Name and title	hours per		ot ch	eck r	more	than o		compensation	compensation		amount of
	week (describe					ıs both or/trust		from	relate		other compensation
	hours for		-					the organization	organizat (W-2/1099-		from the
	related	divid	st t	Officer	y er	hes	Former	(W-2/1099-MISC)	(** 2,		organization
	organizations in Schedule	lual	tion	7	Key employee	st co yee	_				and related organizations
	o)	Individual trustee or director	ᆲ		yee	odmo					Organizations
		lee	Institutional trustee			Highest compensated employee					
63) JOHAN LIDROS				+		ä					
CISA COMMITTEE CHAIR	5.00	х						c	)	0	
64) PIET OPPERMAN											
CGEIT	2.00	Х	1	- 1				c	)	0	
65) CHAD PETERSON		i									
MEMBER AT LARGE	2.00	X		1				c	)	0	
66) DAN RUGGLES			$\Box$								
SECRETARY	5.00	x		$\mathbf{x}$				! c	)	0	
57) ED TOBIAS				$\dashv$							
NEWSLETTER COMMITTEE CHAIR	1.00	x						i c		C	
68) ANA VALDEZ		<u></u>	$\vdash$	$\dashv$		-			<del>  </del>		<del></del>
IMMEDIATE PAST PRESIDENT	2.00	х						۱ ،		n	
59) CASSANDRA CHASNIS	2.00	<del>                                     </del>	$\vdash$	-			-	<u> </u>	<u> </u>		
WEB MASTER	1.00	x						, ا		0	
70) JOHN JUAREZ	1.00			$\dashv$		ļ			<del> </del>		<del></del>
SECRETARY	1 1 00	l ,		v					j	0	
	1.00	Х		Х			<u> </u>				
71) ROBERT KERN II		١,,		,,							
PRESIDENT	2.00	X		Х				(	<u> </u>		
72) TIM KUBU			1	}				1			
VICE PRESIDENT	2.00	X	<u> </u>	Х			<u> </u>		)	C	
73) BRENT MOEGGENBORG											
TREASURER	2.00	X	<u>l.                                    </u>	Х			L	C	) 		
1b Sub-total							▶				
c Total from continuation sheets to Part VII, S	ection A .										
d Total (add lines 1b and 1c)							<b>•</b>		<u> </u>		<u> </u>
2 Total number of individuals (including but not				d ab	OVE	e) who	о ге	ceived more than	\$100,000	of	
reportable compensation from the organization	n <b>▶</b>		)								150 1.
											Yes N
3 Did the organization list any former office	•					,		, ,		ated	- 1 di
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ıal .	•			• • • • • • • • • •	• • • • • •	• •	3
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n a	nd other compens	sation from	the	
organization and related organizations gro											man dien
ındıvıdual											4
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Yo	es," comple	te Sch	nedu	le J	for	such	per	son	<u> </u>		5
Section B. Independent Contractors											
1 Complete this table for your five highest com											
compensation from the organization Report of	ompensati	on for	the	cal	enc	lar ye	ar e	ending with or with	nin the orga	ınızatıc	n's tax
year											
(A)							T	(B)			(C)
Name and business add	fress							Description of se	ervices	(	Compensation
							1				
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	·						+				
2 Total number of independent contractors (iii	acluding bi	it no	t lım	utec	1 10	thos	اع	isted shove) who	received	2//	19827 ·
more than \$100,000 in compensation from th				iii. <del>c</del> t	4 10	, (1108	, <del>.</del> I	isted above) WIIO	-cceiveu	Ma :	
ISA	- 5. 9011120								<u></u> _	- ag-	7 × 255,
<b>9</b> 0A											Earm QQA /A/
1E1055 2 000 89364J 649R								1447160			Form <b>990</b> (

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and l	Higi	hest Compensat	ed Emplo	yees (c	continued)	
	(A) Name and title	(B)  Average hours per week (describe hours for	(do r box, office	not ch unles	Pos heck ss pe	C) sition more erson lirect	e than o is both or/trus	one an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from ed itions	(F) Estima amoui othi compen	ated nt of er sation
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organiz	ation lated
(774)	DAN MOYER DIRECTOR AT LARGE	1.00	х						0		0		
(775)	DAN TURRI CISA COORDINATOR	1.00	х						0		0		(
	SALIM ALANI DIRECTOR	.25	х						0		0		C
	TODD COLVIN BOARD MEMBER	.25	х						o		0		C
	ALEX DOUDS SECRETARY	1.00	х		Х				o		0		C
·	LIAM DOWNWARD BOARD MEMBER	.25	х						0		0		C
	PAUL LASLY DIRECTOR	.25	х						0		0		С
	CARLANN LAZARUS BOARD MEMBER	.25	х						0		0		C
	JAMES RAUB BOARD MEMBER	.25	х						0		0		C
	DON REDMAN CISA COORDINATOR	.25	х						0		o		
	EVAN ROUTENBERG VICE PRESIDENT	1.00	х		х				0		0		C
c d	Sub-total  Total from continuation sheets to Part VII, So  Total (add lines 1b and 1c)	limited to t	hose					► o re	ceived more than	\$100,000	of		
	reportable compensation from the organization	า ▶	(	)					<del></del>			Y	es No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or ch ind	tru <i>ıvıdı</i>	iste ual	e, I	key e	emp	loyee, or highes	t compens	ated	3	X
	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf	"Yes	5," (	complete Schedu	le J for		4	x x
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	acciue coi	mpen	satio	on 1	fron	n any	uni	related organization	on or indiv	iduai	5	X
	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization Report cyear	pensated ii ompensati	ndepe on for	the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga	),000 o anizatioi	f n's tax	
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compensation	on
								+					
			-				_						-
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ite	d to	thos	e lı	sted above) who	received			*

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and	Hig	hest Compensat	ed Employees (	continue		age C
(A) Name and title	(B) Average hours per week (describe	box,	not ch unles	Pos neck ss pe	rson	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) timated tount of other pensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anization	l
(785) FARAH SAMMOUR												
DIRECTOR (786) PAUL SCHNEIDER	.25	X					$\vdash$	0		1		
BOARD MEMBER	.25	x						0		k		0
(787) CHANDRA SIMMONS TREASURER	1.00	Х		х				0	(		•	O
(788) PETER SPIER												-
PRESIDENT	1.00	Х		Х			ļ	0	(	<u> </u>		0
(789) VIRGIL ALLDRITT TREASURER	1.00	x		х								C
(790) DAVID DYK	1.00	1.		-			$\vdash$			1		
ASSISTANT MEMBERSHIP DIRECTOR	1.00	Х						0	(			C
(791) SIMON GOLDSTEIN	1 00			v								
PRESIDENT (792) NISHA NAIR	1.00	X		Х				0	(	1		
MARKETING COORDINATOR	.25	x						0				C
(793) RAYMOND NEVILLE												
PROGRAMS CHAIR	1.00	X	$\sqcup$					0	(	<u> </u>		(
(794) JOHN O'MALLEY TRAINING COORDINATOR	1.00	x							,			C
(795) JANICE RICHARDS	1.00	<u> </u>			-					1		
VICE PRESIDENT	1.00	Х		х				0	(			C
1b Sub-total							▶					
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			• • •	• •	• •							
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose				e) wh	o re	eceived more than	\$100,000 of	.L		
reportable compensation from the organizatio						-					Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or chind	tru ividi	iste Jal	e,	key (	emp	oloyee, or highes	t compensated	3		х
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	per	satio	n a	nd other compens	sation from the			
organization and related organizations gr									le J for such	4		X
5 Did any person listed on line 1a receive or									on or individual	4		
for services rendered to the organization? If "Y	es," comple	te Sch	edu	le J	l for	such	per	son		5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>	pensated i compensati	ndepe on for	the	ent e ca	con lend	tracto dar ye	ors t ear e	that received more ending with or with	than \$100,000 than the organization	of on's tax		
(A) Name and business add	Iress					•		(B) Description of se	rvices	(C) Compens	ation	
							_					
							+-					
							_					
2 Total number of independent contractors (ii more than \$100,000 in compensation from the				nte	d to	thos	se I	isted above) who	received			
JSA 1E1055 2 000 8 9 3 6 4 .T. 6 4 9 P								1447160	<del></del>	Form	990 (	

Part VII	Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and i	Hig	hest Compensat	ed Employ	ees (	continued)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average				sition			Reportable	Reportab	le	Estimated
		hours per					e than o is both		compensation	compensation		amount of
		week (describe	office				or/trus		from the	related organization		other compensation
		hours for	or	Ins	Off	S O	em j	Fo	organization	(W-2/1099-N		from the
		related	dire	titut	Officer	en	ploy	Former	(W-2/1099-MISC)		,	organization
		organizations in Schedule	ctor	iona		Key employee	ee t co	`				and related organizations
		O)	Individual trustee or director	Institutional trustee		/ee	mpe					Jg
			ee	stee			Highest compensated employee					
(796) VICTO	DIA CTIVED						E.	<u> </u>				
SECRE		1.00	х		х						C	_
(797) JNANA		1.00			^		_	├	0			<u> </u>
	TANT TREASURER	1.00	x								c	o
(798) ADAM		1.00						├	0			
	RSHIP DIRECTOR	1 00	J.								_	
(799) SCOTT		1.00	Х		-	-	-	<b> </b>	0			0
	PRESIDENT	2.5	v								_	
(800) BOBBI		.25	Х			<del> </del>		├	0			0
	NT LIASON				v				0		_	
(801) JULIA		.50			Х		_	<u> </u>	0			0
		2 00			,,						^	
(802) LEE G	RSHIP DIRECTOR	2.00	<u> </u>		X				0		0	0
`					٠,						•	
	FICATION DIRECTOR	.50	ļ		Х	_		<u> </u>	0		0	0
	D JERGENSEN										_	_
WEBMA		1.00			Х			↓_	0		0	0
(804) JOHN									_			
	TION DIRECTOR	1.00			Х	_		<u> </u>	0		0	0
(805) MELIS												
	ETTER EDITOR	2.00			X				0		0	0
(806) VICKI												
SECRE	TARY	2.00			Х				0		0	0
1b Sub-tota								▶				
	om continuation sheets to Part VII, S											
d Total (ac	dd lines 1b and 1c)		• • •					<b>&gt;</b>				
	mber of individuals (including but not				d a	bove	e) wh	o re	ceived more than	\$100,000 of	f	
reportab	le compensation from the organization	<u>n</u> ▶							_			
												Yes No
3 Did the	organization list any former offic	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensa	ted	
employe	e on line 1a? If "Yes," complete Schedi	ule J for suc	ch ind	ıvıdı	ual				• • • • • • • • • •			3 X
4 For any	individual listed on line 1a, is the s	sum of rep	ortab	le d	om	pen	satio	n a	nd other compens	sation from	the	5 2 8
	tion and related organizations gre											,
	al											4 X
5 Did any	person listed on line 1a receive or	accrue co	mpen	satio	on '	fron	n any	un	related organization	on or individ	lual	
	ces rendered to the organization? If "Ye	es," comple	te Sch	edu	ile J	l for	such	per	son	<u></u> .	<u></u>	5 X
	ndependent Contractors											
1 Complete	e this table for your five highest com	pensated in	ndepe	nde	ent	con	tracto	rs t	hat received more	than \$100,	,000 c	of
	sation from the organization Report c	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organ	ıızatıo	n's tax
year										<del></del>		
	(A)								(B)	Ī		(C)
	Name and business add	ress						1	Description of se	rvices		Compensation
		· · · · · · · · · ·						$\perp$				
		<del></del>					_					<u> </u>
							_	$\perp$				
								-				
0 7-4-1	make a set or described as a set of s	-1	.4					Т.		<u>.</u>	<u> </u>	
	mber of independent contractors (in an \$100,000 in compensation from the				iite	a to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				-, sition			Reportable	Reportable	Estimated
	hours per	(do r	not ch			e than o	one	compensation	compensation from	
	week					is both		from	related	other
	(describe		-1			or/trus		the	organizations	compensation
	hours for related	o de Po de	1 1 1	Officer	éy (	夏季	Former	organization	(W-2/1099-MISC)	from the organization
	organizations	re du	盲	ě	emp	est	ĕ	(W-2/1099-MISC)		and related
	ın Schedule	의 H	ma		Key employee	e con				organizations
	O)	Individual trustee or director	Institutional trustee		ee	per		ļ		
		Ф.	tee			Highest compensated employee		1		
07) KATHARINE HAYES	<u> </u>	<u> </u>	$\vdash$			<u> </u>	<u> </u>			
TREASURER	6 00	1		.,						
	6.00			Х	_		_	0		0 (
308) LAURIE MCDONALD										
PRESIDENT	8.00			Х			L	0		0
09) BRANDON MESANOVIC										İ
ASSISTANT VICE PRESIDENT	4.00			Х				0		0(
10) ROB SNYDER										
EXECUTIVE VICE PRESIDENT	4.00			Х				0		0 (
		ļ								
					_					
					-					-
	ļ									
							┢			
1b Sub-total			Ll				<u> </u>			
c Total from continuation sheets to Part VII, S	ection A			•	• •					<del></del>
d Total (add lines 1b and 1c)							•			
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
reportable compensation from the organization		C				-,				
										Yes No
3 Did the organization list any former offic	er, directo	r, or	tru	ste	e, I	кеу е	emp	loyee, or highest	t compensated	
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ıal .				• • • • • • • • • • •	· · · · · · · · · · · ·	3 X
4 For any individual listed on line 1a, is the s	sum of rep	ortab	le c	om	pen	satio	n ai	nd other compens	sation from the	
organization and related organizations gre	eater than	\$15	0,00	002	lf	"Yes	s," (	complete Schedu	le J for such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or	accrue con	mpen	satio	n f	ron	n any	un	related organization	on or individual	
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	te Sch	edu	ie J	tor	such	per	son	· · · · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest com	noncated u	adana	ndo	nt c	aani	racto		hat received many	than \$100,000	
compensation from the organization Report c	pensaled ii ompensatii	on for	the	cai	lend	iracio Iar ve	ar e	nat received more ending with or with	ะ เกลก ֆ เบบ,บบบ un the organizate	or on's tax
year						, <u>.</u>			the organization	
(A)								(B)		(C)
Name and business add	ress							Description of se	rvices	Compensation
						-				
							+			
2 Total number of independent contractors (in	icluding bu	ıt not	lım	ıtec	d to	thos	e li	sted above) who	received 🖓	100 100
more than \$100,000 in compensation from the	e organizat	ion 🕨								
JSA 1E1055 2 000										Form <b>990</b> (2011
89364J 649R								1447160		PAGE 82

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	ь	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e					
Contributi and Other	g	All other contributions, gifts, grants, and similar amounts not included above .   Noncash contributions included in lines 1a-1f \$				*	
		Total. Add lines 1a-1f	Business Code	1,668,443.	1,668,443.	Action of Course	
Program Service Revenue	b	MEMBERSHIP DUES - NONDEDUCTIBLE CHAPTER MEETINGS	611600 611600	1,297,607. 429,498.	1,297,607. 429,498.		
Program	e f g	All other program service revenue Total Add lines 2a-2f		3,395,548.	To the second se		
	3 4 5	Investment income (including dividends, interother similar amounts)	proceeds >	9,291.			9,291.
	6a b c d	Gross rents		0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) Other				
Ð	c d 8a	Gain or (loss)		0			***************************************
Other Revenue		events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a  Less direct expenses b  Net income or (loss) from fundraising events .	5,865.	-260			-260.
Ü	9 a	Gross income from gaming activities See Part IV, line 19 a			>	>	<b>1</b>
	b c	Less direct expenses		0			
	10a b c	Gross sales of inventory, less returns and allowances	<u> </u>	0			-
	11a b	Miscellaneous Revenue  MARKETING REIMBURSEMENT  SPONSORSHIP REVENUE	900099 900099	5,538 4,700			5,538 4,700
	c d e	MISCELLANEOUS  All other revenue	900099	20,496			10,258
	12	Total revenue See instructions			3,395,548.		29,527

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .	177,662.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	16,750.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0		· · · · · · · · · · · · · · · · · · ·	
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	9,140.		!	
10	Payroll taxes	0			
11	Fees for services (non-employees).				
a	Management	0	-		
b	Legal	7,743.			
C	Accounting	13,323.			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	44,285.			
12	Advertising and promotion	42,396.			
13	Office expenses	89,661.			
14	Information technology	58,980.			
15	Royalties	0			
16	Occupancy	0			
17	Travel	130,345.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,484,653.			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	44,696.	188 1 1		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	STORAGE	3,896.			
b	TAXES	677.			
С	·				
d	·				
е	All other expenses	82,352.			
25	Total functional expenses Add lines 1 through 24e	3,206,559.			
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)	0			

**Balance Sheet** Part X (A) Beginning of year End of year 818,992. 1,535,850. Savings and temporary cash investments....... 2,333,031. 1,941,805. 2 2 3 3 0 4 ō 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 0 employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net ō 7 0 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . . . d 13,254. 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 910c 0 0 11 11 0 12 12 Investments - program-related See Part IV, line 11 n 13 13 0 14 14 15 0 15 2,760,797. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 3,882,135. 16 16 17 17 2,107. 18 0 18 0 19 19 20 0 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Q 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons d 22 6,800. 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 Unsecured notes and loans payable to unrelated third parties. 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0 Q 25 Total liabilities. Add lines 17 through 25...................... d 26 8,907. Organizations that follow SFAS 117, check here | X | and complete Balances lines 27 through 29, and lines 33 and 34. 27 2,760,797. 27 3,873,228. 28 28 0 Fund 29 Permanently restricted net assets..... ō 29 Organizations that do not follow SFAS 117, check here ▶ ö complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 33 2,760,797. 3,873,228. 33 34 2,760,797. Total liabilities and net assets/fund balances....... 3,882,135. 34

Form **990** (2011)

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. X	
1 ]	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	465,6	585.
	Total expenses (must equal Part IX, column (A), line 25)	2		206,5	
	Revenue less expenses Subtract line 2 from line 1	3		259,1	126.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	760,	797.
	Other changes in net assets or fund balances (explain in Schedule O)	5		853,3	305.
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	3,	873,2	228.
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
I	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex  Schedule O	kplaır	n in	Yes	No
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		х
<b>b</b> \	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
(	of the audit, review, or compilation of its financial statements and selection of an independent accountai	nt?	20		
ı	If the organization changed either its oversight process or selection process during the tax year, e	xplaı	n in		
5	Schedule O				
d l	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ear w	vere		
i	issued on a separate basis, consolidated basis, or both				
[	Separate basis Consolidated basis Both consolidated and separate basis				
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in		
	the Single Audit Act and OMB Circular A-133?		3 a		X
b I	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3	3 b		

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

► See separate instructions. Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

	e organization answered "Yes" Section 501(c)(4), (5), or (6) org	to Form 990, Part IV, line 5 (Proxy Ta	x) or Form 990-EZ, Par	t V, line 35c (Proxy Tax), th	en
		ON SYSTEMS AUDIT AND		Employer identif	fication number
	TROL ASSOCIATION CH			94-29	19522
Par	t I-A Complete if the o	organization is exempt under s	section 501(c) or is	s a section 527 organ	ization.
1		organization's direct and indirect p			
2	Political expenditures			▶ \$	0
3					
Par	t I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1		cise tax incurred by the organization		5 <b>▶</b> \$	0
2	-	cise tax incurred by organization ma			
3		a section 4955 tax, did it file Form			
Par	t I-C Complete if the c	organization is exempt under s	section 501(c), ex	cept section 501(c)(3)	).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	cempt function	
2		ng organization's funds contributed	•		
	527 exempt function activiti	les		· · · · · · · • \$	<del> </del>
3		enditures Add lines 1 and 2 Ent			
				·	
4		e Form 1120-POL for this year?			
5		s and employer identification numb ts. For each organization listed, en			
		tributions received that were prom			
		ind or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2.114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
				-	
(2)					
(3)					
			-		
(4)		<u> </u>			
(5)					
(6)					
				į	

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

Schedule C (Form 990 or 990-EZ) 2011

JSA 1E1264 1 000

Scn	redule C (Form 990 or 990-EZ) 2011						Page 2
Pa	art II-A Complete if the orga section 501(h)).	nizatio	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under
Ā	Check ▶ If the filing organi	zation	belongs t	o an affiliated grou	p (and list in Pa	rt IV each affiliated g	roup member's
	name, address, Ell						·
В	Check ▶ if the filing organi						
	Limits o	n Lobb	ying Exper	nditures		(a) Filing	(b) Affiliated
	(The term "expenditu	res" m	eans amou	nts paid or incurred	.)	organization's totals	group totals
1 a	Total lobbying expenditures to infl	luence	public opin	ion (grass roots lob	bying)		
b	Total lobbying expenditures to infl	luence	a legislativ	e body (direct lobby	ıng) [		
C	Total lobbying expenditures (add	lines 1	a and 1b).				
d	Other exempt purpose expenditur	es					
е	Total exempt purpose expenditure						
f	Lobbying nontaxable amount Ent	er the	amount fro	m the following table	e in both		
	columns					_	
	If the amount on line 1e, column (a) of	or (b) is:	The lobbyi	ng nontaxable amount	is <sup>,</sup>		
	Not over \$500,000		20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,0	00	\$100,000 p	lus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500	,000	\$175,000 p	lus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,00	0,000	\$225,000 p	lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000		\$1,000,000	)			
g	Grassroots nontaxable amount (e	enter 25	% of line 11	<u> </u>			
h	Subtract line 1g from line 1a If ze	ero or le	ess, enter -0	)			
i	Subtract line 1f from line 1c If ze	ro or le	ss, enter -0				
j	If there is an amount other than z	ero on	either line			Form 4720	
	reporting section 4911 tax for this	year?			<u> </u>	. <u></u>	Yes No
		ns that ns belo	t made a so ow. See the	instructions for li	on do not have to nes 2a through 2		ve
		Lobi	oying Expe	enditures During 4-Y	′ear Averaging Pe ⊺	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2	2008	( <b>b</b> ) 2009	(c) 2010	(d) 2011	(e) Total
2 a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						_
f	Grassroots lobbying expenditures						
	•				- <del>-</del>	Schedule C (	Form 990 or 990-EZ) 201

•,

(election under section 501(h)).  es" response to lines 1a through 1i below, provide in Part IV a detailed description in activity	(a)					
-	(a)			(b)		
	Yes	No		Amo	unt	
the year, did the filing organization attempt to influence foreign, national, state or local						
tion, including any attempt to influence public opinion on a legislative matter or	1	1				
ndum, through the use of	-	٠				
eers?	+					
· •	- +					
us to members, legislators, or the public?						
ations, or published or broadcast statements?	<u> </u>	-	<u> </u>			
to other organizations for lobbying purposes?	t	$\neg \neg$				
contact with legislators, their staffs, government officials, or a legislative body?						
demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
activities?					_	
Add lines 1c through 1i						
e activities in line 1 cause the organization to be not described in section 501(c)(3)? $\dots$						
" enter the amount of any tax incurred under section 4912	1	}				
" enter the amount of any tax incurred by organization managers under section 4912		ļ				
	->/5>					
	c)(5),	or s	ectio	n		
<u> </u>					Yes	No
substantially all (90% or more) dues received nondeductible by members?				1	103	X
organization make only in house labbuing expenditures of \$2,000 or less?					Х	
organization agree to carry over lobbying and political expenditures from the prior year?				3		X
assessments and similar amounts from members			1			
al expenses for which the section 527(f) tax was paid).						
t year			2a			
ver from last year		}	2b	-		
ver from last year		}	2b 2c			
ver from last year	  s		2b			
ver from last year	s of the	  e	2b 2c			
ver from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due ties were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lo litical expenditure next year?	s of the	 e g	2b 2c			
ver from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due ties were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lo litical expenditure next year?  e amount of lobbying and political expenditures (see instructions)	s of the	 e g	2b 2c 3			
ver from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due ties were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lo litical expenditure next year?	s of the	 e g	2b 2c 3			
	Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912 "enter the amount of any tax incurred by organization managers under section 4912 ding organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).  Substantially all (90% or more) dues received nondeductible by members? Forganization make only in-house lobbying expenditures of \$2,000 or less? Forganization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."  Passessments and similar amounts from members  1 162(e) nondeductible lobbying and political expenditures (do not include amounts from the prior include amounts from members (do not include amounts from members)	to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? detivities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912 "enter the amount of any tax incurred by organization managers under section 4912 ding organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).  Substantially all (90% or more) dues received nondeductible by members? organization agree to carry over lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b answered "Yes."  assessments and similar amounts from members in 162(e) nondeductible lobbying and political expenditures (do not include amounts or	to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912 "enter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s 501(c)(6).  Substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."	ations, or published or broadcast statements?  to other organizations for lobbying purposes?  contact with legislators, their staffs, government officials, or a legislative body?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  activities?  Add lines 1c through 1i  activities in line 1 cause the organization to be not described in section 501(c)(3)?  "enter the amount of any tax incurred under section 4912  "enter the amount of any tax incurred by organization managers under section 4912  Ining organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Substantially all (90% or more) dues received nondeductible by members?  organization make only in-house lobbying expenditures of \$2,000 or less?  organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A answered "Yes."	ations, or published or broadcast statements?  to other organizations for lobbying purposes?  contact with legislators, their staffs, government officials, or a legislative body?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  activities?  Add lines 1c through 1:  activities in line 1 cause the organization to be not described in section 501(c)(3)?  "enter the amount of any tax incurred under section 4912  "enter the amount of any tax incurred by organization managers under section 4912  "ling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Substantially all (90% or more) dues received nondeductible by members?  a organization make only in-house lobbying expenditures of \$2,000 or less?  a organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line is answered "Yes."	ations, or published or broadcast statements?  to other organizations for lobbying purposes?  contact with legislators, their staffs, government officials, or a legislative body?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  activities?  Add lines 1c through 11  activities in line 1 cause the organization to be not described in section 501(c)(3)?  "enter the amount of any tax incurred under section 4912  "enter the amount of any tax incurred by organization managers under section 4912  Illing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Substantially all (90% or more) dues received nondeductible by members?  a organization make only in-house lobbying expenditures of \$2,000 or less?  a organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Part IV Supplemental Information (continued)

# SCHEDULE! (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047 

å Open to Public × ×es Employer identification number 94-2919522 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ► Attach to Form 990. INFORMATION SYSTEMS AUDIT AND Part I General Information on Grants and Assistance CONTROL ASSOCIATION CHAPTERS Department of the Treasury Name of the organization Internal Revenue Service

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV line 21 for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$6,000 Check this box if no one recipient received more than \$6,000 Check this box if no one recipient received more than \$6,000 Check this box if no one recipient received more than \$6,000 Check this box if no one recipient received more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box is a second more than \$6,000 Check this box	overnments	and Organiza	tions in the Unit	ed States. Comp	olete if the organization	tion answered "Ye	s" an \$5 000
	space is ne	eded					▲ · · · · · · · · · · · · · · · · · · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable		(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) IT GOVERNANCE INSTITUTE 3701 ALGONQUIN RD ROLLING MEADOWS, IL 60008	95-3080691	501(C)(3)	75,301.				GENERAL SUPPPORT
3801 W TEMPLE AVE POMONA, CA 91768	95-2417645	501(C)(3)	52,500				GENERAL SUPPORT
(3) INFORMATION SYSTEMS AUDIT AND CONTROL ASSOC 3701 ALGONQUIN RD ROLLING MEADOWS, IL 60008	23-7067291	501(C)(6)	25,000.				GENERAL SUPPORT
(4)							
(5)							
(9)							
(7)							
(8)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government		ganizations liste	organizations listed in the line 1 table			•	2.

1E1288 1803 64J 649R

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 22 Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1 KELLEY JERRERSON - SCHOLARSHIP - PHILADELPHIA	1	2,500			
2 CHRISTOPHER HUGHES - SCHOLARSHIP - NEW ENGLAND	1.	1,500.			
3 DANIEL MARONE - SCHOLARSHIP - PHILADELPHIA CHAPTER	ij	1,500.			
4 TAYLOR MCELDOWNEY - SCHOLARSHIP - NEW ENGLAND	1	1,500			
5 DEREK SEDLACK - SCHOLARSHIP - SOUTH FLORDIA	1.	1,000.			
6 KAN SHAO - SCHOLARSHIP - DETROIT CHAPTER	r-4	1,000			
7 KIMBERLY HALAMICEK - SCHOLARSHIP - PHILADELPHIA	1.	1,000.			
Part IV Supplemental Information. Complete this part		vide the informal	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal other)	(f) Description of non-cash assistance
1 MARY JANE OLSON - SCHOLARSHIP - DENVER CHAPTER	1	1,000			
2 MICHELE RIDGE - SCHOLARSHIP - SOUTH FLORIDA	1	1,000.			
3 RYAN DELIEFDE - SCHOLARSHIP - DENVER CHAPTER	1	1,000.			
4 BENJAMIN HENDERSON - SCHOLARSHIP - DENVER CHAPTER	1	750.			
5 ROGER BLAND - SCHOLARSHIP - DENVER CHAPTER		750			
6 ANGELA WILLIAMS - SCHOLARSHIP - DENVER CHAPTER		. 200.			
7 BRYAN SOVINSKY - SCHOLARSHIP - GREATER HARTFORD		500.			
Part IV Supplemental Information. Complete this part	is part to prov	ide the informat	ion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information

PAGE 93

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

ו מוניוו כמון כל משףוכמונים וו מממונים ומונים ווי	יים או ויכלים				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEAN QUICK - SCHOLARSHIP - RHODE ISLAND CHAPTER	1.	500.			
2 CHRISTINA LI - SCHOLARSHIP - SC MIDLANDS CHAPTER	1.	250.			
3 JONATHAN ANTONIO - SCHOLARSHIP - SC MIDLANDS	1	250.			
4 MARY GLENN - SCHOLARSHIP - SC MIDLANDS CHAPTER	1	250.			
co.					
9					
4					
			and the section of the section of	100 Page C 441   140	The district of any and any other additional information

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

FORM 990, SCHEDULE I, PART I, LINE 2

THE ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE U.S.

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS ARE

AFFILIATED WITH IT GOVERNANCE INSTITUTE (ITGI). EACH INDIVIDUAL CHAPTER

BOARD REVIEWS AND APPROVES FUNDS TO BE CONTRIBUTED TO SUPPORT THE

RESEARCH PROJECTS OF ITGI AND IS FAMILIAR WITH ITGI'S PROGRAMS AND

MISSION, ISACA CHAPTERS RECEIVE REGULAR UPDATES TO MAINTAIN AN AWARENESS

OF RESEARCH PROJECTS WITH ITGI AND ISACA THROUGH A BIWEEKLY NEWSLETTER.

PAGE 94

## **SCHEDULE L** (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

INFORMATION SYSTEMS AUDIT AND

Inspection Employer identification number

CONTRO	L ASSOCIATION CHAPTERS_							94-	-291	9522			
Part I	Excess Benefit Transactions (sect Complete if the organization answere								Z, Pai	t V, lu	ne 40l		
1	(a) Name of disqualified person				(H	) Descript	ion of trans	saction				(c)	Corrected?
	(a) realise of disqualities person											Ye	es No
(1)													
(2)				-									-
(3)		- <u></u>		_	· · · · · · · · · · · · · · · · · · ·								+
(4)				+	<del></del>								+
(5) (6)				+									
2 Ent	er the amount of tax imposed on the older section 4958 er the amount of tax, if any, on line 2, a									\$_ \$_			<u></u>
Part II	Loans to and/or From Interested Complete if the organization answer			Form	990, Part IV, line 2	6, or For	n 990-EZ	, Part	V, lıne	38a			
(a	n) Name of interested person and purpose		t oan to s organ	o or from zation?	(c) Original principal amount	(d) Bala	ince due	(e) In (	default?	(f) App by boo	ard or	(g) W agreer	
		To	0	From				Yes	No	Yes	No	Yes	No
(1) KARI	EN TINUCCI BUSINESS LOAN		x		6,800.		6,800.		Х	Х			Х
(2)													
(3)													
(4)								Ĺ					
(5)			_										
(6)			4					ļ	ļ				
(7)			_					<u> </u>					
(8)			$\dashv$										-
(9)			$\dashv$										
(10) T-40!	<del></del>			i			6,800.	<del> </del>		1			L
Part III	Grants or Assistance Benefiting Complete if the organization answer	Interes	ted	Pers	sons.	 7	0,000.	<u> </u>			!		
	(a) Name of interested person				between interested person organization		(c)	Amou	nt and	type o	f assis	tance	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)		<u> </u>					1						
(7)		ļ					ļ						
(8)		<del> </del>					<del> </del>						
(9)		I											
(10)		+					<del>                                     </del>						

# **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number 94-2919522

FORM 990, PAGE 1, ITEM L

YEAR OF FORMATION

LISTING OF FORMATION DATES FOR CHAPTERS INCLUDED IN RETURN:

06/27/02	ANCHORAGE CHAPTER
03/05/79	ATLANTA CHAPTER
02/10/77	AUSTIN CHAPTER
09/28/84	BATON ROUGE CHAPTER
03/04/83	BIRMINGHAM CHAPTER
12/20/79	BOISE CHAPTER
12/15/83	CENTRAL ARKANSAS CHAPTER
03/04/83	CENTRAL FLORIDA CHAPTER
10/12/81	CENTRAL INDIANA CHAPTER
08/21/87	CENTRAL IOWA CHAPTER
06/19/78	CENTRAL MARYLAND CHAPTER
06/19/78	CENTRAL NEW YORK CHAPTER
06/19/78	CENTRAL OHIO CHAPTER
06/15/80	CENTRAL OKLAHOMA CHAPTER
10/22/80	CHARLOTTE CHAPTER
05/17/73	CHICAGO CHAPTER
06/23/76	DENVER CHAPTER
09/10/74	DETROIT CHAPTER
06/12/73	GREATER CINCINNATI CHAPTER
01/01/78	GREATER HARTFORD CHAPTER

INFORMATION SYSTEMS AUDIT AND Name of the organization CONTROL ASSOCIATION CHAPTERS

Employer identification number

01/14/75	GREATER HOUSTON CHAPTER
09/28/84	GREATER KANSAS CITY CHAPTER
03/05/80	HARRISBURG CHAPTER
05/01/83	HAWAII CHAPTER
01/31/90	HUDSON VALLEY CHAPTER
12/02/83	ILLINI CHAPTER
01/22/01	ILLOWA CHAPTER
12/01/81	JACKSONVILLE CHAPTER
01/23/79	KENTUCKIANA CHAPTER
11/01/81	KETTLE MORAINE CHAPTER
07/07/05	LAS VEGAS CHAPTER
08/08/69	LOS ANGELES CHAPTER
03/05/80	MEMPHIS CHAPTER
06/20/86	MIDDLE TENNESSEE CHAPTER
02/11/75	MINNESOTA CHAPTER
08/20/92	MOUNT RAINIER CHAPTER
06/12/74	NATIONAL CAPITAL AREA CHAPTER
06/23/76	NEW ENGLAND CHAPTER
06/19/78	NEW JERSEY CHAPTER
03/31/84	NEW MEXICO CHAPTER
05/18/82	NEW ORLEANS CHAPTER
06/26/75	NEW YORK CITY CHAPTER
12/24/75	NORTH TEXAS CHAPTER
06/19/78	NORTHEAST OHIO CHAPTER
01/09/06	NORTHWEST OHIO CHAPTER

t

Name of the organization	INF	ORMATION	SYSTEMS	AUDIT	AND
CONTROL ASSOCIAT	ION	CHAPTERS	,		

Employer identification number

06/26/77	OMAHA CHAPTER
12/05/83	ORANGE COUNTY CHAPTER
06/12/74	PHILADELPHIA CHAPTER
03/09/81	PHOENIX CHAPTER
04/13/76	PITTSBURGH CHAPTER
12/02/78	PUGET SOUND CHAPTER
10/01/85	RESEARCH TRIANGLE CHAPTER
07/16/07	RHODE ISLAND CHAPTER
09/24/83	SACRAMENTO CHAPTER
06/25/75	SAINT LOUIS CHAPTER
12/13/83	SAN ANTONIO/SOUTH TEXAS CHAPTER
01/01/77	SAN DIEGO CHAPTER
06/23/76	SAN FRANCISCO CHAPTER
03/01/81	SC MIDLANDS CHAPTER
05/18/82	SILICON VALLEY CHAPTER
12/02/78	SOUTH FLORIDA CHAPTER
04/26/11	SPRINGFIELD MISSOURI CHAPTER
01/25/11	TALLAHASEE CHAPTER
12/02/78	TULSA CHAPTER
06/12/74	UTAH CHAPTER
05/17/77	VIRGINIA CHAPTER
12/20/79	WEST FLORIDA CHAPTER
03/05/79	WESTERN MICHIGAN CHAPTER
03/05/80	WESTERN NEW YORK CHAPTER
11/22/80	WILLAMETTE VALLEY CHAPTER

Name of the organization CONTROL ASSOCIATION CHAPTERS

INFORMATION SYSTEMS AUDIT AND

Employer identification number

FORM 990, PAGE 1, ITEM M

STATE OF LEGAL DOMICILE

LISTING OF STATE OF LEGAL DOMICILE FOR CHAPTERS INCLUDED IN RETURN:

- ΑK ANCHORAGE CHAPTER
- GA ATLANTA CHAPTER
- TX AUSTIN CHAPTER
- BATON ROUGE CHAPTER LA
- BIRMINGHAM CHAPTER AL
- ID BOISE CHAPTER
- CENTRAL ARKANSAS CHAPTER AR
- CENTRAL FLORIDA CHAPTER FL
- IN CENTRAL INDIANA CHAPTER
- ΙA CENTRAL IOWA CHAPTER
- CENTRAL MARYLAND CHAPTER MD
- NY CENTRAL NEW YORK CHAPTER
- ОН CENTRAL OHIO CHAPTER
- OK CENTRAL OKLAHOMA CHAPTER
- NC CHARLOTTE CHAPTER
- ILCHICAGO CHAPTER
- CO DENVER CHAPTER
- MI DETROIT CHAPTER
- OH GREATER CINCINNATI CHAPTER
- CTGREATER HARTFORD CHAPTER
- TXGREATER HOUSTON CHAPTER
- GREATER KANSAS CITY CHAPTER

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CONTROL ASSOCIATION CHAPTERS

- PA HARRISBURG CHAPTER
- ΗI HAWAII CHAPTER
- HUDSON VALLEY CHAPTER NY
- ILILLINI CHAPTER
- IΑ ILLOWA CHAPTER
- FL JACKSONVILLE CHAPTER
- ΚY KENTUCKIANA CHAPTER
- WI KETTLE MORAINE CHAPTER
- NV LAS VEGAS CHAPTER
- LOS ANGELES CHAPTER CA
- MEMPHIS CHAPTER TN
- TN MIDDLE TENNESSEE CHAPTER
- MINNESOTA CHAPTER MN
- MOUNT RAINIER CHAPTER WA
- NATIONAL CAPITAL AREA CHAPTER VA
- NEW ENGLAND CHAPTER MA
- NEW JERSEY CHAPTER NJ
- NEW MEXICO CHAPTER NM
- LA NEW ORLEANS CHAPTER
- ŊΥ NEW YORK CITY CHAPTER
- NORTH TEXAS CHAPTER TX
- NORTHEAST OHIO CHAPTER OH
- NORTHWEST OHIO CHAPTER ОН
- NE OMAHA CHAPTER
- ORANGE COUNTY CHAPTER CA

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PA	PHILADELPHIA CHAPTER
AZ	PHOENIX CHAPTER
PA	PITTSBURGH CHAPTER
WA	PUGET SOUND CHAPTER
NC	RESEARCH TRIANGLE CHAPTER
RI	RHODE ISLAND CHAPTER
CA	SACRAMENTO CHAPTER
MO	SAINT LOUIS CHAPTER
TX	SAN ANTONIO CHAPTER
CA	SAN DIEGO CHAPTER
CA	SAN FRANCISCO CHAPTER
sc	SC MIDLANDS CHAPTER
CA	SILICON VALLEY CHAPTER
FL	SOUTH FLORIDA CHAPTER
MO	SPRINGFIELD MISSOURI CHAPTER
FL	TALLAHASEE CHAPTER
OK	TULSA CHAPTER
UT	UTAH CHAPTER
VA	VIRGINIA CHAPTER
FL	WEST FLORIDA CHAPTER
MI	WESTERN MICHIGAN CHAPTER
NY	WESTERN NEW YORK CHAPTER
OR	WILLAMETTE VALLEY CHAPTER

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FORM 990, PART IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

51 OF THE 70 ISACA CHAPTERS RESPONDED "NO" TO LINE 12A.

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 12A:

ATLANTA CHAPTER

CENTRAL ARKANSAS CHAPTER

CHARLOTTE CHAPTER

GREATER HOUSTON CHAPTER

HAWAII CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

NATIONAL CAPITAL AREA CHAPTER

NEW YORK CITY CHAPTER

ORANGE COUNTY CHAPTER

PITTSBURGH CHAPTER

SACRAMENTO CHAPTER

SAN DIEGO CHAPTER

SAN FRANCISCO CHAPTER

SC MIDLANDS CHAPTER

SILCON VALLEY CHAPTER

SPRINGFIELD CHAPTER

UTAH CHAPTER

WEST FLORIDA CHAPTER

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BASED ON ESTABLISHED AUDIT THRESHOLDS FOR NON-PROFITS, AN EXTERNAL AUDIT IS NOT REQUIRED OF ALL ISACA CHAPTERS. THE RESULTS OF THE AUDIT COMPLETED BY THE CHAPTER SHALL BE REPORTED TO THE MEMBERS OF THE RESPECTIVE CHAPTER. ALL ISACA CHAPTERS ARE REQUIRED TO OBTAIN AN AUDIT VERIFICATION LETTER THAT MUST BE TURNED IN TO ISACA INTERNATIONAL.

FORM 990, PART V, LINE 1A

NUMBER REPORTED IN BOX 3 OF FORM 1096

63 OF THE 70 ISACA CHAPTERS RESPONDED "O" TO LINE 1A.

THE FOLLOWING ISACA CHAPTERS RESPONDED AS HAVING THIS NUMBER REPORTED TO LINE 1A:

ATLANTA CHAPTER 4

DENVER CHAPTER 3

DETROIT CHAPTER 1

LOS ANGELES CHAPTER 6

NEW ENGLAND CHAPTER 2

SACRAMENTO CHAPTER 1

SILICON VALLEY CHAPTER 3

FORM 990, PART VI, SECTION A, LINE 2

FAMILY OR BUSINESS RELATIONSHIP

64 OF THE 70 ISACA CHAPTERS RESPONDED "NO" TO LINE 2.

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 2 AND INDICATED THE

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FAMILY OR BUSINESS RELATIONSHIP AS FOLLOWS:

#### CENTRAL ARKANSAS CHAPTER:

PAUL MONTROSE (VICE PRESIDENT) IS MARRIED TO TANYA MONTROSE (BOARD MEMBER) WHO ARE BOTH EMPLOYED BY ACXIOM CORPORATION.

#### ILLINI CHAPTER:

THREE INSTANCES EXIST WHERE TWO BOARD MEMBERS WORK AT THE SAME ORGANIZATION.

#### ILLOWA CHAPTER:

JOSHUA CONNORS (TREASURER) IS AN EMPLOYEE OF MARTIN COE (CISA/CISM COORDINATOR & ACADMIC RELATIONS COORDINATOR).

#### RHODE ISLAND CHAPTER:

THREE MEMBERS OF THE BOARD WORK FOR THE SAME COMPANY.

## SILCON VALLEY CHAPTER:

TWO OFFICERS WORK AT THE SAME CONSULTING FIRM.

#### SOUTH FLORIDA CHAPTER:

PETER CHRISTIAANS (CURRENT CHAPTER PRESIDENT) IS MARRIED TO SANDRA PARRAS (A DIRECTOR AT LARGE).

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FORM 990, PART VI, SECTION A, LINE 4

GOVERNING DOCUMENT CHANGES

THE BIRMINGHAM, ILLINI, NEW ENGLAND, NORTHWEST OHIO, SOUTHWEST OHIO, AND SACRAMENTO CHAPTERS ALL CHECKED "YES" TO HAVING CHANGES TO THEIR BYLAWS. THESE CHANGES DID NOT MEET THE REPORTING REQUIREMENTS FOR REPORTING FOR CHECKING THE BOX "YES" FOR 990 PURPOSES AND SUMMARIZING THE CHANGES IN SCHEDULE O.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS MAINTAIN A MEMBERSHIP ROSTER OF INDIVIDUALS; THERE IS NO CORPORATE MEMBERSHIP CATEGORY. ANYONE INTERESTED IN THE PURPOSES AND OBJECTIVES OF THE ASSOCIATION IS ELIGIBLE FOR MEMBERSHIP. ANYONE HOLDING MEMBERSHIP IN A CHAPTER MUST ALSO BE A MEMBER OF THE INTERNATIONAL BODY.

ISACA CHAPTERS' MEMBERSHIP IS CHARACTERIZED BY DIVERSITY. THE MEMBERS LIVE AND WORK IN 182 COUNTRIES AND RUN THE GAMUT OF JOB TITLES, INCLUDING IS AUDITOR, CONSULTANT, EDUCATOR, INFORMATION SECURITY MANAGER, REGULATOR, CHIEF INFORMATION OFFICER, INTERNAL AND EXTERNAL AUDITOR, COMPLIANCE OFFICER, RISK MANAGER, AND STUDENT. SOME ARE NEW TO THE FIELD, WHILE OTHERS ARE AT MIDDLE MANAGEMENT LEVELS OR SENIOR RANKS. THEY WORK IN FINANCE AND BANKING, PUBLIC ACCOUNTING, HOSPITALITY, HEALTHCARE, GOVERNMENT AND THE PUBLIC SECTOR, UTILITIES, MANUFACTURING, AND RETAIL. ISACA CHAPTER MEMBERS EMBRACE THIS DIVERSITY AS PROVIDING A VAST LEARNING GROUND WHERE THEY MAY DELVE INTO THE CHALLENGES AND OPPORTUNITIES FACED

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

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BY COLLEAGUES IN OTHER COUNTRIES, POSITIONS OR INDUSTRIES.

ISACA CHAPTERS RECOGNIZE THAT THEIR MEMBERS CONSTITUTE AN EXTENSIVE AND VARIED POOL OF EXPERTISE-EXPERTISE THE CHAPTERS COUNT ON TO HELP PROVIDE SERVICES AND PRODUCTS THAT ENGENDER CREDIBILITY AND CAPABILITY IN THEIR CONSTITUENTS. THE MORE MEMBERS, THE MORE EXPERTISE; THE MORE EXPERTISE, THE BETTER THE ABILITY TO MEET CONSTITUENT NEEDS. ISACA CHAPTERS' MEMBERS ARE THEIR MOST VALUABLE ASSET.

FORM 990, PART VI, SECTION A, LINE 7A

PERSONS WHO MAY ELECT GOVERNING BODY MEMBERS

ANCHORAGE CHAPTER:

MEMBERSHIP ELECTS OFFICERS.

ATLANTA CHAPTER:

MEMBERS MAY ELECT THE BOARD OF DIRECTOR POSITIONS FOR PRESIDENT, VICE PRESIDENT (2), SECRETARY AND TREASURER.

AUSTIN CHAPTER:

ALL MEMBERS ARE VOTING MEMBERS.

BATON ROUGE CHAPTER:

THE BATON ROUGE CHAPTER OF ISACA HAS MEMBERS WHO VOTE ANNUALLY FOR THE GOVERNING BODY OF THE CHAPTER.

BIRMINGHAM CHAPTER:

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CONTROL ASSOCIATION CHAPTERS

MEMBERS ELECT THE GOVERNING BODY ANNUALLY.

BOISE CHAPTER:

THE MEMBERS OF THE BOISE CHAPTER VOTE AND ELECT THE GOVERNING BODY

ANNUALLY.

CENTRAL ARKANSAS CHAPTER:

THE MEMBERS VOTE ON THE OFFICERS AND BOARD MEMBERS.

CENTRAL FLORIDA CHAPTER:

MEMBERS ELECT THE GOVERNING BODY EACH YEAR AT THE ANNUAL AGM.

CENTRAL INDIANA CHAPTER:

CHAPTER MEMBERS ELECT ALL OFFICERS AND DIRECTORS.

CENTRAL IOWA CHAPTER:

BOARD MEMBERS ARE ELECTED ANNUALLY THROUGH A GENERAL MEMBER ELECTION.

CENTRAL MARYLAND CHAPTER:

OUR MEMBERSHIP VOTES FOR THE PROPOSED BOARD OF DIRECTORS ANNUALLY.

CENTRAL NEW YORK CHAPTER:

THE LOCAL CHAPTER VOTES OR APPOINTS OFFICERS ON AN ANNUAL BASIS. THE

BOARD AND OFFICERS MAY REMAIN CONSISTENT YEAR AFTER YEAR DEPENDING ON

VOLUNTEERS FROM THE MEMBERSHIP.

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#### CENTRAL OHIO CHAPTER:

THE MEMBERS ELECT THE OFFICERS AND BOARD OF DIRECTORS ON A YEARLY BASIS.

THE BOARD CAN APPOINT INDIVIDUALS TO A PARTICULAR OFFICER OR BOARD

POSITION IN THE EVENT THAT NO ONE RUNS FOR AN ELECTED POSITION.

#### CENTRAL OKLAHOMA CHAPTER:

MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBERS OF THE ORGANIZATION ON AN ANNUAL BASIS.

#### CHARLOTTE CHAPTER:

ALL ACTIVE MEMBERS OF THE CHAPTER CAN PARTICIPATE IN THE ELECTION OF THE CHAPTER BOARD OF DIRECTORS.

## CHICAGO CHAPTER:

THE ORGANIZATION HAS MEMBERS WHO CAN VOTE FOR THE BOARD.

#### DENVER CHAPTER:

SIX CHAPTER OFFICERS ARE ELECTED BY THE MEMBERS. THE OTHER FIVE ARE APPOINTED BY THE PRESIDENT.

### DETROIT CHAPTER:

A YEARLY ELECTION WHERE MEMBERS AT LARGE CAN VOTE FOR CANDIDATES FOR THE BOARD OF DIRECTORS. THE BALLOT IS SELECTED/VETTED BY THE NOMINATING COMMITTEE.

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GREATER CINCINNATI CHAPTER:

MEMBERS ELECT THE BOARD OF DIRECTORS.

GREATER HARTFORD CHAPTER:

LOCAL CHAPTER OFFICERS ARE ELECTED ONCE A YEAR FOR VARIOUS LENGTH TERMS PER OUR BYLAWS.

GREATER HOUSTON CHAPTER:

BOARD IS ELECTED BY THE CHAPTER MEMBERS WITH ADDITIONAL "NON-VOTING" MEMBERS BEING APPOINTED BY THE PRESIDENT.

GREATER KANSAS CITY CHAPTER:

ALL MEMBERS PRESENT AT THE ANNUAL BUSINESS MEETING VOTE ON THE FOUR MEMBERS OF THE BOARD: PRESIDENT, VICE PRESIDENT, TREASURER, AND SECRETARY. NOTE: THE REMAINING VOTING MEMBERS OF THE BOARD ARE APPOINTED.

HARRISBURG CHAPTER:

MEMBERS VOTE IN THE ELECTION OF THE GOVERNING BODY.

HAWAII CHAPTER:

ALL MEMBERS OF THE GOVERNING BODY ARE ELECTED BY A SIMPLE MAJORITY OF

MEMBERS IN GOOD STANDING WHO ARE IN ATTENDANCE AT THE CHAPTER MEETING OR

EVENT WHICH IS DESIGNATED IN ADVANCE AS THE VOTING MEETING. WE HAVE NO

Schedule O (Form 990 or 990-EZ) 2011

INFORMATION SYSTEMS AUDIT AND Name of the organization CONTROL ASSOCIATION CHAPTERS

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SHAREHOLDERS.

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HUDSON VALLEY CHAPTER:

MEMBERS ELECT THE BOARD.

ILLINI CHAPTER:

MEMBERS VOTE ON THE ELECTION OF BOARD MEMBERS.

ILLOWA CHAPTER:

ALL BOARD MEMBERS ARE ELECTED ANNUALLY.

JACKSONVILLE CHAPTER:

THE MEMBERS VOTE ON THE CHAPTER BOARD.

KENTUCKIANA CHAPTER:

ALL VOLUNTEER BOARD MEMBERS WERE ELECTED BY GENERAL MEMBERS.

KETTLE MORAINE CHAPTER:

THE CHAPTER GOVERNING BODY IS ELECTED BY MEMBERS IN GOOD STANDING

ACCORDING TO CHAPTER BYLAWS.

LAS VEGAS CHAPTER:

THE BOARD IS ELECTED BY ALL MEMBERS.

LOS ANGELES CHAPTER:

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OFFICERS AND BOARD DIRECTORS ARE ELECTED BY MEMBERS ANNUALLY. WE HAVE FOUR OFFICERS AND SEVEN OTHER DIRECTORS. MEMBERS CAN NOMINATE AND VOTE FOR THE CANDIDATES DURING THE ANNUAL ELECTION.

## MEMPHIS CHAPTER:

ALL MEMBERS VOTE ON CURRENT OFFICERS.

## MIDDLE TENNESSEE CHAPTER:

ANNUAL OFFICER ELECTIONS ARE HELD AT THE MAY CHAPTER MEETING. MEMBERS IN GOOD STANDING MAY VOTE EITHER IN PERSON OR BY PROXY.

#### MINNESOTA CHAPTER:

MEMBER - ANY PERSON INTERESTED IN THE PURPOSE AND OBJECTIVES OF THE CHAPTER AS STATED IN ARTICLE II SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE CHAPTER, AND THE ASSOCIATION, SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD. MEMBERS SHALL BE ENTITLED TO VOTE AND HOLD OFFICE. THERE ARE NO STOCKHOLDERS.

## MT. RAINIER CHAPTER:

MEMBERS HAVE THE POWER TO ELECT BOARD MEMBERS (PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY, CISA/CISM COORDINATOR) ONCE EVERY YEAR.

## NATIONAL CAPITAL AREA CHAPTER:

EVERY TWO YEARS, CURRENT MEMBERS ARE NOTIFIED WHEN IT IS TIME TO ELECT NEW OFFICERS. OFFICERS SO ELECTED WILL BE INSTALLED AT THE CHAPTER AGM INFORMATION SYSTEMS AUDIT AND

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CONTROL ASSOCIATION CHAPTERS

HELD IN MAY.

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NEW ENGLAND CHAPTER:

BOARD OF DIRECTORS ARE ELECTED BY A PLURALITY OF THE VOTES OF MEMBERS PRESENT AND VOTING AT THE CHAPTER ANNUAL MEETING.

NEW JERSEY CHAPTER:

MEMBERSHIP ELECTS CHAPTER BOARD ANNUALLY. THE CHAPTER CONSISTS OF 1,400 PLUS DUES PAYING MEMBERS.

NEW MEXICO CHAPTER:

MEMBERS OF THIS CHAPTER HAVE VOTING RIGHTS TO ELECT BOARD MEMBERS AND OFFICERS OF THIS CHAPTER.

NEW ORLEANS CHAPTER:

THE CHAPTER HAS MEMBERS WHO ELECT BOARD MEMBERS AT THE ANNUAL MAY MEETING.

NEW YORK CITY CHAPTER:

OUR BYLAWS ALLOW THE CHAPTER PRESIDENT TO APPOINT A BOARD MEMBER TO FILL A VACANT POSITION RESULTING FROM A BOARD MEMBER RESIGNATION. THIS IS SUBJECT TO THE VOTE FROM THE ENTIRE BOARD.

NORTH TEXAS CHAPTER:

MEMBERSHIP VOTES ANNUALLY ON THE BOARD MEMBERS.

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NORTHEAST OHIO CHAPTER:

MEMBERS ELECT THE SLATE OF OFFICERS AT YEAR-END FOR THE FOLLOWING YEAR.

NORTHWEST OHIO CHAPTER:

ELECTIONS ARE HELD AT THE ANNUAL GENERAL MEETING IN MAY FOR BOARD MEMBERS EACH YEAR AND OFFICERS EVERY OTHER YEAR. CHAPTER MEMBERS VOTE ON THE SLATE OF CANDIDATES FROM THE NOMINATING COMMITTEE WHICH HAS TWO NON-BOARD MEMBERS PER OUR BYLAWS.

OMAHA CHAPTER:

MEMBERS VOTE FOR ELECTED OFFICERS (I.E. THE GOVERNING BODY).

ORANGE COUNTY CHAPTER:

AS OUTLINED IN OUR BYLAWS AT: HTTP/1 1062

COLONY1.NET/INDEX.CFM/CHAPTER BYLAW,

ARTICLE IV. CHAPTER MEETINGS, SECTION 5. QUORUM.

SHOULD A MATTER REQUIRE MEMBERSHIP VOTING, A QUORUM SHALL BE REQUIRED AND SHALL CONSIST OF TEN PERCENT OF CHAPTER VOTING MEMBERS. IN ABSENCE OF QUORUM, THE VOTING MATTER WILL BE CONTINUED TO ANOTHER MEETING IN WHICH A QUORUM IS CONFIRMED. THE NEW DATE AND TIME WILL BE COMMUNICATED TO MEMBERS.

ARTICLE VI. NOMINATIONS AND ELECTIONS, SECTION 2. CHAPTER ELECTIONS.

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- A. ALL CHAPTER OFFICERS SHALL BE ELECTED BY THE MEMBERSHIP OF THE CHAPTER BY BALLOT, OR IN THE EVENT THERE IS ONLY ONE CANDIDATE FOR ANY OFFICE, VOTING ON THAT OFFICE MAY BE BY VOICE.
- B. A MEMBER CAN SERVE ONLY IN ONE OFFICE AT A TIME.
- C. THE CHAPTER BOARD SHALL DETERMINE BY RESOLUTION ON OTHER PROCEDURES IT DEEMS NECESSARY TO CONDUCT CHAPTER ELECTIONS IN A PROPER, REASONABLE, NON-BIASED AND ACCURATE MANNER.
- D. ALL MEMBERS PRESENT IN PERSON SHALL BE ELIGIBLE TO VOTE AT THE ANNUAL GENERAL MEETING.
- E. FOR THE OFFICES OF PRESIDENT AND VICE PRESIDENT THE CANDIDATE MUST HAVE SERVED THE CHAPTER IN AN OFFICER OR DIRECTOR ROLE IN A PRIOR YEAR TO BE ELIGIBLE FOR NOMINATION.

PHILADELPHIA CHAPTER:

CHAPTER MEMBERS ELECT MEMBERS OF THE CHAPTER BOARD.

PHOENIX CHAPTER:

MEMBERS VOTE TO ELECT BOARD MEMBERS.

PITTSBURGH CHAPTER:

MEMBERS HAVE RIGHTS TO ELECT THE DIRECTORS OF THE GOVERNING BOARD.

PUGET SOUND CHAPTER:

THE ORGANIZATION HAS MEMBERS THAT ELECT A BOARD OF DIRECTORS ANNUALLY IN MAY FOR THE UPCOMING CHAPTER YEAR.

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RESEARCH TRIANGLE CHAPTER:

OFFICER ELECTIONS BY MEMBERS AT ANNUAL GENERAL MEETING.

RHODE ISLAND CHAPTER:

OUR MEMBERS CAN VOTE ON WHO TO APPOINT INTO A BOARD POSITION.

SACRAMENTO CHAPTER:

OFFICERS SHALL BE ELECTED BY A PLURALITY OF VOTES OF THE MEMBERS VOTING.

SAN ANTONIO/SOUTH TEXAS CHAPTER:

THE ORGANIZATION CURRENTLY HAS 385 ACTIVE MEMBERS (NO STOCKHOLDERS). THE MEMBERS HAVE A RIGHT TO VOTE TO ELECT THE ORGANIZATIONS BOARD MEMBERS ON AN ANNUAL BASIS.

SAN FRANCISCO CHAPTER:

MEMBERS OF THE SAN FRANCISCO CHAPTER ELECT OFFICERS AND DIRECTORS ANNUALLY.

SC MIDLANDS CHAPTER:

THE PRESIDENT MAY APPOINT THE DIRECTORS AS NEEDED.

SILICON VALLEY CHAPTER:

ALL MEMBERS OF THE CHAPTER ELECT THE BOARD.

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SOUTH FLORIDA CHAPTER:

THE ORGANIZATION HAS A GENERAL MEMBERSHIP THAT ELECTS THE CHAPTER

OFFICERS AND BOARD (THE GOVERNING BODY). ELECTIONS ARE HELD EVERY YEAR.

OFFICERS ARE UP FOR RE-ELECTION EVERY TWO YEARS. BOARD MEMBERS ARE UP FOR

RE-ELECTION EVERY YEAR.

SPRINGFIELD CHAPTER:

MEMBERSHIP BASE ELECTS OFFICERS AND BOARD CAN APPOINT PER CHAPTER BYLAWS.

ST. LOUIS CHAPTER:

THE MEMBERSHIP ELECTS THE BOARD ANNUALLY AT THE MAY MEETING OR THROUGH AN ONLINE PROCESS (JUNE) IF "BYLAW" REQUIREMENTS ARE NOT MET DURING THE MAY MEETING.

TALLAHASSEE CHAPTER:

AT THE ANNUAL MEETING, MEMBERS CAN VOTE ON OFFICERS.

TULSA CHAPTER:

WE HOLD ANNUAL BOARD OF DIRECTOR ELECTIONS IN OUR APRIL MEETING WHERE CHAPTER MEMBERS VOTE FOR EACH POSITION, RESPECTIVELY, BASED ON THE CANDIDATES WHO HAVE BEEN NOMINATED FOR THE POSITION.

UTAH CHAPTER:

THE MEMBERS ELECT CHAPTER OFFICERS.

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VIRGINIA CHAPTER:

MEMBERS ELECT ALL OFFICERS.

WEST FLORIDA CHAPTER:

CHAPTER MEMBERS ELECT THE BOARD ANNUALLY AND APPROVE THE ANNUAL BUDGET.

WESTERN MICHIGAN CHAPTER:

MEMBERSHIP VOTES FOR BOARD MEMBERS AT GENERAL MEMBERSHIP MEETING.

WESTERN NEW YORK CHAPTER:

PROFESSIONAL ASSOCIATION MEMBERS ELECT OFFICERS AND DIRECTORS DURING AN ANNUAL GENERAL MEETING HELD IN BATAVIA, NEW YORK.

WILLAMETTE VALLEY CHAPTER:

THE PRESIDENT USES THE APPOINTMENT PROCESS TO PRESENT INDIVIDUALS TO THE BOARD TO FILL VACATED OR EMPTY BOARD POSITIONS, SUBJECT TO RATIFICATION OF THE BOARD MEMBERS AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION A, LINE 7B

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL

27 OF THE 70 ISACA CHAPTERS ANSWERED "NO" TO LINE 7B.

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 7B:

ATLANTA CHAPTER:

INFORMATION SYSTEMS AUDIT AND

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THERE ARE FOUR (4) INSTANCES IN WHICH MEMBER VOTES ARE REQUIRED:

(1) FOR THOSE BUSINESS TRANSACTIONS THE BOARD HAS DETERMINED SHOULD REQUIRE MEMBER VOTES;

- (2) MEMBERS MUST VOTE ON CHAPTER OFFICERS FOR THE BOARD OF DIRECTORS AS TERMS EXPIRE;
- (3) TO EFFECT DISSOLUTION OF THE CHAPTER, THE BYLAWS MUST BE RESCINDED BY A TWO-THIRDS (2/3) VOTE OF THE CHAPTER MEMBERSHIP; AND
- (4) PROPOSED AMENDMENTS TO THE BYLAWS MUST BE PRESENTED TO THE MEMBERSHIP FOR APPROVAL.

## AUSTIN CHAPTER:

APPROVE THE BUDGET AND WHEN AND IF EXPENDITURES ARE MORE THAN \$500 OVER THE BUDGET.

## BOISE CHAPTER:

THE ANNUAL MEMBERSHIP MEETING IS HELD FOR MEMBERSHIP VOTE TO APPROVE THE GOVERNING BOARD OF DIRECTORS FOR THE FISCAL YEAR, AS PER OUR BYLAWS.

## CENTRAL IOWA CHAPTER:

BOARD MEMBER GENERAL ELECTIONS ARE RESERVED FOR THE MEMBERS.

#### CENTRAL OKLAHOMA CHAPTER:

ANY DECISIONS MADE BY THE GOVERNING BODY THAT HAVE A DIRECT AFFECT ON THE ORGANIZATION, ARE SUBJECT TO MEMBERSHIP APPROVAL.

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Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

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CHICAGO CHAPTER:

THE BOARD HAS TO BE APPROVED.

DENVER CHAPTER:

THE ANNUAL BUDGET IS PRESENTED TO THE MEMBERS FOR APPROVAL. DEVIATIONS OVER \$1,000 PER LINE ITEM ARE SUBJECT TO MEMBERSHIP APPROVAL.

DETROIT CHAPTER:

GENERAL ELECTION OF THE BOARD OF DIRECTORS IS SUBJECT TO MEMBERS APPROVAL.

GREATER CINCINNATI CHAPTER:

MEMBERS APPROVE ANY CHANGES TO BYLAWS.

GREATER HARTFORD CHAPTER:

BYLAW REVISIONS AND EXPENSES OUTSIDE OF ANNUAL BUDGET.

GREATER HOUSTON CHAPTER:

SIGNIFICANT MONETARY TRANSACTIONS ARE PRESENTED TO THE MEMBERSHIP FOR THEIR APPROVAL FROM TIME TO TIME.

HARRISBURG CHAPTER:

BYLAW REVISIONS REQUIRE MEMBER APPROVAL.

HUDSON VALLEY CHAPTER:

Name of the organization CONTROL ASSOCIATION CHAPTERS

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BYLAW CHANGES, ELECTION OF THE BOARD.

ILLINI CHAPTER:

MEMBERS VOTE ON THE APPROVAL OF BYLAWS.

LAS VEGAS CHAPTER:

CERTAIN LARGE EXPENDITURES AND CHANGES TO BYLAWS REQUIRE MEMBER APPROVAL.

LOS ANGELES CHAPTER:

AS STATED IN THE BYLAWS, BOARD OFFICERS AND DIRECTORS ARE ELECTED BY MEMBERS ANNUALLY.

MEMPHIS CHAPTER:

CHANGES TO BYLAWS ARE APPROVED VIA VOTE OF ALL MEMBERS.

MIDDLE TENNESSEE CHAPTER:

AMENDMENTS TO THE CHAPTER'S BYLAWS MUST BE ADOPTED BY TWO-THIRDS OF THE BOARD OF DIRECTORS THEN IN OFFICE. THE AMENDED BYLAWS MUST ALSO BE APPROVED AT ANY REGULAR MEETING OR ANY SPECIAL MEETING CALLED FOR THIS PURPOSE BY TWO-THIRDS VOTE OF THE MEMBERS PRESENT. NOTICE OF SUCH AMENDMENTS MUST BE SENT WITH THE NOTICE OF SUCH MEETING AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF THE MEETING.

MT. RAINIER CHAPTER:

INFORMATION SYSTEMS AUDIT AND

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MEMBERS HAVE THE RIGHT TO VOTE ON ANY BYLAW CHANGES MADE BY THE BOARD.

NATIONAL CAPITAL AREA CHAPTER:

EVERY YEAR, THE BUDGET IS APPROVED BY THE BOARD, AND THE MEMBERS RECEIVE

A BRIEFING DURING THE CHAPTER AGM REGARDING HOW FUNDS WERE SPENT DURING

THE CHAPTER YEAR.

NEW ENGLAND CHAPTER:

ALL BUSINESS COMING BEFORE THE BOARD OF DIRECTORS FOR APPROVAL SHALL BE APPROVED BY A MAJORITY OF THOSE PRESENT.

NEW JERSEY CHAPTER:

MEMBERSHIP APPROVES THE BUDGET FOR THE UPCOMING FISCAL YEAR, ANNUALLY.

THE VOTING TO APPROVE THE BUDGET OCCURS DURING THE ANNUAL GENERAL MEETING HELD IN JUNE OF EACH YEAR.

NEW MEXICO CHAPTER:

PROPOSED CHANGES TO THE BY-LAWS MUST BE APPROVED BY CHAPTER MEMBERS.

NEW ORLEANS CHAPTER:

THE CHAPTER MEMBERS ELECT THE BOARD OF DIRECTORS AND APPROVE THE CHAPTER'S BY-LAWS.

NEW YORK CITY CHAPTER:

OUR CHAPTER BYLAWS ARE SUBJECT TO A VOTE BY OUR MEMBERSHIP, AFTER BEING

Employer identification number

APPROVED BY THE BOARD OF DIRECTORS.

NORTH TEXAS CHAPTER:

MEMBERSHIP VOTES ON THE BUDGET FOR THE FISCAL YEAR.

NORTHEAST OHIO CHAPTER:

PURCHASES OVER \$5,000 ARE SUBJECT TO APPROVAL BY A MEMBERSHIP VOTE.

YEARLY SLATE OF OFFICERS FOR THE NEXT YEAR IS ALSO SUBJECT TO APPROVAL BY
A MEMBERSHIP VOTE.

NORTHWEST OHIO CHAPTER:

THE ANNUAL BUDGET IS VOTED ON BY THE CHAPTER MEMBERS AT THE ANNUAL GENERAL MEETING IN MAY EACH YEAR. NON-BUDGETED EXPENDITURES OF MORE THAN \$1,500 MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS PRESENT AT A REGULAR CHAPTER MEETING PER OUR BYLAWS.

ORANGE COUNTY CHAPTER:

AS OUTLINED IN OUR BYLAWS AT: HTTP/1 1062 COLONY1.NET/INDEX.CFM/CHAPTER BYLAW.

SECTION 3. AUTHORITY - THE CHAPTER BOARD SHALL HAVE THE AUTHORITY TO:

- A. EXPEND FUNDS ALLOTTED IN THE APPROVED BUDGET.
- B. AUTHORIZE NON-BUDGETED EXPENDITURES NOT TO EXCEED THE GREATER DOLLAR AMOUNT OF EITHER 50% OF THE CURRENT CHAPTER FUNDS ON HAND OR \$25,000 DOLLARS WITHOUT PRIOR APPROVAL OF THE MEMBERSHIP.

CONTROL ASSOCIATION CHAPTERS

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- C. RECOMMEND TO THE ASSOCIATION BY A UNANIMOUS VOTE OF THE CHAPTER
  OFFICERS, THE TERMINATION OF MEMBERSHIP FOR ANY CHAPTER MEMBER WHO, IN
  THE CHAPTER BOARD'S JUDGMENT, HAS VIOLATED THE BYLAWS OR WHO HAS BEEN
  GUILTY OF CONDUCT DETRIMENTAL TO THE BEST INTERESTS OF THE CHAPTER OR
  ASSOCIATION. SUCH TERMINATION BY THE ASSOCIATION SHALL BE FINAL AND SHALL
  CANCEL ALL RIGHTS, INTEREST, OR PRIVILEGES OF SUCH MEMBERS IN THE
  SERVICES OR RESOURCES OF THE CHAPTER.
- D. DISBURSE THE CHAPTER FUNDS. ANY DISBURSEMENT OVER 10% OF THE CHAPTER'S FUNDS REQUIRES APPROVAL FROM AT LEAST TWO OF THE FIVE CHAPTER OFFICERS.
- E. CREATE DISBURSEMENTS. NO OFFICER SHALL CREATE DISBURSEMENTS FOR HIM OR HERSELF.

PHILADELPHIA CHAPTER:

ANNUAL ELECTION OF THE BOARD OF DIRECTORS.

PHOENIX CHAPTER:

AMENDMENT OF CHAPTER BYLAWS REQUIRE A TWO-THIRDS (2/3) VOTE BY THE MEMBER ATTENDING A CHAPTER MEETING. RECOMMENDED CHANGES MUST BE SUBMITTED AT LEAST TEN (10) DAYS PRIOR TO THE MEETING OR IN WRITING AT A PREVIOUS CHAPTER MEETING.

PITTSBURGH CHAPTER:

SINGLE EXPENDITURES ABOVE \$10,000.

RHODE ISLAND CHAPTER:

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YES, FOR EXAMPLE OUR MEMBERS RECENTLY VOTED ON OUR BYLAWS.

SACRAMENTO CHAPTER:

OFFICER ELECTIONS, BYLAW REVISION(S), AND REMOVAL OF OFFICERS.

SAN ANTONIO/SOUTH TEXAS CHAPTER:

THE MEMBERS ARE ELIGIBLE TO VOTE ON BYLAW CHANGES, ANNUAL FINANCIALS AND BUDGETS.

SAN DIEGO CHAPTER:

CHAPTER GOVERNANCE MATTERS BROUGHT BEFORE THE GENERAL MEMBERSHIP INCLUDE THE FOLLOWING:

- 1. ELECTION OF OFFICERS AND DIRECTORS AT THE ANNUAL GENERAL MEETING OF THE CHAPTER,
- 2. AMENDMENTS TO THE CHAPTER BYLAWS
- 3. THE APPROVAL OF ANY ACTION FOR WHICH THE CALIFORNIA NON-PROFIT MUTUAL BENEFIT CORPORATION LAW ("THE CODE") ALSO REQUIRES APPROVAL OF THE MEMBERS OR APPROVAL OF A MAJOIRTY OF ALL MEMBERS.

SAN FRANCISCO CHAPTER:

CHANGES TO CHAPTER BY-LAWS ARE SUBJECT TO APPROVAL BY ISACA AND CHAPTER MEMBERSHIP.

SILICON VALLEY CHAPTER:

ANY BUDGET OVERRUNS EXCEEDING THE DOLLAR AMOUNT DESCRIBED ON THE CURRENT

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BYLAWS, SHOULD BE APPROVED BY THE GENERAL MEMBERSHIP.

SOUTH FLORIDA CHAPTER:

IF DISSOLUTION OF THE CHAPTER BECOMES INEVITABLE, THE CHAPTER BYLAWS MUST BE RESCINDED BY TWO-THIRDS (2/3) VOTE OF THE CHAPTER MEMBERSHIP.

SIMILARLY, ANY AMENDMENT TO THE BYLAWS MUST BE APPROVED BY 2/3 OF THE MEMBERSHIP.

TALLAHASSEE CHAPTER:

MEMBERS CAN VOTE ON BY-LAWS AND DISSOLUTION.

UTAH CHAPTER:

CHANGES TO THE BYLAWS REQUIRE MEMBER APPROVAL.

VIRGINIA CHAPTER:

CHAPTER BOARD MEETING MINUTES ARE PRESENTED AT MONTHLY BOARD MEETINGS FOR BOARD APPROVAL.

WESTERN NEW YORK:

BOARD ELECTIONS, BUDGET, PROGRAM OF EVENTS.

FORM 990, PART VI, SECTION A, LINE 8B

ORGANIZATION DOCUMENT MEETINGS BY EACH COMMITTEE

51 OF THE 70 ISACA CHAPTERS RESPONDED "YES" TO LINE 8B.

THE FOLLOWING ISACA CHAPTERS RESPONDED "NO" TO LINE 8B:

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GREATER HEARTFORD CHAPTER:

ALL DECISIONS ARE BROUGHT BACK TO THE BOARD FOR RATIFICATION.

HUDSON VALLEY CHAPTER:

ALTHOUGH OUR BYLAWS ALLOW FOR COMMITTEES THE BOARD HAS BEEN ABLE TO ACCOMMODATE WITHOUT THE FORMATION OF ANY SPECIFIC COMMITTEES.

ILLOWA CHAPTER:

NO COMMITTEES.

KENTUCKIANA CHAPTER:

THE CHAPTER OPERATES AS ONE BOARD WITH NO COMMITTEES. ALL DECISIONS ARE MADE BY THE BOARD.

KETTLE MORAINE CHAPTER:

NO COMMITTEES.

MEMPHIS CHAPTER:

WE HAVE NO COMMITTEES. EVERYONE WORKS TOGETHER TOWARD ONE GOAL.

MIDDLE TENNESSEE CHAPTER:

NO COMMITTEES WITH AUTHORITY TO ACT FOR THE GOVERNING BODY.

MINNESOTA CHAPTER:

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MN ISACA DID NOT USE COMMITTEES DURING 2011. ALL ACTIONS AND DECISIONS ARE THE RESPONSIBILITY AND RESULT OF THE BOARD ACTIVITIES WHICH ARE DOCUMENTED BY THE SECRETARY AS NOTED IN (8A) ABOVE.

MT. RAINIER CHAPTER:

NO COMMITTEES.

NORTH TEXAS CHAPTER:

COMMITTEES HAVE NO AUTHORITY, THEY ARE ADVISORY ONLY.

PITTSBURGH CHAPTER:

THERE ARE NO STANDING COMMITTEES.

RESEARCH TRIANGLE CHAPTER:

UNLESS PREVIOUSLY AUTHORIZED BY A BOARD MOTION, EACH COMMITTEE REPORTS TO AND ACTS UPON THE APPROVAL OF THE COMMITTEE OF THE WHOLE (THE BOARD).

COMMITTEES REPORT AT OFFICERS MEETINGS.

SAN DIEGO CHAPTER:

ALL BUSINESS CONDUCTED DURING MONTHLY BOARD MEETINGS.

SC MIDLANDS CHAPTER:

NO COMMITTEES EXIST.

SPRINGFIELD CHAPTER:

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NO COMMITTEE MEETINGS.

TULSA CHAPTER:

NO SUCH COMMITTEE EXISTS FOR THE TULSA CHAPTER.

WEST FLORIDA CHAPTER:

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

WESTERN NEW YORK CHAPTER:

COMMITTEE DELIVERABLES AND BRIEFINGS ARE PROVIDED.

WILLAMETTE CHAPTER:

ALL MEETINGS AND WRITTEN ACTIONS WERE CAPTURED IN BOARD MEETINGS AND NO COMMITTEES WERE UTILIZED.

FORM 990, PART VI, SECTION A, LINE 9

ALTERNATE MAILING ADDRESS

ALL DIRECTORS, TRUSTEES, OFFICERS OR KEY EMPLOYEES CAN BE REACHED AT EACH CHAPTER'S RESPECTIVE ADDRESS. SEE SCHEDULE O, ATTACHMENT 1 FOR EACH CHAPTER'S RESPECTIVE ADDRESS.

FORM 990, PART VI, SECTION B, LINE 11B

SUMMARY OF THE FORM 990 REVIEW PROCESS

THE 2011 FORM 990 FOR INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION

(ISACA) CHAPTERS WAS PREPARED BY GRANT THORNTON LLP (GRANT THORNTON),

BASED UPON INFORMATION PROVIDED BY ISACA AND ISACA CHAPTERS. THIS

DOCUMENT SUMMARIZES THE REVIEW POINTS AND AVAILABILITY ASSOCIATED WITH THE RETURNS.

THE DATA FOR THE RETURN WERE COMPILED BASED ON INFORMATION PREPARED FOR 2011, AS PROVIDED TO ISACA INTERNATIONAL HEADQUARTERS BY ISACA CHAPTERS. THIS INFORMATION WAS SUBMITTED TO GRANT THORNTON FOR PREPARATION OF THE RETURNS. IN ADDITION TO THE FINANCIAL INFORMATION RECEIVED, THE NARRATIVE EXPLANATIONS OF PROGRAM ACCOMPLISHMENTS AND POLICIES PROVIDED BY ISACA CHAPTERS WERE COORDINATED WITH ISACA INFORMATION BY THE APPROPRIATE STAFF WITHIN THE MEMBERSHIP AREA. GRANT THORNTON HAD AN OPPORTUNITY TO RAISE QUESTIONS ABOUT GOVERNANCE AND OTHER ISSUES, AND REQUEST ADDITIONAL INFORMATION AS NEEDED.

UPON COMPLETION OF THE RETURN, SEVERAL LAYERS OF REVIEW WERE CONDUCTED:

-INITIAL REVIEW OF RETURN:

THE INITIAL REVIEW OF THE COMPLETED RETURN WAS COMPLETED BY THE RESPECTIVE STAFF WITHIN THE FINANCE DEPARTMENT.

-SENIOR MANAGEMENT REVIEW:

FOLLOWING THE INITIAL REVIEW, THE CHIEF MEMBERSHIP OFFICER AND APPLICABLE MEMBERS OF THE MANAGEMENT TEAM WERE PROVIDED A COPY OF THE RETURN FOR REVIEW.

AS THE RETURN REPRESENTS A GROUP RETURN FOR ALL OF THE ISACA CHAPTERS

INFORMATION SYSTEMS AUDIT AND

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WITHIN THE UNITED STATES, THE FINAL REVIEW IS NOT REVIEWED BY ALL US CHAPTER BOARD MEMBERS. IT IS IMPORTANT TO NOTE THAT THE INFORMATION PROVIDED BY EACH CHAPTER TO COMPLETE THE RETURN IS ATTESTED TO BY THE PRESIDENT AND TREASURER FOR EACH RESPECTIVE CHAPTER.

FORM 990, PART VI, SECTION B, LINE 12A

WRITTEN CONFLICT OF INTEREST POLICY

48 OF THE 70 ISACA CHAPTERS RESPONDED "NO" TO LINE 12A.

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 12A:

ATLANTA CHAPTER

AUSTIN CHAPTER

BATON ROUGE CHAPTER

BIRMINGHAM CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL MARYLAND CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER HARTFORD CHAPTER

JACKSONVILLE CHAPTER

MINNESOTA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NEW YORK CITY CHAPTER

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NORTHWEST OHIO CHAPTER

PHILADELPHIA CHAPTER

PITTSBURGH CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

THOSE CHAPTERS THAT DO NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY ARE BEING ENCOURAGED TO DO SO.

FORM 990, PART VI, SECTION B, LINE 12B

REQUIRED TO DISCLOSE CONFLICT OF INTERESTS ANNUALLY

20 OUT OF THE 22 ISACA CHAPTERS THAT RESPONDED "YES" TO LINE 12A ALSO

RESPONDED "YES" TO LINE 12B.

ATLANTA CHAPTER

AUSTIN CHAPTER

BIRMINGHAM CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL MARYLAND CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER HARTFORD CHAPTER

JACKSONVILLE CHAPTER

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MINNESOTA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NORTHWEST OHIO CHAPTER

PHILADELPHIA CHAPTER

PITTSBURGH CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

FORM 990, PART VI, SECTION B, LINE 12C

COMPLIANCE WITH WRITTEN CONFLICT OF INTEREST POLICY

OF THE 22 ISACA CHAPTERS THAT RESPONDED "YES" TO LINE 12A, THE FOLLOWING

RESPONDED "YES" TO LINE 12C.

ATLANTA CHAPTER:

EACH BOARD MEMBER SIGNS A DISCLOSURE FORM UPON INITIAL ACCEPTANCE TO THE

BOARD AS WELL AS ANNUALLY. ANY KNOWN POTENTIAL CONFLICTS OF INTEREST ARE

MONITORED (E.G. IF A BOARD MEMBER IS A CONSULTANT, THEY WOULD NOT BE

GIVEN ACCESS TO MEMBERSHIP DIRECTORIES, ETC.).

AUSTIN CHAPTER:

ALL OFFICERS MUST SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

BIRMINGHAM CHAPTER:

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BOARD REVIEWS AND APPROVES ALL EXPENDITURES.

CENTRAL FLORIDA CHAPTER:

THE BOARD OF DIRECTORS MONITOR CHAPTER ACTIONS AGAINST THE POLICIES AND

PROCEDURES.

CENTRAL MARYLAND CHAPTER:

THE BOARD OF DIRECTORS MEETS 3 TIMES PER YEAR AND MEMBERS DISCLOSE ANY

POTENTIAL CONFLICTS OF INTEREST PRIOR TO DISCUSSION ON ANY AGENDA ITEMS

AND RECUSAL FROM VOTING ON THOSE AGENDA ITEMS; THIS ALSO APPLIES TO ANY

E-VOTE ITEMS THAT ARISE BETWEEN BOARD MEETINGS.

CHICAGO CHAPTER:

POTENTIAL CONFLICTS ARE DISCUSSED WITH OFFICERS AND DIRECTORS IN CHARGE

OF FUNDING AND PAYMENT. VENDOR CHOICES AND LOCATIONS ARE DISCUSSED IN

BOARD MEETINGS AND APPROVED AS APPROPRIATE. BUDGETS ARE APPROVED ON AN

ANNUAL BASIS AND FOR ITEMS OUTSIDE THE BUDGET BOARD APPROVAL IS

REQUESTED. DECISIONS ON LARGE SPEND ARE MADE BASED ON LOGISTICAL REASONS

(NUMBER OF SEATS, ETC.).

DENVER CHAPTER:

OFFICERS MUST DISCLOSE AND SIGN WHEN THEY JOIN THE BOARD. TREASURER IS

AWARE OF THE TRANSACTIONS AND INTERESTS AS DISCLOSED.

DETROIT CHAPTER:

Schedule O (Form 990 or 990-EZ) 2011

BOARD MEMBERS ARE REQUIRED TO SIGN CONFLICT OF INTEREST DOCUMENT EVERY
YEAR. MONTHLY BOARD MEETINGS ARE CONDUCTED TO REVIEW ACTIVITIES AND
IMPLEMENT SEPARATION OF DUTIES.

## GREATER HARFORD CHAPTER:

AT EACH BOARD MEETING THE POLICY IS REVIEWED ORALLY AND COMPLIANCE INDICATED BY EACH MEMBER OF THE BOARD.

#### JACKSONVILLE CHAPTER:

THE BOARD SIGNS A FORM AT THE BEGINNING OF EACH YEAR AND CHAPTER BOARD MONITORS.

## MINNESOTA CHAPTER:

ALL CHAPTER ACTIVITIES, E.G., TRAINING EVENTS, ETC., ARE REVIEWED AND APPROVED BY THE BOARD PRIOR TO EVENTS TAKING PLACE. MOST SERVICES SUCH AS HOTEL HOST SELECTION ARE ARRANGED THROUGH THIRD PARTY SUPPLIER TO THE CHAPTER (EWALD). MONTHLY FINANCIALS AS PREPARED BY THE TREASURER ARE REVIEWED BY A DIRECTOR FOR COMPLETENESS, ACCURACY AND APPROPRIATENESS.

FINANCIALS ARE REVIEWED AND APPROVED BY THE BOARD. THIS INCLUDES SUBMITTED EXPENSES.

## NEW JERSEY CHAPTER:

BOARD IS BOUND BY ISACA INTERNATIONAL POLICIES AND PROCEDURES REGARDING CONFLICT OF INTEREST.

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NEW ORLEANS CHAPTER:

REQUIRED ALL BOARD MEMBERS TO READ AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY.

PHILADELPHIA CHAPTER:

APPROVAL OF VENDORS AND DISBURSEMENTS REQUIRE AT LEAST TWO BOARD MEMBERS PRIOR TO COMPLETION OF EACH TRANSACTION.

PITTSBURGH CHAPTER:

DIRECTORS ARE NOT HIRED TO PROVIDE SERVICES TO THE CHAPTER.

SILICON VALLEY CHAPTER:

BYLAWS ARE PUBLISHED ON THE CHAPTER WEBSITE ALONG WITH POLICIES,

PROCEDURES. THERE IS NO FORMALLY WRITTEN CONFLICT OF INTEREST POLICY,

HOWEVER THE CONFLICT OF INTEREST DECLARATION, WHICH IS NOT PUBLICLY

AVAILABLE, DESCRIBES THE CHAPTER'S CONFLICT OF INTEREST PRACTICES. THESE

ARE PROVIDED TO MEMBERS WHO ARE CONTESTING THE BOARD POSITIONS.

SOUTH FLORIDA CHAPTER:

MEMBERS HOLDING OFFICE ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

VIRGINIA CHAPTER:

BOARD MEMBERS ARE ASKED ANNUALLY TO IDENTIFY ANY CONFLICTS. CONFLICTS ARE DOCUMENTED AND REVIEWED WITH THE BOARD.

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WEST FLORIDA CHAPTER:

THE BOARD CONTINUALLY MONITORS FOR CONFLICTS THROUGH REVIEW AND OVERSIGHT OF CHAPTER ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 13

WHISTLEBLOWER POLICY

68 OF THE 70 ISACA CHAPTERS ANSWERED "NO" TO LINE 13.

THE FOLLOWING ISACA CHAPTER RESPONDED "YES" TO LINE 13:

JACKSONVILLE CHAPTER

MINNESOTA CHAPTER

THOSE CHAPTERS THAT DO NOT HAVE A WRITTEN WHISTLEBLOWER POLICY ARE BEING ENCOURAGED TO DO SO.

FORM 990, PART VI, SECTION B, LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY

65 OF THE 70 ISACA CHAPTERS ANSWERED "NO" TO LINE 14.

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 14:

BIRMINGHAM CHAPTER

DETROIT CHAPTER

JACKSONVILLE CHAPTER

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MINNESOTA CHAPTER

SILICON VALLEY CHAPTER

THOSE CHAPTERS THAT DO NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY ARE BEING ENCOURAGED TO DO SO.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

AS THERE ARE NO INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS THAT HAVE OFFICERS OR EMPLOYEES THAT ARE COMPENSATED, THERE ARE
NO SPECIFIC PROCESSES FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE
DIRECTOR(S), TOP MANAGEMENT OFFICIALS, OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

INFORMATION MADE AVAILABLE TO THE PUBLIC

32 OF THE 70 ISACA CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

ATLANTA CHAPTER:

FINANCIAL STATEMENTS ARE AVAILABLE ON THE CHAPTER WEBSITE.

BIRMINGHAM CHAPTER:

THE CHAPTER BYLAWS AND FINANCIALS ARE PROVIDED TO MEMBERS UPON REQUEST.

BOISE CHAPTER:

THE CHAPTER BYLAWS ARE POSTED ON THE CHAPTER WEBSITE.

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CENTRAL FLORIDA CHAPTER:

POLICIES & MEETING NOTES ARE POSTED ON THE WEBSITE AND ANNUAL FINANCIALS ARE PROVIDED AT THE ANNUAL AGM MEETING.

CENTRAL MARYLAND CHAPTER:

THE CENTRAL MARYLAND CHAPTER'S BYLAWS ARE POSTED AND AVAILABLE VIA

DOWNLOAD ON THE CHAPTER'S WEBSITE. CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC AT THIS TIME.

CENTRAL OHIO CHAPTER:

BYLAWS CAN BE FOUND ON THE CHAPTER WEBSITE.

CENTRAL OAKLAHOMA CHAPTER:

THE BYLAWS ARE AVAILABLE ON THE CENTRAL OKLAHOMA ISACA WEBSITE.

CHARLOTTE CHAPTER:

THE CHAPTER PROVIDES THE GOVERNING DOCUMENTS UPON REQUEST AND MAKES AVAILABLE ON THE CHAPER WEBSITE THE CHAPTER BYLAWS.

CHICAGO CHAPTER:

THE CHAPTER PROVIDES THE CHAPTER BYLAWS ON THE CHAPTER WEBSITE.

DENVER CHAPTER:

AVAILABLE ON CHAPTER WEBSITE.

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GREATER CINCINNATI CHAPTER:

BYLAWS ARE POSTED ON THE WEBSITE.

GREATER HEARTFORD CHAPTER:

BYLAWS ARE AVAILABLE ON CHAPTER WEBSITE.

GREATER KANSAS CHAPTER:

BYLAWS ARE POSTED ON THE CHAPTER WEBSITE. ANY MEETING MINUTES ARE

AVAILABLE UPON REQUEST.

HARRISBURG CHAPTER:

BYLAWS ARE PUBLISHED ON THE CHAPTER WEBSITE.

ILLOWA CHAPTER:

CHAPTER BYLAWS ARE POSTED TO THE CHAPTER WEBSITE.

KENTUCKIANA CHAPTER:

AVAILABLE UPON REQUEST.

LOS ANGELES CHAPTER:

PRIVACY STATEMENT, BYLAWS, AND LEGAL NOTICE ARE AVAILABLE ON THE CHAPTER

WEBSITE AT WWW.ISACALA.ORG.

MIDDLE TENNESSEE CHAPTER:

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

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CHAPTER BYLAWS ARE AVAILABLE TO THE PUBLIC AT WWW.ISACANASHVILLE.ORG. FINANCIAL STATEMENTS ARE NOT PUBLICLY AVAILABLE. THE CHAPTER DOES NOT HAVE A CONFLICT OF INTEREST POLICY.

MINNESOTA CHAPTER:

DOCUMENTATION IS AVAILABLE TO MEMBERS THROUGH THE MN CHAPTER WEBSITE. DOCUMENTATION DEEMED LESS SENSITIVE IS AVAILABLE TO THE GENERAL PUBLIC ALSO VIA THE MN CHAPTER WEBSITE - PUBLIC AREAS. THE DOCUMENTS CONSIST OF THE CHAPTER BYLAWS AND ARTICLES OF INCORPORATION.

NEW JERSEY CHAPTER:

FINANCIALS PRESENTED DURING ANNUAL AGM MEETING AND ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO ANY MEMBER IN GOOD STANDING.

NEW YORK CITY CHAPTER:

THE CHAPTER BYLAWS ARE AVAILABLE ON THE PUBLIC WEBSITE OF THE ORGANIZATION.

OMAHA CHAPTER:

THE CHAPTER PROVIDES THE BYLAWS AND FINANCIAL STATEMENTS UPON REQUEST.

PHILADELPHIA CHAPTER:

THE CHAPTER BYLAWS ARE PROVIDED ON THE CHAPTER WEBSITE.

PUGET SOUND CHAPTER:

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BYLAWS ARE AVAILABLE THROUGH THE PUGET SOUND ISACA CHAPTER WEBSITE.

SACRAMENTO CHAPTER:

BYLAWS ARE ON THE CHAPTER WEBSITE; ANNUAL FINANCIAL REPORT AT THE AGM; AND UPON REQUEST.

SAN ANTONIO/SOUTH TEXAS CHAPTER:

WE DISCLOSE DURING OUR GENERAL ANNUAL MEETING OUR FINANCES AND THEY ARE AVAILABLE UPON REQUEST BY MEMBERS.

SAN DIEGO CHAPTER:

THE CHAPTER BYLAWS ARE AVAILABLE ON THE CHAPTER WEBSITE AND CAN BE OBTAINED ON REQUEST.

SAN FRANCISCO CHAPTER:

THE CHAPTER BYLAWS ARE AVAILABLE ON THE CHAPTER WEBSITE AND AVAILABLE TO SUBSCRIBED MEMBERSHIP IN YAHOOGROUPS.

SILICON VALLEY CHAPTER:

BYLAWS ARE PUBLISHED ON THE CHAPTER WEBSITE ALONG WITH POLICIES,

PROCEDURES, INCLUDING PRIVACY POLICY. THE CONFLICT OF INTEREST

DECLARATION IS NOT PUBLICLY AVAILABLE. THESE ARE PROVIDED TO MEMBERS WHO

ARE CONTESTING THE BOARD POSITIONS. THE FINANCIAL INFORMATION IS

RESTRICTED TO THE BOARD.

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SOUTH FLORIDA CHAPTER:

THE CHAPTER BYLAWS ARE POSTED TO CHAPTER WEBSITE.

ST. LOUIS CHAPTER:

THE CHAPTER BYLAWS ARE POSTED ON THE CHAPTER WEBSITE.

WESTERN MICHIGAN CHAPTER:

THE CHAPTER BYLAWS ARE AVAILABLE ON THE CHAPTER WEBSITE AND THE CHAPTER WILL E-MAIL NEW BYLAWS TO MEMBERS PRIOR TO VOTE.

FORM 990, PART XI, LINE 5

RECONCILIATION OF NET ASSETS

PRIOR PERIOD ADJUSTMENTS WERE MADE BY THE FOLLOWING CHAPTERS:

RESEARCH TRIANGLE CHAPTER 7,059.

BATON ROUGE CHAPTER 10,278.

KENTUCKIANA CHAPTER -21,286.

ATLANTA CHAPTER 80.

GREATER HEARTFORD CHAPTER 7,236.

NEW ENGLAND CHAPTER 300.

ADDITIONAL CHAPTERS (BELOW THRESHOLD) 891,111.

ADDITIONAL CHAPTERS (NOT REPORTED IN PRIOR YEAR) -41,473.

TOTAL -853,305.

FORM 990, PART XII, LINE 2C

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ORGANIZATION'S FINANCIAL STATEMENTS

IT IS RECOMMENDED THAT INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS ESTABLISH AN INDEPENDENT AUDIT COMMITTEE, EITHER FOR THE PURPOSE OF CONDUCTING AN ANNUAL AUDIT OR TO OVERSEE THE ENGAGEMENT OF AN EXTERNAL AUDITOR. BASED ON ESTABLISHED AUDIT THRESHOLDS FOR NONPROFITS, AN EXTERNAL AUDIT IS NOT REQUIRED OF ALL ISACA CHAPTERS. THE RESULTS OF THE AUDIT COMPLETED BY THE CHAPTER SHALL BE REPORTED TO THE MEMBERS OF THE RESPECTIVE CHAPTER. ALL ISACA CHAPTERS ARE REQUIRED TO OBTAIN AN AUDIT VERIFICATION LETTER THAT MUST BE TURNED IN TO ISACA INTERNATIONAL HEADQUARTERS.

ATTACHMENT 1

## FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

ANCHORAGE CHAPTER
P.O. BOX 240353
ANCHORAGE, AK 99524-0353
71-0937387
177

ATLANTA CHAPTER
4780 ASHFORD DUNWOODY RD. STE. A475
ATLANTA, GA 30338-5504
58-1353296
039

AUSTIN CHAPTER
P.O. BOX 13468
AUSTIN, TX 78711-3468
74-1909256
020

BATON ROUGE CHAPTER 14351 BRENTWOOD CT. GONZALES, LA 70737 72-1056363 085 ŧ

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ATTACHMENT 1 (CONT'D)

## FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

BIRMINGHAM CHAPTER
P.O. BOX 59623
BIRMINGHAM, AL 35259-9623
63-0829301
065

BOISE CHAPTER 5125 N. RED HILLS AVE. MERIDIAN, ID 83646 82-0353193 042

CENTRAL ARKANSAS CHAPTER 14525 WIMBLEDON LOOP LITTLE ROCK, AR 72210 52-1315583 082

CENTRAL FLORIDA CHAPTER 1681 ARASH CIR. PORT ORANGE, FL 32128-7323 59-2370745 067

CENTRAL INDIANA CHAPTER P.O. BOX 441257 INDIANAPOLIS, IN 46244-1257 35-1513580 056

CENTRAL IOWA CHAPTER 801 GRAND AVE., STE. 3000 DES MOINES, IA 50309-2764 42-1296228 110

CENTRAL MARYLAND CHAPTER P.O. BOX 434 LINTHICUM, MD 21090 94-2511599 024 1

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ATTACHMENT 1 (CONT'D)

# FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

CENTRAL NEW YORK CHAPTER P.O. BOX 15064 SYRACUSE, NY 13215-0064 16-1107127 029

CENTRAL OHIO CHAPTER P.O. BOX 151152 COLUMBUS, OH 43215 31-0930271 027

CENTRAL OKLAHOMA CHAPTER 17407 BETHEL RD. SHAWNEE, OK 74801-2952 73-1206933 049

CHARLOTTE CHAPTER 651 E. 8TH ST., APT. 307 CHARLOTTE, NC 28202-2954 56-1283238 051

CHICAGO CHAPTER
P.O. BOX 81627
CHICAGO, IL 60681
23-7288003
002

DENVER CHAPTER 6441 S. POTOMAC ST. CENTENNIAL, CO 80111 84-0727216 016

DETROIT CHAPTER 16592 HOUGHTON DR. LIVONIA, MI 48154 23-7410401 008 Name of the organization INFORM

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ATTACHMENT 1 (CONT'D)

# FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

GREATER CINCINNATI CHAPTER 2216 DOMINION DR. FT. MITCHELL, KY 41017-2017 23-7291478 003

GREATER HARTFORD CHAPTER P.O. BOX 231344 HARTFORD, CT 06123-1344 36-3538336 028

GREATER HOUSTON CHAPTER P.O. BOX 2424 HOUSTON, TX 77252-2424 23-7419148 009

GREATER KANSAS CITY CHAPTER P.O. BOX 26066 KANSAS CITY, MO 64196 43-1338861 087

HARRISBURG CHAPTER P.O. BOX 482 CAMP HILL, PA 17001 23-2116311 045

HAWAII CHAPTER 1132 BISHOP ST., STE. 1200 HONOLULU, HI 96813 99-0219334 071

HUDSON VALLEY CHAPTER P.O. BOX 1458 ALBANY, NY 12201 22-3001385 120

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ATTACHMENT 1 (CONT'D)

#### FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

ILLINI CHAPTER
P.O. BOX 2322
DECATUR, IL 62525
37-1141574
077

ILLOWA CHAPTER 3025 4TH ST. MARION, IA 52302 36-4428918 169

JACKSONVILLE CHAPTER
621 PARADISE CT.
ATLANTIC BEACH, FL 32233-6946
59-2155120
058

KENTUCKIANA CHAPTER 9203 FEATHERBELL BLVD. PROSPECT, KY 40059 61-0942117 037

KETTLE MORAINE CHAPTER
W. 281 N4930 THEODORES COVE
PEWAUKEE, WI 53072
39-1400443
057

LAS VEGAS CHAPTER
7408 CHORLEYWOOD WAY
LAS VEGAS, NV 89131
20-3339497
187

LOS ANGELES CHAPTER
P.O. BOX 712726
LOS ANGELES, CA 90071-7726
23-7294468
001

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ATTACHMENT 1 (CONT'D)

#### FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

MEMPHIS CHAPTER 316 N. AVALON ST. MEMPHIS, TN 38112 62-1083062 048

MIDDLE TENNESSEE CHAPTER P.O. BOX 330443 NASHVILLE, TN 37203 62-1261485 102

MINNESOTA CHAPTER 1000 WESTGATE DR., STE. 252 ST. PAUL, MN 55114 41-6175157 007

MT. RAINIER CHAPTER P.O. BOX 6551 OLYMPIA, WA 98504 91-1557795 129

NATIONAL CAPITAL AREA CHAPTER P.O. BOX 77533 WASHINGTON, DC 20013-7533 23-7360726 005

NEW ENGLAND CHAPTER P.O. BOX 1181 BOSTON, MA 02117 04-2592391 018

NEW JERSEY CHAPTER 101 E. OAK ST., #1-3 OAKLAND, NJ 07436 22-2203291 030

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ATTACHMENT 1 (CONT'D)

#### FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

NEW MEXICO CHAPTER 1007 EL PUEBLO RD. NW ALBUQUERQUE, NM 87114 85-0333609 083

NEW ORLEANS CHAPTER P.O. BOX 6075 METAIRIE, LA 70009-6075 72-0946429 061

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OMAHA CHAPTER 1804 S. 175 AVE. OMAHA, NE 68130 47-0592567 023

Name of the organization INE

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ATTACHMENT 1 (CONT'D)

#### FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

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RHODE ISLAND CHAPTER P.O. BOX 6262 PROVIDENCE, RI 02940 26-0718191 197

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#### FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

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SAN DIEGO CHAPTER 3425 LEBON DR., APT. 521 SAN DIEGO, CA 92122 95-3095287 019

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SOUTH FLORIDA CHAPTER P.O. BOX 450278 SUNRISE, FL 33345 94-2683400 033

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ATTACHMENT 1 (CONT'D)

## FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

SPRINGFIELD MISSOURI CHAPTER HC 63 BOX 33-5 CAULFIELD, MO 65626 45-2250186 214

ST. LOUIS CHAPTER 711 JUDSON MANOR DR. ST. LOUIS, MO 63141 51-0161367 011

TALLAHASSEE CHAPTER 9516 STARHAWK DR. TALLAHASSEE, FL 32309 45-3664518 213

TULSA CHAPTER 1825 N. 13TH ST. BROKEN ARROW, OK 74012-8256 73-1086325 034

UTAH CHAPTER 2877 DELSA DR. HOLLADAY, UT 84124 87-6162790 004

VIRGINIA CHAPTER P.O. BOX 11564 RICHMOND, VA 23230-1564 54-1036448 022

WEST FLORIDA CHAPTER P.O. BOX 1101 TAMPA, FL 33602 59-1933237 041

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Page 2

Name of the organization INF

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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WESTERN MICHIGAN CHAPTER 206 HI MOUNT CIR. LANSING, MI 48906 36-3007751 038

WESTERN NEW YORK CHAPTER P.O. BOX 1321 PITTSFORD, NY 14534 27-1034705 046

WILLAMETTE VALLEY CHAPTER P.O. BOX 413, 1505 SW 6TH PORTLAND, OR 97207 36-3538334 050

ATTACHMENT 2

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS'
MISSION IS TO SERVE BOTH INDIVIDUALS AND ENTERPRISES BY BEING A LOCAL
PROVIDER OF KNOWLEDGE, CERTIFICATION EXAM REVIEW, COMMUNITY, ADVOCACY
AND EDUCATION ON SUBJECTS SUCH AS INFORMATION SYSTEMS ASSURANCE AND
SECURITY, GOVERNANCE OF ENTERPRISE OF IT (INFORMATION TECHNOLOGY),
AND IT-RELATED RISK AND COMPLIANCE.

THE ISACA CHAPTERS SUPPORT AND ENHANCE RELATIONSHIPS AMONG THE FACULTY AND STUDENT BODIES OF LOCAL COLLEGES AND UNIVERSITIES BY PROMOTING STUDENT MEMBERSHIP IN ISACA, NETWORKING WITH FACULTY AND STUDENTS INTERESTED IN LEARNING MORE ABOUT THE INFORMATION SYSTEMS AUDIT AND SECURITY PROFESSION, AND ENCOURAGING COMPLIANCE WITH ISACA'S STANDARDS AND CODE OF PROFESSIONAL ETHICS.

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

**Employer identification number** 

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INFORMATION TECHNOLOGY IS A RAPIDLY CHANGING INDUSTRY, AND IT DEMANDS A COMMITMENT ON THE PART OF ITS PRACTITIONERS TO LEARN CONTINUOUSLY AND MASTER NEW SKILLS. INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS' PRIMARY PURPOSE IS TO SERVE THEIR LOCAL MEMBERS BY OFFERING BENEFITS IN THE FOLLOWING CATEGORIES: EDUCATION/PROFESSIONAL DEVELOPMENT, NETWORKING AND RELATIONS, AND ACADEMIC SUPPORT. EDUCATIONAL EVENTS FOR PROFESSIONAL DEVELOPMENT INCLUDE OPPORTUNITIES SUCH AS TRAINING LUNCHEONS, SEMINARS, CONFERENCES AND CERTIFICATION EXAM REVIEW COURSES. THE CHAPTERS ALSO FACILITATE LOCAL NETWORKING BY OFFERING OPPORTUNITIES TO BUILD RELATIONSHIPS WITH OTHER PROFESSIONALS AND ORGANIZATIONS WITH RELATED INTERESTS THROUGH CHAPTER AND COMMITTEE MEETINGS, NETWORKING EVENTS, AND EDUCATIONAL EVENTS. A SENSE OF COMMUNITY IS ALSO PROMOTED THROUGH THE CHAPTER WEB SITE.

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P.O. BOX 240353
ANCHORAGE, AK 99524-0353
71-0937387
177

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(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB	Mα	1545-	1700

Department of the Treasury

Internal Revenue	e Service	File a	separate ap	plication for each return.			
<ul> <li>If you are</li> </ul>	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	us box	. ▶ X	
<ul><li>If you are</li></ul>	filing for an	Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Pa	art II (on page 2 of this form)		
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a corporation	n required t	to file Form 990-T), or an addition	al (not aut	omatic) 3-month exten	omatic extension of time to file (6 insign of time. You can electronically	y file Form	
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Form 990-E2			01	Form 4720		09	
Form 990-PF			04	Form 5227		10	
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	Only complete Part II if you have already been grai			on a previously filed Form 8868	ı			
	u are filing for an Automatic 3-Month Extension, o							
Part I	Additional (Not Automatic) 3-Month Ex	dension o	of Time. Only file the orig	inal (no copies needed).				
				nter filer's identifying number, see				
	Name of exempt organization or other filer, see in			Employer identification numb	er (EIN) or			
Type o		X 94-2919522						
print		CONTROL ASSOCIATION CHAPTERS						
File by the	Number, street, and room or suite no. If a P.O. box							
due date filing you	for 3/01 ALGONQUIN ROAD	3701 ALGONQUIN ROAD						
relum Se	ee i	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
instruction								
	he Return code for the return that this application			ach return)	T			
Applica	ation	Return	Application		Return			
ls For		Code	Is For	FILE CONTINUE PARTY TOTAL AND DATE TO THE SECOND	Code			
Form 9		01	BRANCE SERVER	<u> </u>	ALC: U			
Form 9		02	Form 1041-A		08			
Form 9		01	Form 4720		09			
Form 9		04	Form 5227		10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	90-T (trust other than above)	06	Form 8870	<del></del>	12			
	Do not complete Part II if you were not already		automatic 3-month exter	ision on a previously filed For	n 8868.			
	books are in the care of ► NEVILLE RADEME phone No ► 847 253-1545		5.V.V. > 047 252	1 4 4 2				
				1443	, m			
	e organization does not have an office or place of				<b>&gt;</b>			
	s is for a Group Return, enter the organization's for							
	whole group, check this box $\dots \mapsto X$ . If the names and EINs of all members the extension			box ▶	acn a			
-	<del></del>			1/15,2012.				
	request an additional 3-month extension of time ui or calendar year <u>2011</u> , or other tax year beginni				20 .			
	the tax year entered in line 5 is for less than 12 m				20			
ı" i	Change in accounting period	ionins, che	CK Teason militar Te	itom marretom				
7 S	tate in detail why you need the extension ADDIT	TONAL T	IME IS REQUESTED	TO GATHER THE				
	NFORMATION NECESSARY TO FILE A CO							
_	<u></u>							
_								
8a If	this application is for Form 990-BL, 990-PF, 99	30-T, 4720	or 6069, enter the ten	tative tax, less any				
	onrefundable credits. See instructions	·		8a \$				
b If	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun					
es	stimated tax payments made Include any pri	or year o	overpayment allowed as	a credit and any				
aı	mount paid previously with Form 8868			8b(\$				
c B	c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS							
(E	Electronic Federal Tax Payment System) See instru	ctions		8c \$				
	Signature and Verifica		st be completed for F					
Under pe	enalties of perjury, I declare that I have examined this form,			=	ige and belief			
	correct, and complete, and that I am authorized to prepare this fo	_		,	-			
		>						
Signature	<b>•</b>		Title ► CPA	Date ► 07/25/	/2012			
				Form 8868	(Rev. 1-2012)			