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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB IND, 1545-0047

Open to Public Inspection

A F	or th	ne 2012	2 calendar year, or tax year beginning , 2012,	and endin	ng			, 2	0	
			C Name of organization INFORMATION SYSTEMS AUDIT AND			D Employer ide	entific	ation nur	nber	,
D 0	heck ıfaş	pplicable	CONTROL ASSOCIATION CHAPTERS			94-2919	522	!		
	Addre		Doing Business As		ļ					
	Name	e change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone ni	umber			
	Instial	Ireturn	3701 ALGONQUIN ROAD	1010		(847) 25	3 – 1	545		
	Term	unated	City, town or post office, state, and ZIP code							
	Amer		ROLLING MEADOWS, IL 60008			G Gross receipt	ts \$	3	,699,	340
	Applii pendi	cation	F Name and address of principal officer SUSAN M. CALDWELL			H(a) Is this a grou	ıp retur	n for X] Yes [No
			SAME AS C ABOVE			H(b) Are all affilia	tes ıncl	uded? X] Yes [No
Ī	Tax-ex	cempt sta	ttus 501(c)(3) X 501(c) (6) ◄ (insert no) 4947(a)(1) c	or 52	7	If "No," attac	h a list	(see instru	ictions) A	TCH
J	Websi	ıte: 🕨 1	WWW ISACA ORG			H(c) Group exemp	otion nu	ımber 🕨	25	0 4
ĸ	Form	of organi	zation X Corporation Trust Association Other	L Year of	f formation	on M	State	of legal de	omicile	
Pa	irt I	Sun	nmary							
	1	Briefly	describe the organization's mission or most significant activities							,
•		PROV	IDE CONTINUING PROFESSIONAL EDUCATION, FACILIT	ATE NET	WORKI	NG AND				
Š		COMM	UNITY THROUGH CHAPTER MEETINGS, AND FURTHER PR	OMOTE A	ND EI	EVATE			-	
ı.		THE	VISIBILITY OF IT GOVERNANCE, SECURITY, AND AUD	IT PROF	ESSIC	NALS			-	
Governance	2	Check	this box if the organization discontinued its operations or dispose	d of more tha	an 25%	of its net assets	: S			-
ত ≪	3		er of voting members of the governing body (Part VI, line 1a)				3			813
ies	4		er of independent voting members of the governing body (Part VI, line 1b)				4			813
Activities	5		number of individuals employed in calendar year 2012 (Part V, line 2a)				5			0
Act	6		number of volunteers (estimate if necessary)						1,	246
	7a	Total u	inrelated business revenue from Part VIII, column (C), line 12				7a		2,	450
			related business taxable income from Form 990-T, line 34				7b			0
						Prior Year		Cui	rent Ye	ar
ø	8	Contrib	outions and grants (Part VIII, line 1h)			40,61	0		5,	023
ğ	9		m service revenue (Part VIII, line 2g)			3,395,54	8	3	,601,	094
Revenue	10	Investr	ment income (Part VIII, column (A), lines 3, 4, and 7d).			9,29	1		7,	125
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20,23	6		86,	098
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			3,465,68	5	3	,699,	340
	13		and similar amounts paid (Part IX, column (A), fines 1-3)			194,41	2		143,	003
	14		ts paid to or for members (Park XX, 100/Lmh. (A), line (4)				0			0
Ś	15		es, other compensation, employee benefits (Part (X) column (A), lines 5-10)			9,14	0			0
nse	16a		sional fundraising fees (Part IX, column (A) line 14e				0			0
Expense	Ь	Total fo	undraising expenses (Par) (Column (B), line 25)	0						
ш	17	Other	expenses (Part IX Column (A), lines 11a-14d 117-24d)			3,003,00	7	3	,241,	219
	18	Total e	expenses Add lines 13-17 (must equal Patrix column (A), line 25)			3,206,55	9	3	,384,	222
	19	Reveni	ue less expenses Subtractime 18 from line 12			259,12			315,	
e s					Beginn	ing of Current Y	'ear	En	of Year	
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)			3,882,13	5	4	,191,	649
Ass	21		abilities (Part X, line 26)			8,90	7			0
FE	22		sets or fund balances Subtract line 21 from line 20			3,873,22	8	4	,191,	649
	rt II	Sig	nature Block							
			perjury, I declare that I have examined this return, including accompanying schedul				my k	nowledge	and bel	ief, it is
true	e, corre	ect, and c	complete Declaration of preparer (other than officer) is based on all information of whice	ch preparer ha	s any kn	owledge		,		
		l N a	Mara Den			/-3 t	tun	5	⊃જ/_	3
Sig			Signature of officer			Date	77			
He	re	5	SUSAN M CALDWELL CEO				U			
		 7	Type or print name and title							
		Print/T	ype preparer's name Preparer's signature	Date		Check	ıf P	TIN		
Paid		BRID	GET T ROCHE BURGAT T. KUCHE	8/6/	/3	self-employe	- 1	P00	66683	7
	parer	Firm's				Firm's EIN	36-	60555	58	
use	Only		address ► 175 W JACKSON BLVD STE 2000 CHICAGO, IL 60604			5 = 5		-856-		
May	the I		cuss this return with the preparer shown above? (see instructions)					1 1	'es	No
			Reduction Act Natice, see the congrete instructions				• •	<u></u>	<u> 990</u>	

1447160

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		_ X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		· 3	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
L	complete Schedule D, Part VI	11a		Х
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	· · · ·		
	complete Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	ı I	

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 19 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			1
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			1
	employees? If "Yes," complete Schedule J	23		Х
24 a		1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	İ		
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
b		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		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ĺ
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		l
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1	_	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	121		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	l		1
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
U	Schedule L, Part IV	28Ь		х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29		29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		$\stackrel{\frown}{\vdash}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			J
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		
05 -	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			i
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			İ
	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 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	~~~	

Form	990 (2012)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. X
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 /		
	The are named of order to the to be included in line to Like to the applicable,]	,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,,,,	, ,	1,4
	24 24		mř. d	<u> </u>
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	%	VA. 8
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	8:		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	-
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		X
h	account)?	4a	. 3%	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	If "Yes," enter the name of the foreign country 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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			*74
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		_ <u>*</u> * *,
	and services provided to the payor?	7a		
	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			ĺ
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		ئـــــــــــــــــــــــــــــــــــــ	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	63 \	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- 1,84		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			4
9	organization, have excess business holdings at any time during the year?	8	1781	
	Did the organization make any taxable distributions under section 4966?	9a	¥'\$'	<u>: *****</u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ŝ	-
	Initiation fees and capital contributions included on Part VIII, line 12) · · · ·	. ^	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		´ ,	
11	Section 501(c)(12) organizations. Enter	<u> </u>		
а	Gross income from members or shareholders	"		
	Gross income from other sources (Do not net amounts due or paid to other sources	1 .		ĺ
	against amounts due or received from them)			ĺ
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		ļ	i
	the organization is licensed to issue qualified health plans]		i
С	Enter the amount of reserves on hand	<u> </u>		

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form 9	90 (2012)				•	Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throws response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Science 1.					"No"
	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.	<u>1a</u>	813			
	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	813			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel any other officer, director, trustee, or key employee?	-		2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
-	supervision of officers, directors, or trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	=		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
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 ele					
	one or more members of the governing body?			7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Reve	nue (Code	.)	
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of s					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form	2	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	nat could	give			1
	rise to conflicts?		[12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicy? If "\	es,"			1
	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?]	13	X	L
14	Did the organization have a written document retention and destruction policy?			14	<u>X</u>	
15	Did the process for determining compensation of the following persons include a review an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decis	on?			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	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	arrangen				
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t					
	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?	<u></u>		16b		<u> </u>
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Sch		tion 5	01(c)((3)s o	nly)
19	Describe in Schedule O whether (and if so, how), the organization made its governing docum	-	flict of	inte	est r	olicv
-	and financial statements available to the public during the tax year		0,		1	,
20	State the name, physical address, and telephone number of the person who possesses the books	and record	s of th	е		
		253-1545				
JSA				Form	990	(2012)

Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employ	ees, Highest Con	npensated Employees, a	nd
	Independent Contractors				_	_
	Check if Schedule O contain	is a response to a	ny question in this	Part VII	<u> </u>	

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 no	or any related	orga	nıza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	tee.	_
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	sspe dad	more rson irect	e than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 27 1885 miles)	organization and related organizations	_
(1) MATTHEW ALTMAN	1.00										
PRESIDENT		Х		Х				[c	0		_0
(2) MACK AVERY	1.00										
SECRETARY		Х		Х				j	0		_0
(3) TOM BENTLEY	1.00										
PAST PRESIDENT		Х						C	0		_0
(4) JACY PETERESEN	2.00			Γ	<u> </u>				-		
VICE PRESIDENT		Х		Х				j c	0		0
(5) GARY SHOLLY	2.00						Π				_
TREASURER] x		Х				C	0		0
(6) MUKESH ARORA	7.00										_
TREASURER		X		х				c) 0	_	0
(7) PATRICK CATTON	1.00										_
DIRECTOR	[] x						() 0		0
(8) REID EASTBURN	1.50										_
DIRECTOR		x	<u> </u>					() 0		0
(9) STACY GENSLER	10.00										_
PAST PRESIDENT		1 x				1		(0		0
(10) ANGELA JACKSON	1.50										_
DIRECTOR] X	ļ					C	0		_0
(11) TODD MARCINIK	2.00										_
VICE PRESIDENT	[1 x		x		_			0		0
(12) CORD MARLOWE	1.00										_
DIRECTOR		x						(0		0
(13) RAJEEV MENON SECRETARY	6.00	х		x				() 0		_ _0
(14) JEFF ODEN	3.00			Ë						 	_ `
DIRECTOR		Х	<u>L_</u>			Щ.	<u> </u>	(0		_0

	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and l	lig	hest Compensat	ed Emplo	yees (c	continued)
	(A) Name and title	(B) Average hours per	(do r	not cl	Pos	C) sition more	e than c	one	(D) Reportable compensation	(E) Reporta compensati	able	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)					b tylenst compensated employee		from the organization (W-2/1099-MISC)	relate organiza (W-2/1099	ed itions	other compensation from the organization and related organizations
(15) JEFFREY PALGON DIRECTOR	3.00	х						C		0	0
(16) ERIC PALMER VICE PRESIDENT	4.00	х		x				C		0	0
(17) BIJU THOMAS PRESIDENT	5.00	х		х				C		0	0
(18) KIMBERLY M. BRADLEY PAST PRESIDENT	2.00	х						C		0	0
(19) CARLOS CONTRERAS PRESIDENT	5.00	Х		Х		-		0		0	0
(.	20) LARRY A. DOUGLAS TREASURER	2.00	Х		Х				0		0	0
(21) GARY LEACH VP - CONTINUING EDUCATION	5.00	x		Х				0		0	0
(22) SHANNON LOLLAR SECRETARY	3.00	х		х				C		0	0
(23) ROBERT SAHM MEMBERSHIP DIRECTOR	5.00	х						C		0	0
(24) TOME FRAZIER VICE PRESIDENT	5.00	х		x				C		0	0
(25) CONSTANCE FREELAND PUBLICITY COORDINATOR	5.00	х						C		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>		<u> </u>	<u></u>		▶	0 0 0 eceived more than		0 0 0	0
	reportable compensation from the organization 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Schedulers and the schedulers are schedulers and the schedulers are schedulers.	n ▶ er, directo	or, or	tru	uste	— е,	key e	emp	oloyee, or highes	t compens	sated	Yes No
	 4 For any individual listed on line 1a, is the sorganization and related organizations grandvidual 5 Did any person listed on line 1a receive or 	eater than	\$15 • • •	0,0	00?		"Yes	s,"	complete Schedu	le J for	such 	4 X
	for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Scl	nedu	ıle 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	iress							(B) Description of se	ervices	((C) Compensation
	Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	se I	isted above) who	received		

	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	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
(26) CHASIN FREW CERTIFICATION COORDINATOR	5.00	Х						0		0 0
(27) ROCHANA LAHIRI	5.00									
	SECRETARY AND WEBMASTER		Х	Ш	Х				С		0 0
(28) ANGELA ROBINSON	5.00	'								
,	MEMBERSHIP COORDINATOR	10.00	X	\vdash		_			<u></u>		0 0
1	29) MICHELLE SEELING PRESIDENT	10.00	x		Х						o o
1	30) VIATCHESLAV SOTNIKOV	5.00		 	^	 -			-		9
`	PROGRAMS COMMITTEE CHAIR	 	x								o o
(31) NATALIE WARE	5.00									
	TREASURER	t	Х		х				C		o o
(32) ROBERT JEFFREY BRATTON	2.00									
	PRESIDENT		Х		Х				C	,	0 0
(33) DAVID W. HALL	1.50									
	TREASURER		Х	Ш	Х					 	0 0
(34) YAN-YAN NG	2.00			,,						
,	VICE PRESIDENT 35) TAMARA L. RANDLE	2 00	X		X	 			<u> </u>	,	o o
'	PROGRAM CHAIR	2.00	x					÷			
1	36) AARON J. SINGLETON	2.00	<u> </u>	\vdash		 			+		
`	SECRETARY		x		Х				0		o o
	1h Sub total							_			
	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	limited to t						o re	eceived more than	\$100,000 of	
	reportable compensation from the organizatio	n ▶)							
											Yes No
	3 Did the organization list any former office										
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ual		• • •		• • • • • • • • •	• • • • • • • • •	3 X
	4 For any individual listed on line 1a, is the										
	organization and related organizations grundividual										4 X
	5 Did any person listed on line 1a receive or										
	for services rendered to the organization? If "Y	es," comple	te Sch	redu	ile J	l for	such	per	rson		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	(C) Compensation
								\downarrow			
								\perp			
								+			
								+			
	2 Total number of independent contractors (iii	neludina h	rt not	li	ita	d +-	the	ا ۾	listed above) who	received	
	more than \$100,000 in compensation from the				e	(, 11103	, c 1	isted above; with	received	

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	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
37)	NANETTE A. TAYLOR MEMBERSHIP DIRECTOR	1.50	х								
38)	DR. JAMES L. WORRELL	1.00	<u> </u>	\vdash					, and the second		1
	ACADEMIC RELATIONS LIAISON		х						0	(
39)	BRADLEY NEIL YOUNG IMMEDIATE PAST PRESIDENT	1.00	х						0	(
40)	BRANT BORCHERT	2.00						\vdash			
	TREASURER	h	х		х				0	(
41)	DANIEL DECLOSS	.75									
	WEBMASTER		Х						0	(
42)	CHRISTINE MARIMAN	1.00									
433	AUDIT & NOMINATIONS CHAIR		Х						0	(
43)	JO MCCARTHY	.50	,,							,	
441	CERTIFICATION CHAIR DENNIS MCLAUGHLIN	.70	Х	-				<u> </u>	0	()
44)	NEWSLETTER CHAIR		x						١	,	1
45)	ANDREW RICHTER	.50	<u> </u>						-		1
10,	RESEARCH DIRECTOR		x						0	(,
46)	AMY SHAW	.75	<u> </u>								1
	MEMBERSHIP CHAIR		x		х				0	(d
47)	VINCE SKINNER	.50						┢			
	EDUCATION CHAIR		х						0	(d
1b	Sub-total							▶			
С	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright			
<u>d</u>	Total (add lines 1b and 1c)						<u></u>	<u></u>			
2	Total number of individuals (including but not				d al	bove	e) who	о ге	ceived more than	\$100,000 of	
	reportable compensation from the organization	n >)							
											Yes No
3	Did the organization list any former offic	er, directo	r, or	tru	ıste	e, l	key e	emp	loyee, or highest	t compensated	3 X
	employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the										
	organization and related organizations greindividual										4 X
5	Did any person listed on line 1a receive or										
J	for services rendered to the organization? If "Ye										5 X
Se	ction B. Independent Contractors										
1	Complete this table for your five highest com										
	compensation from the organization Report c year	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organization	on's tax
									(B) Description of se	rvices	(C) Compensation
	(A) Name and business add	Iress									Compensation
_		Iress						\dagger	· · · · · · · · · · · · · · · · · · ·		Compensation
_		Iress									Compensation
		Iress									Опрензация
		lress									Compensation
		Iress									Compensation

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos neck is pe I a d	more	e than o is both tor/trust	an lee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	table Estimated tion from amount of ed other	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(48) DAWN TEPLY	1.00									-	
PRESIDENT	-	X		Х		ļ	_	0		0	0
(49) TROY TORRES SECRETARY	.84	X		х			ļ			0	0
(50) PATRICIA WATSON	1.50	- <u>^</u> -		^	ļ	 -	├				
VICE PRESIDENT	ļ	×		х			1	0		0	0
(51) HOLLI BRANNON	1.00										
VICE PRESIDENT	<u> </u>	Х		Х				0		0	0
(52) IVANA COJBASIC	.30										
BOARD MEMBER		Х						0		0	0
(53) CLAUDE HARVISON	2.00										•
PRESIDENT	30	X		Х				0		0	0
(54) KISH IVEY BOARD MEMBER	.30	x						0		^	0
(55) TANYA MONTROSE	.30				ļ	 	 -				
BOARD MEMBER	 	X								0	0
(56) AMANDA PRINCE	1.00										
TREASURER	T	х		Х				0		0	0
(57) THERESE WILLIAMS	1.00										
SECRETARY		Х		Х				0		0	0
(58) SHARON ACTON	1.00						1				
BOARD MEMBER		X					Ļ	0		0	0
to Sub-total continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	•		 	 	• •		>				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					о ге	eceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ste	e,	key e	emp	oloyee, 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 gr											
individual									ie J ioi .	sucii	4 X
5 Did any person listed on line 1a receive or									on or indivi	idual	Contract Con
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	le J	for	such	per	son	<u></u>		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	tress							(B) Description of se	ervices	C	(C) Compensation
							\perp				
-							+				
							+				
							+				
2 Total number of independent contractors (i more than \$100,000 in compensation from the				ited	d to	thos	se l	isted above) who	received		

	Part VII Section A. Officers, Directors, Tru	ustees Ke	v Fm	ndo	ver	25	and l	lia	hest Compensat	ed Employ	ees (c		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	Pos neck is pe	C) ition more rson	that is or employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio relatec organizati (W-2/1099-	ole on from d	(F) Estimated amount of other compensate from the organization and relate organization and relate organization.	of Jon Jon Jon
			stee	rustee		ω	ensated						
(59) KATHERINE ALLEN VICE PRESIDENT	2.00	Х		х							· · ·	
(60) GEORGE GARCHIS	1.00	^	Н	^			-	1	<u> </u>	- 4	• • • •	
٠	BOARD MEMBER		х								o		0
(61) SHERRY HILLEY	2.00											
,	TREASURER	2.00	Х		Х				()	0		0
(62) JACQUELINE HOLDER SECRETARY	2.00	X		х				,		٥		0
(63) ROSEMARIE MCPARLAND	1.00			^					1	\dashv		
	BOARD MEMBER	†	Х						(q		0
(64) DONALD SPARKS	1.00											
,	BOARD MEMBER	1 00	Х					_			0		0
(65) ANTHONY VALENTINO PAST PRESIDENT	1.00	x						,		ا		0
(66) MICHAEL WALSH	3.00	^	$\ \cdot\ $						<u> </u>			
٠	PRESIDENT		х		х						d		0
(67) NANCY A. BLACKWELL	4.00											
	PRESIDENT		Х		Х				(0		0
(68) HOLLY COX	2.00	,,		.,			İ)	ا		0
(SECRETARY 69) JONNA GRAMA	1.00	Х		Х					1	4		0
•	DIRECTOR		х								d		0
	1b Sub-total							▶					
	c Total from continuation sheets to Part VII, S							Þ					
	d Total (add lines 1b and 1c)							<u> </u>	served mare than	\$100,000 -	. <u>. </u>		
	reportable compensation from the organizatio)	u ai		=) WIII	<i>-</i>	ceived more man	\$100,000 €			
	3 Did the organization list any former offic	or directo		***	ıct o	•	kou e		olovos er bighes	t .compone	atod	Yes	No
	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ial Ial	c, 				·····		3	Х
	4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om:	pen	satio	n a	nd other compen	sation from	the		233
	organization and related organizations grundividual	eater than	\$15	0,0	00?	· If	"Yes	s, "	complete Schedu	ile J for s	such	4	X
	5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	iron	n any	un	related organizati	on or indivi	dual	8	-
	for services rendered to the organization? If "Y	es," comple	te Sch	nedu	le J	for	such	per	son		• •	5	X
	1 Complete this table for your five highest com	pensated in	ndepe	ende	ent (con	tracto	rs t	that received more	e than \$100	,000 o	f	
	compensation from the organization Report of year.	compensati	on tor	· tne	ca	iend	ar ye	ar e	ending with or wit	nin the orga	nizatioi	n's tax	
	(A) Name and business add						(B)			(C)			
	Name and pusiness add	iress						+	Description of se	ervices		ompensation	
								Į.					
						_		\perp					
	2 Total number of independent contractors (in	ncluding bu	ut not	l lim	ute	d to	thos	ie I	isted above) who	received			7. 77.
	more than \$100,000 in compensation from the	e organizat	tion	<u> </u>							, , ,	Form 990	(2012)
	2E1055 3 000 89364J 649R								1447160				E 13

	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles r and	s per	ition more rson irect	than cost both or/trust	aл ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation
		related organizations below dotted line)	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
70) DENNIS HATTABAUGH PAST PRESIDENT	1.00	Х						0		0 0
71		1.00			_						
	DIRECTOR		х						. o		ol (
72) SEAN HISE	1.00								:	
_	DIRECTOR		Х						0		ol (
73		1.00			ĺ				Í		
_	DIRECTOR		Х		_				0		0 (
74	-	4.00							_		_
-	TREASURER	1 22	Х		Х				0		0 (
/5) ROB STOUDER	1.00									
70	VICE PRESIDENT	1 00	X		X	_			0		0 (
76	SECRETARY	1.00	v		,						
77	DANIEL F. DENNIS	1.00	Х		Х				0		9
	TREASURER		x		$_{\rm x}$						۸ ,
78		1.00	Λ.	H	^			_			
_	MEMBERSHIP DIRECTOR		x		İ				0		d
79) KIRK DORMAN	1.00		\vdash	\dashv				<u> </u>		1
_	AUDITOR		х						l 0		d (
80) EVAN KERN FAHEY	1.00			\dashv				-		
-	VICE PRESIDENT	-† 	х	l	х				l o		o o
	b Sub-total c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)	· · · · · · ·					· · · · · · · · · · · · · · · · · · ·	 ▶ D re 	ceived more than	\$100 000 of	
	reportable compensation from the organization	on ▶ cer, directo	or, or	tru	ste	e, 1	key e	emp	oloyee, or highes	t compensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations gundividual	sum of represents	ortab \$15	le c	om 00?	pen <i>If</i>	satioi <i>"Yes</i>	n ai	nd other compens	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "										5 X
5	ection B. Independent Contractors										
1	Complete this table for your five highest cor compensation from the organization. Report year										
_	(A)								(B) Description of se	rvices	(C) Compensation
_	Name and business ac	ldress —						+			
_		Idress									
		idress									
		Idress									

	(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not ci unles	Pos heck ss pe	C) sition more	e than o	ne an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able ion from	(F) Estimated amount of other compensatio	
		related organizations below dotted line)	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 organization	
(81) GEORGE GAGOV DIRECTOR OF COMMUNICATIONS	1.00	х						(C		0
(82) ALEK K. ISMAYILOV DIRECTOR OF PROGRAMS	1.00	х						((0
(83) MATTHEW KLEIN	1.00											
(DIRECTOR OF EDUCATION 84) SAM E. KOLLATH	1.00	Х		!					<u></u>			0
(DIRECTOR OF NOMINATIONS 85) PILAR HILST ROBLES	1.00	X						() 			0
(DIRECTOR OF ACADEMIC RELATIONS 86) SHIRLEY I. WEUVE	1.00	X								C		0
(PRESIDENT 87) KELLI ARBAUGH	2.00	Х	H	Х				(C		0
(ACADEMIC OUTREACH CO-CHAIR 88) DAVID BENNETT	1.00	X						(C		0
(PROGRAM CO-CHAIRPERSON 89) STEFANO CAIOLA	2.00	х						C				0
	MARKETING CO-CHAIR/WEBMASTER 90) PATRICIA HAMILTON	3.00	Х						C		<u> </u>		0
•	ARRANGEMENTS CHAIRPERSON		Х						C		C		0
(91) SCOTT HIGGINS MARKETING CO-CHAIRPERSON	2.00	Х)	C		0
	to Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c) Total number of individuals (including but not li	<u>.</u>	<u> </u>				 e) who	► ► • re	ceived more than	\$100,000	of		
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedul.	er, directo	г, ог	tru	ıste	e, !	key e	mp	loyee, or highes	t compens	ated	Yes 3	No X
	4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for	such	4	X
	5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye	accrue coi s," complet	npen <i>e Sch</i>	satio nedu	on 1 <u>le</u> J	fron for	any such	un: per:	related organization	on or indiv	idual	5	X
	Complete this table for your five highest components on from the organization. Report of year	pensated in ompensation	ndepe	ende the	ent o	conf	tracto lar ye	rs t ar e	hat received more	than \$100 nin the orga	0,000 d anizatio	of on's tax	_
	(A) Name and business addr	ress	•						(B) Description of se	ervices		(C) Compensation	
							_						
	2 Total number of independent contractors (in	cluding bu	ıt not	lim	nited	d to	thos	e li	sted above) who	received	2.		`16/5m.

	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) sition more	e than o	one	(D) Reportable compensation	(E) Reporta	ıble	(F) Estima amoun	ted t of
		week (list any hours for related organizations below dotted line)					Highest compensated employee		from the organization (W-2/1099-MISC)	relate organizat (W-2/1099	tions	othe compens from t organiza and rek organiza	ation he ation ated
(92)	DAVID HORVATH VICE PRESIDENT	1.00	Х		Ţ,								0
(93)	AIJAZ HUSSAIN	3.00			Х	\vdash						1	
`	WEBMASTER/ACAD OUTRCH CO-CH		x								C		0
(94)	JAMES KALBAC	2.00											
	REGISTRATION COMMITTEE		Х						())	0
(95)	RYAN KROPFF	2.00											_
, (0.00)	MEMBERSHIP	2 00	Х	<u> </u>			ļ	<u> </u>	())	0
(96)	WESLEY LEWIS PRESIDENT	3.00	X		x						r]	0
(97)	JOAN MILLER	2.00	_^		_		_		-	1		1	
`	EDUCATION CO-CHAIRPERSON		x								()	0
(98)	JOSEPH NEWELL	.50			-								
	CERTIFICATION COORDINATOR	t	х							þ	C		0
(99)	LISA SCHENK	3.00											
	TREASURER		Х		Х	<u> </u>		<u> </u>	C)			0
(100)	RAY SCURR	2.00											
	EDUCATION CO-CHAIRPERSON		Х		_				0)	0
(101)	JOHN SHUEY	2.00	١,,		١,,							J	_
(102)	SECRETARY SHEELA THIRUVADI	2.00	Х		X		-			1	C	,	0
(102)	ACADEMIC OUTREACH CO-CHAIR		x								ſ		0
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not							▶ ▶	occuped more than	\$100,000			
	reportable compensation from the organization Did the organization list any former office	n ▶	()									s No
	employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	lividi	ual			• •				3	X
4	For any individual listed on line 1a, is the organization and related organizations grandividual	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 "Ye											5	X
	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report of year												
	(A) Name and business add	dress							(B) Description of se	ervices		(C) Compensatio	ภ
								$oldsymbol{\perp}$					
								$oxed{F}$					
								\perp					
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			

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than or is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
(103) AMY ZIMMERMAN	2.00									
PROGRAM CO-CHAIRPERSON		Х						0		0 0
(104) DAN ZIMMERMAN	.50					1				
ADVERTISING/RESEARCH/STANDARDS	2 00	X						0		0 0
(105) GLORIA GIBBON	2.00	x		х				o		0 0
(106) JAMES MACLACHALN	2.00									
TREASURER		Х		Х				0		0 0
(107) KATHLEEN WOJSLAW SECRETARY	1.00	×		x						0
(108) THOMAS JASON WOOD	2.00	<u> </u>		Ť						
PRESIDENT	t	Х		x				0		0 0
(109) ALYSSA AHMANN	1.00									
BOARD OF DIRECTORS	1 00	Х	<u> </u>					C		0 0
(110) ZENNIERE BOWRY	1.00									o
BOARD OF DIRECTORS (111) MICHAEL BRADY	2.00	X	-		-					9
TREASURER		x		Х						o
(112) WENDI FINN	1.00	<u> </u>		<u> </u>	\vdash					
BOARD OF DIRECTORS	†	x				'		c		0 0
(113) SCHLAINE HUTCHINS	1.00									
BOARD OF DIRECTORS		X	<u> </u>					<u> </u>		0 0
to 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 organizatio	limited to t	<u></u>	<u> </u>	<u></u>			> re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ina	tru <i>lividi</i>	uste ual	e,	key 6	emp	oloyee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15 • • • •	50,0 • •	007	? <i>II</i>	f <i>"</i> 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 "Y										5 X
Section B. Independent Contractors 1 Complete this table for your five highest com	neneated :	ndon	and	n+		tracto	re 4	that received more	than \$100 000	of
compensation from the organization. Report of year.										
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
							\pm			
							\vdash			
2 Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t				nite	d to	o thos	se l	listed above) who	received	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued)	_
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles r and	Pos heck	rson Irrect	than of is both or/trust	an	(D) Reportable compensation from the organization	(E) Reporta compensation relate organizat (W-2/1099-	on from d ions	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and related organizations	
(114) VINCENT JACOMINI BOARD OF DIRECTORS	1.00	x								0		_
(115) MICHAEL KIRK	1.00	^					\vdash					_
BOARD OF DIRECTORS - PAST PRES		х						o	\langle	o	I	0
(116) ANNIE KOWALESKI	1.00											
BOARD OF DIRECTORS		Х						0		0	<u></u>	0
(117) MATTHEW SCHONDEL	2.00										I	
PRESIDENT	0.00	Х		Х				0		0	 	0
(118) CHRISTOPHER WATSON VICE PRESIDENT	2.00	١.,		ļ ,,						^	I	0
(119) DANA YEE	2.00	Х		Х				<u> </u>		U		_
SECRETARY		x		x				۱ .		n	I	0
(120) ERIC COLLINS	2.00	<u> </u>		<u> </u>				<u> </u>				-
PRESIDENT		Х		x				c	ļ	0	I	0
(121) CODY EIDSON	1.50											_
MEMBERSHIP DIRECTOR		х						C	ļ	0		0
(122) JULIA FINCH	2.00											
TREASURER		Х		Х				C		0	1	0
(123) GORDON LEE GEORGE	.50							1				
CERTIFICATION DIRECTOR	ļ	Х	_					C		0		0
(124) LISA MOORER	1.00			١								_
SECRETARY		Х		Х				<u></u>				0
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							> >		*****			
2 Total number of individuals (including but not reportable compensation from the organizatio		hose (d a	bov	e) who	о ге	eceived more than	\$100,000	of		
											Yes N	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo Jule J for suc	or, or ch ind	tru ividi	uste u <i>al</i>	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 grandvidual	eater than	\$15	0,0	007	. 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												X X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year 												
(A) Name and business ad	dress	_			,			(B) Description of se	ervices	C	(C) Compensation	
	· ·					-	-					_
							1					_
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received			, p

(A) Name and title	(B)	1		(0	C)			(D)	(E)		
	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	more rson firect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation fr related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organization and related organizations
125) CORY NANCE	1.00					_					
PAST PRESIDENT-WEBMASTER		Х	<u> </u>	ļ	ļ			0		0	(
126) JOHN PEIRCE	.50	,,									
EDUCATION DIRECTOR 127) JAYASEKAR THIRUMALAI	1.00	X						U		4	
VICE PRESIDENT		Х		x						h	(
128) TONYA WELLS	1.00	-			\vdash			<u> </u>		-	
CO-TREASURER	 	Х		х				0		d	(
129) JACKIE CALDWELL	4.00										
SECRETARY/TREASURER		х		Х	ļ			0		d	ı
130) STEFANIE CLAY	2.00										
ACADEMIC RELATIONS		Х					L	0		0	
131) JOHN COX	2.00						ľ				
WEBMASTER		Х	<u></u>					0		9	
132) RODNEY DAVIS	2.00	,,									
CISM COORDINATOR 133) MARTHA GERRICK	4.00	X			_			0		9	
COMMUNICATIONS/VICE PRESIDENT		x		х							
134) TRAVIS JENKINS	2.00	<u> ^</u>	-	Λ			-			-4	
MEMBERSHIP		x	١.							٨	
135) JAMES KIDWELL	2.00	<u> </u>			 				<u> </u>	1	
PROGRAMS DIRECTOR		x						l		d	
to Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but n			<u>.</u> .			 e) who	► ► • re	ceived more than	\$100,000 of		
reportable compensation from the organiza)								
											Yes No
3 Did the organization list any former of											
employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such		x X
5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on 1	fron	any	un	related organization	on or individua		
for services rendered to the organization? If	"Yes," comple	te Sch	nedu	ile J	for	such	per	son	<u></u> .	!	5 X
Section B. Independent Contractors 1 Complete this table for your five highest or				4		\			# 6400 00		
compensation from the organization. Report year.	t compensation	on for	the	ent o	lenc	iracio lar ye	rs t ar e	nat received more ending with or with	in the organiza	or ition's ta	эх
(A) Name and business	address							(B) Description of se	rvices		(C) ensation
							+				
	· · ·						╁				
									1		
							十	_			
			_				F				

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reporta compensation relate	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		from the organization and related organizations
(136) RICHARD LARSEN	2.00	4									
CISA COORDINATOR		X					<u> </u>	0		0	0
(137) SHAHAB NAYYER GENERAL DIRECTOR	2.00	x		х						0	0
(138) MARCELA SANCHEZ	2.00	<u> </u>	-				├	-			
EVENT MANAGEMENT		×						0		0	0
(139) CHERYL SMITH	2.00						\vdash				
PRESIDENT	+	х		х				0		0	0
(140) NATHAN ANDERSON	2.00										
PROGRAM DIRECTOR		Х						0		0	0
(141) DAVID BAKER	2.00	ļ									
CERTIFICATION DIRECTOR	1 00	X			_	ļ	ļ	0		0	0
(142) HORST BRUNNER MEDIA DIRECTOR	1.00	X								^	
(143) TIMOTHY DEMAS	3.00	 ^- -				-	\vdash	-			0
PROGRAM DIRECTOR		x				1		0		0	0
(144) JAMES ENSTROM	1.00										
VICE PRESIDENT		Х		Х				0		0	0
(145) HOWARD HARVEY	1.00										
MEETINGS DIRECTOR		X						0		0	0
(146) THOMAS HUMBERT	2.00	l						1			
PROGRAM DIRECTOR		Х					<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 reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheoo	cer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highest	t compens	ated	3 X
4 For any individual listed on line 1a, is the organization and related organizations gi	sum of rep	ortab	le c	юm	per	satio	n a	nd other compens	sation from	the	
ındıvidual											4 X
5 Did any person listed on line 1a receive of	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or indivi	dual	
for services rendered to the organization? If "Section B. Independent Contractors	es," comple	te Scr	edu	ile J	tor	such	per	son		• • •	5 X
 Complete this table for your five highest cor compensation from the organization. Report 	npensated in compensati	ndepe on for	nde the	ent e	con	tracto dar ye	ors t	that received more	than \$100 nin the orga	,000 d nizatio	of n's tax
year.							_				
(A) Name and business ad	dress							(B) Description of se	rvices	c	(C) Compensation
			_				+	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
							1				
							\perp				
2 Total number of independent contractors (more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received		
JSA	ic organizat	ioii						<u> </u>		ر الأهي	Form 990 (2012)
2E1055 3 000 8 9 3 6 4 J 6 4 9 R								1447160			PAGE 20

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck is pe	erson	than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated m amount of other compensation
	related organizations below dotted line)	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) BERNARD KIENSTRA SECRETARY	10.00	,,		.,						
(148) FRANCINE MCKENNA	1.00	X	├─┤	Х			-	1	 	0 0
IMMEDIATE PAST PRESIDENT		x						,		d
(149) DOUGLAS OCHAB	3.00	<u> </u>	\vdash					1	1	9
MEDIA DIRECTOR		x						,	1	d
(150) ROBERT PARDON	2.00	^	H						1	1
SEMINAR DIRECTOR		x							1	d c
(151) AARON PARKS	10.00	_ ^	\vdash					<u> </u>	1	7
PRESIDENT		x		Х						d
(152) MICHAEL PODEMSKI	3.00	<u> </u>		Λ	-			-		1
MEDIA DIRECTOR		×						,	j	o c
(153) NIKITA REVA	2.00	_^	\vdash							4
`'	2.00	.,							j	
MEETINGS DIRECTOR	F 00	Х	├ ─┼						<u> </u>	<u>o</u> c
(154) KENNETH SCHMIDT	5.00	١.,							J	
MEMBERSHIP DIRECTOR		Х	$\displaystyle \longmapsto$						ļ	0 0
(155) NORMAN SPIELMAN	2.00									
SEMINAR DIRECTOR	-	Х	\sqcup			<u> </u>	_		1	0 0
(156) LISA VILLANUEVA	1.00							_		
AUDIT DIRECTOR		Х	\sqcup		_			C	1	<u>o</u>
(157) DEBORA WASEMANN	1.00							}		
MEETINGS DIRECTOR		Х	\sqcup					C		<u> </u>
1b Sub-total	· · · · · ·	<u></u>		· ·			▶ • re	eceived more than	\$100 000 of	
reportable compensation from the organization)							· , , , , , , , , , , , , , , , , , ,
3 Did the organization list any former offic	er directo	or. or	tru	iste	e	kev e	emp	plovee or highes	t compensated	Yes No
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rer	ortah	de c	nm.	ner	satio	n ai	nd other compens	sation from the	
organization and related organizations gr										
ındıvıdual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on i	fron	n any	un	related organizatı	on or individual	
for services rendered to the organization? If "Y	es, comple	te Sch	iedui	ie J	tor	such	per	son		5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii compensati	ndepe on for	the	ca	lend	tracto lar ye	ar e	that received more ending with or with	than \$100,000 nin the organizat	of ∣on's tax
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation
								2 23011211011 01 30		
					_		+			
							+			
2 Total number of independent contractors (i				iite	d to	thos	e l	isted above) who	received	and the second

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	pio	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A)	(B)	1		•	C)			(D)	(E)		(F)
Name and title	Average	(do	not ci		sition			Reportable	Reporta		Estimated
	hours per week (list any					e than c is both		compensation from	compensati		amount of other
	hours for	office			$\overline{}$	tor/trust		the	organiza		compensation
	related organizations	or of	nst.	Officer) e	age	Forme	organization	(W-2/1099	-MISC)	from the organization
	below dotted	dividus		ĕ	§	est o	ब्	(W-2/1099-MISC)			and related
	line)	19 =	nali		Key employee	e S					organizations
		Individual Irustee or director	nstitutional truste		l °	Highest compensated employee					
			ě			ated					
158) VESELA ZLATEVA	5.00										
TREASURER		Х		Х				C	1	0	(
159) BRENNAN BAYBECK	2.00										
CHAIRMAN OF THE BOARD		Х		Х	<u> </u>			(1	0	(
160) MARK GENGOZIAN	4.00										
VICE PRESIDENT - MEMBERSHIP		Х	Ш	Х		ļ		C	1	0	(
161) ELISE HARPEL	3.00	4									
COMMUNICATIONS COORDINATOR		Х	Ш				L.		<u> </u>	0	(
162) KOUSHIK KUMARASWAMY	3.00										
RESEARCH COORDINATOR		X	Ш					(1	0	(
163) RICHARD LUCY	5.00	Į									
VICE PRESIDENT - EDUCATION		X	Ш	Х				C)	0	(
164) DONALD MAPES	8.00]									
TREASURER	ļ	X	Ш	Х				C	<u> </u>	0	(
165) TIMOTHY MCCAIN	5.00	Į									
SECRETARY		X	Ш	Х				(1	0	(
166) PRABHAKARAN RAMADOSS	6.00				ŀ						
EXECUTIVE VICE PRESIDENT		X		Х	ļ <u>.</u>			C	<u> </u>	0	(
167) MATTHEW RANDOLPH	6.00										
PRESIDENT		X		Х				C	<u> </u>	0	(
168) DAVID VOS	3.00										
CERTIFICATION COORDINATOR	<u> </u>	X	Ш						1	0	(
1b Sub-total							>	-			
c Total from continuation sheets to Part VII, S									 		
d Total (add lines 1b and 1c)									£100 000		Ĺ
reportable compensation from the organization			nste O	d a	DOV	e) wno	o re	eceived more than	\$100,000	Οī	
reportable compensation from the organizatio		•					-				Yes No
3 Did the organization list any former office	er directe	\r	· tri	ıcto		kov c	m	lovos or biabos	t compone	atod	144 24 163
employee on line 1a? If "Yes," complete Sched	ule J for su	n, oi ch ind	u u lıvıdı	iste ual	е,	rey e	siii þ	hoyee, or mynes	Compens	aleu	3 X
											3.000 d 20 f 20
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortat 4 + 2	ile c	om coo	per	isatioi	n a	nd other compens	sation from	the	
individual											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 1edu	ıle J	l for	such	ner	son	אוטווו וטווע	iduai	5 X
Section B. Independent Contractors	50, 50p.						, , ,		• • • • • •	<u>• • • • • • • • • • • • • • • • • • • </u>	
1 Complete this table for your five highest com	npensated i	ndepe	-nde	ent	con	tracto	rs t	that received more	than \$100	000 c	
compensation from the organization. Report	compensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the orga	anizatıo	n's tax
year.											
(A)							T	(B)			(C)
Name and business ad	dress							Description of se	ervices	(Compensation
							Τ				
							T				
							Τ				
							I				
							Γ				
2 Total number of independent contractors (i				nite	d to	thos	se I	isted above) who	received		
more than \$100,000 in compensation from the	ne organiza	lion 🕽	>								

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	i	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
69) RHONDA WILLERT	3.00				<u> </u>					
ACADEMIC RELATIONS COORDINATOR		Х						C	C	
70) BRAD BARTON	2.00									
SECRETARY		Х		Х				C	С	
71) GREGORY BOEHMER	2.00									
DIRECTOR		Х						C	С	
72) DERRICK BUCKINGHAM DIRECTOR	2.00	х						С	C	
73) JUMAN DOLEH-ALOMARY	2.00									
DIRECTOR		X	<u> </u>		ļ		<u> </u>	C	С	
74) MICHAEL FORREST	2.00									
DIRECTOR		Х						С		
75) MICHELE HAROON	3.00									
PRESIDENT		X		X	ļ		<u> </u>	C	C	
76) RYAN HODGES	2.00									
DIRECTOR		Х						C	C	
77) M. SIOBHAN JORDAN	2.00									
DIRECTOR (PAST PRESIDENT)		X					<u> </u>	С	C	
78) BRENDA KARL DIRECTOR	2.00	х						С	C	
79) LINDA KEARNEY TREASURER	3.00	х		х) 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	<u> </u>					> re	eceived more than	\$100,000 of	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	er, directo	or, or china	tru Iividi	uste ual	:е,	key e	emp	oloyee, or highes	t compensated	Yes N
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	00?	? <i>H</i>	"Yes	5, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mpen te Scl	satı nedu	on ile J	fron <i>I for</i>	n any such	un per	related organizate	on or individual	5
Complete this table for your five highest concompensation from the organization. Report 6										
year. (A)							1	(B)		(C)
Name and business ad	dress						+	Description of se	ervices	Compensation
						_				
							+			
							Т			

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

(B) Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportabl compensation related	from	(F) Estimated amount of other
hours per week (list any hours for related organizations	box,	unles er and	heck ss pe d a d	mor erson	ıs both	an	compensation from	compensation related	from	amount of other
hours for related organizations	office	er and	dad				from	related		
related organizations	or d	er and		irec	or/trust	ee}				
organizations	L &			ᅵᆽ	ΦI		the	organizatio		compensation from the
1 -	1 = 5	≨	Officer	ey e	mple ghe	Forme	organization (W-2/1099-MISC)	(W-2/1099-N	iisc)	organization
50,0,0 00,000	ecto	[3,	翼	yer c	ęr	(44-2/1099-141130)			and related
line)	¥ =	la a t		Key employee	ı öğ					organizations
	stee	nstitutional truste		"	bens					
		ď			ated					
2.00										
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2.00										
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I. Section A		• •		• •		•				
		• •	• •	• •		•				
						re	ceived more than	\$100 000 of		
			u ai	DUV	2) WIII) IE	ceived more man	\$ 100,000 01		
										Yes No
officer directo	ır or	tri	iste	6	kev e	mn	lovee or highes	compensat	ed	100 300 300
redule J for suc	t, o. ch ind	lıvıdı	ual	υ,	ncy c	т	noyee, or inglies	Compensat	Eu	3 X
										SALE PLAN SE
										4 V
										4 X
or accrue co	mpen	sati	on 1	fron	n any	un	related organizatı	on or individi	Jal	262 502 AZ
f "Yes," complet	e Scr	nedu	ile J	for	such	per	son		• • • •	5 X
<u> </u>										
compensated in	ndepe	ende	ent (CON	tracto	rs t	hat received more	than \$100,0	000 o	f
rt compensati	on for	the	ca	lend	lar ye	ar e	ending with or with	nn the organ	ızatıoı	n's tax
							(B)			(C)
address							Description of se	rvices	С	compensation
										
						_				
						╁				
	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 5.00 5.00 I, Section A continuited to the diation officer, director hedule J for such the sum of repart than are accrued configuration or accrued compensated in the sum of	2.00 X 2.	2.00 X 2.	2.00 X 2.00 X	2.00 X A 2.00 A A A A A A A A A A A A	2.00	2.00 2.00 X 2.00	2.00	2.00	2.00

Form 990 (2012)											Page 8
Part VII Sect	ion A. Officers, Directors, Tru	ustees, Ke	y En	plo			and ⊦	ligl	hest Compensat	ed Employees (c	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more	no of the state of	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
191) JESSE HAN	FORD	10.00									
PRESIDENT			Х		Х				C	o	0
192) THOMAS HA		2.00									
PAST PRES			Х	Ш					C	0	0
193) RUSSELL K		2.00									
PAST PRES			Х	\sqcup					С	0	0
194) JOSEPH LA		5.00									
195) ADAM LEIG	FESSIONAL DEVELOPMENT	F 00	X	$\vdash \vdash$	Х				L C	U	0
SECRETARY		5.00	.,		v				_]	C
196) LANCE MUR		2.00	Х	\vdash	Х		 				
PAST PRES		2.00	x						_	1	C
197) MICHAEL S		5.00	_^	\vdash						9	
VP OF MEM			x		х				ر ا		C
198) OLUBUKOLA		5.00		\vdash	^						
	MUNICATIONS	 	x		х					d d	C
199) JONATHAN		5.00	ļ		-						
TREASURER		 	x		х				l c	d d	C
200) JOHN ADAM	IS	2.00		H							
BOARD MEM	BER AT LARGE	†	х						l c	d d	C
201) ANNADURAI	AMIRTHALINGAM	2.00		П							
PAST PRES	IDENT	† -	x						l c	o o	C
d Total (add lin 2 Total number	entinuation sheets to Part VII, S es 1b and 1c)	limited to t		liste				▶ ▶ re	ceived more than	\$100,000 of	
 3 Did the organization individual. 5 Did any personal for services researched. 	anization list any former office line 1a? If "Yes," complete Schedul dual listed on line 1a, is the and related organizations ground listed on line 1a receive or endered to the organization? If "Yestendent Contractors	er, directoule J for suc sum of repeater than	oh ind oortab \$15 mpen	ividu ole c 50,00 • • • satio	om 00?	pen If	satior "Yes	n ar ," (uni	nd other compension schedu	sation from the ile J for such	Yes No

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
	-	
		

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 (2012)

Part \	VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontınued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportal compensation related	on from	(F) Estimated amount of other compensation
		related organizations below dotted line)	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
(202) S	OKCHAN CHOUN	2.00										
	SOARD MEMBER AT LARGE		Х			<u></u>			0		0	0
(203) M	ATTHEW CONBOY	2.00	}									
	SOARD MEMBER AT LARGE		X	<u> </u>					0		0	0
·'	OHN DONNELLY	2.00										
	SOARD MEMBER AT LARGE		Х						0		0	0
` - <i>-</i> '	EBRA DUNNE	2.00	l									0
	OARD MEMBER AT LARGE	10.00	Х	-					0		9	0
·	AYSON FERRON	10.00	l		١.,						٦	0
	RESIDENT	2 00	Х	<u> </u>	X				<u> </u>			0
	ESSE GAINES	2.00	,,								٦	0
	OARD MEMBER AT LARGE	2 00	Х	-		-		_	· · · · · ·		4	0
	ICHELE KAPLAN	2.00	.,			ļ		ļ			٦	0
	SOARD MEMBER AT LARGE IMANG KHAMBHOLJA	5.00	Х		-	┝		1	-		4	- 0
·	P FOR PROGRAMS	3.00	x		х						٦	0
	OHN LOFFREDO	2.00	_^	-	^	┢		-			-	
	BOARD MEMBER AT LARGE		x								۸	0
	CHOMAS MCGRATH	2.00		 	1	┢						<u> </u>
	SOARD MEMBER AT LARGE		x				1		1 0		0	0
	PETER ROSARIO	2.00	 	 	1	┢┈			1			
	BOARD MEMBER AT LARGE		х	ŀ	i					l	o	. 0
1b Si	ub-total				٠	·		_				
	otal from continuation sheets to Part VII, S	ection A		• •	• •	• •		•				
	otal (add lines 1b and 1c)	-						•				
	otal number of individuals (including but not							о ге	ceived more than	\$100,000 c	of	
re	portable compensation from the organization	n ▶	(0								
	id the organization list any former offic mployee on line 1a? If "Yes," complete Schedi											Yes No
or	or any individual listed on line 1a, is the significant granization and related organizations granizations.	eater than	\$15	50,0	1007	? <i>II</i>	"Yes	s, "	complete Schedu	le J for s	such	4 2 X
	id any person listed on line 1a receive or											3000 300 000
	r services rendered to the organization? If "Ye											5 X
	on B. Independent Contractors											
cc	omplete this table for your five highest com impensation from the organization. Report c ear.											
	(A) Name and business add	iress					-		(B) Description of se	ervices		(C) Compensation
								+				
							-	+				
								+				
								+				
	otal number of independent contractors (in				nite	d te	thos	se l	listed above) who		4 13 2 2	e toper o
ISA ISA	ore man \$100,000 in compensation from th	e organiza	UUII								K-ASING	

Part VII Section A. Officers, Directors, Tr	1	:y ⊑п	ipic			and r	ııyı	(D)	(E)	
Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both	an	Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee	a Institutional trustee	a Officer		제 Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
213) KARL SCHOEN-RENE	5.00	 			<u>† </u>					
TREASURER		X		Х		ļ		С	C	
214) KAREN STONE	2.00									
BOARD MEMBER AT LARGE		X	ļ		<u> </u>	<u> </u>		О	C	
215) PENETTE VANMENXEL	5.00							_		
SECRETARY		X		Х	Ь	<u> </u>		C	(
16) SARAH WILLIAMS	2.00	1								
BOARD MEMBER AT LARGE		X		Ш	Ь			0	(ļ
217) NORMAN COMSTOCK	6.00	-{								
PRESIDENT	ļ	X	ļ	Х	 		ļ	U	ί	1
218) ASHISH GUPTA	4.00						ļ			
BOARD MEMBER AT LARGE	1	Х			<u> </u>		<u> </u>	0	(
219) MARY HALL	6.00							_	_	
SECRETARY	ļ	X	ļ	Х	<u> </u>			0	(1
220) CONSTANCE LEHMAN	4.00]							_	
BOARD MEMBER AT LARGE	ļ	X	Щ		L	<u> </u>		C	(<u> </u>
221) GLENN MCQUEARY	6.00]						_	_	
TREASURER	1	Х		Х	<u> </u>	<u> </u>		C	C	
222) HARVEY NUSZ	6.00]				1				
VICE PRESIDENT		X	ļ	Х	$oxed{igspace}$	<u> </u>		c	· ·	
223) MUHAMMAD SIRAJ	4.00							_	_	
BOARD MEMBER AT LARGE	<u> </u>	X	<u> </u>		<u> </u>	<u>L</u>	L.,	C	(1
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t						► о ге	eceived more than	\$100,000 of	Voc. N
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 grundividual	eater than	\$15 • • •	50,0 • •	00?	? If 	f "Yes	s,"	complete Schedu	ie 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										5 X
 Complete this table for your five highest com- compensation from the organization. Report of year. 										
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation
		•							-	
							-			
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to) thos	se I	isted above) who	received	

Part	VI Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employ	yees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d	(F) Estimated amount of other compensation
		related organizations below dotted (ine)	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
	KEVAN BREWER	1.00	х			_			0			0
(22 <u>5)</u> N	MOLLY COPLEN DIRECTOR	1.00	X									
(226)	GREG HARPER	1.00			v							
(227) E	SECRETARY BENJAMIN SMITH	2.00	X		X							
(228) I	PRESIDENT DANIEL STERBA	1.00	X		Х			-	C			(
	/ICE PRESIDENT 4ATT SUOZZO	3.00	X		Х				С		0	(
	TREASURER MEGAN KEYS	1.00	Х	$\ \cdot\ $	Х				C		0	(
	WEBMASTER ASHLEY KIDO	2.00	Х						C		0	(
	TREASURER KARL KROHN	2.00	Х	H	х				C		0	(
	EDUCATION DIRECTOR	.50	Х						C		0	(
	SECRETARY AUDREY MAGENNIS	1.00	Х		х				С		0	(
N	MEMBERSHIP DIRECTOR		х		<u></u>			L	С		0	
c Te	ub-total otal from continuation sheets to Part VII, S	-						>				
2 T	otal (add lines 1b and 1c) otal number of individuals (including but not	limited to t	hose	liste				o re	eceived more than	\$100,000 ·	of	
re	eportable compensation from the organization	n ▶	l	0								Yes No
	id the organization list any former offic mployee on line 1a? <i>If "Yes," complete Schedi</i>											3 X
OI	or any individual listed on line 1a, is the significant and related organizations greated organizations.	eater than	\$15	50,0	003	7 /	f "Yes	5, "	complete Schedu	ile J for	such	4 X
5 D	id any person listed on line 1a receive or or services rendered to the organization? If "Yo	accrue co	mper	isati	on	fror	n any	un	related organizati	on or indiv	idual	5 X
	on B. Independent Contractors											
C	omplete this table for your five highest com ompensation from the organization. Report c ear.	pensated i compensati	ndepo on fo	ende r the	ent e ca	con	tracto dar ye	ear (that received more ending with or with	than \$100 hin the orga),000 d anizatio	ot ∘n's tax
	(A) Name and business add	fress							(B) Description of se	ervices	((C) Compensation
								\pm				
								+				
Э Т.	otal number of independent contractors (in	neludina h	ut no	t lin	nite	d +	a tha		listed above) who	received		
∠ 10 m	otal number of independent contractors (in nore than \$100,000 in compensation from th	e organiza	ui 110 tion	. 1117	me	u (o trios	5E	iisteu above) wno	received		

Pa	rt VII Section A. Officers, Directors, Tri	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees	(continued)
	(A)	(B)			(6	C)			(D)	(E)	(F)
	Name and title	Average	١			ition			Reportable	Reportable	Estimated
		hours per	1 '				e than o Is both		compensation	compensation from	n amount of other
		week (list any hours for					or/trus		from the	related organizations	compensation
		related							organization	(W-2/1099-MISC	
		organizations	효호	St.	Officer	<u> </u>	Highest emptoye	Former	(W-2/1099-MISC)	(**-271033-18100	organization
		below dotted	Individual trustee or director	õ	~	Key employee	Highest co	۳ ا			and related
		(ine)	ੋ ਫ਼ੂ	ai t) y	ğ				organizations
]	št	nstitutional truste		"	compensa				
				ě			ated				
(235)	LACEY MCFADDEN	2.00					-				-
(230)	ARRANGEMENTS DIRECTOR		×						1		م م
12361	SCOTT MOODY	2.00	<u> </u>	⊨	\vdash	\vdash	-	-	-		9
(230)	PRESIDENT		ļ ,		١,,			ĺ			1
(227)			X	<u> </u>	X				-		0 0
(237)	CHRISTINE RODGERS	.50									
40 	CERTIFICATIONS DIRECTOR		Х	<u> </u>	ļ	<u> </u>			U		0 0
(238)	JENNIFER WALKER	2.00	1			i					
	TREASURER (11/11 - 9/12)		X		Х				0		0 0
(239)	VINCENT CHAN	.25									
	SECRETARY		Х		Х				0		d o
(240)	JOSEF FUKANO	.50									
	PRESIDENT	T	X		Х				0		o o
(241)	ELDEN HAMADA	.25									
	MEMBERSHIP DIRECTOR	†	Х								d o
(242)	GARY KAHN	.25									
·	ACADEMIC RELATIONS CHAIR	 	x		l						d o
(243)	MIKU KONSOLAS	.25			\vdash			 	† · · · · · · · · · · · · · · · · · · ·		1
\- <u></u> /_	AWARDS DIRECTOR	 -	x		İ				۱ .		d
(244)	ZHOU LU	.25	_ ^	\vdash	-				<u> </u>		9
(244)	PROGRAM DIRECTOR	.23	Х						_		
(245)			_^	\vdash					-		0 0
(245)	ADDIE LUI	.50	ļ ,,		,,						
	VICE PRESIDENT	L.,	Х		Х			L			0 0
	Sub-total										
	Total from continuation sheets to Part VII, S							>			
	Total (add lines 1b and 1c)							_	<u> </u>		
2	Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n ▶	()							
											Yes No
3	Did the organization list any former office	er, directo	r, or	tru	ıste	e.	key e	emp	oloyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ınd	lividi	ual						3 X
4	For any individual listed on line 1a, is the										
-	organization and related organizations gro	sum or rep ester than	011aL 41.2	เกก	በበኃ	per	15dt101	11 a	na other compens	le I for such	
	Individual	cater triari	Ψ 1	,0,0	00:	"	763	,	complete defiedd	ie o ioi sucii	4 X
5	Did any person listed on line 1a receive or										
3	for services rendered to the organization? If "Ye	es " comple	inpen te Scl	redu	ıle .i	l for	such	ner	reialeu organizalii Son	on or markadar	5 X
Se	ction B. Independent Contractors	co, compic		,000	,,,,	101	30011	pc,	3017		
	Complete this table for your five highest com	noncated i	ndone	ando	nt	000	tracto	t	that received more	than \$100,000	of .
•	compensation from the organization. Report of										
	year.	· · · · · · · · · · · · · · · · · · ·					, -		onding man or ma	the enganizati	
_								_	· · · · · · · · · · · · · · · · · · ·	····	
	(A) Name and business add	trace							(B) Description of se	nrices	(C) Compensation
	Hame and business add		-					┿	Description of se	ii vices	Compensation
								╁.			
			_					4			
								1			
								1			
								1			
2	Total number of independent contractors (in				nite	d to	thos	se Î	isted above) who	received	
	more than \$100,000 in compensation from th	e organizat	lion)	>							

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per	(do i	not c	Pos	C) sition more	e than c	one	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any					ıs both		from	related	other
	hours for related organizations below dotted line)	Individual trustee	a Institutional truste	a Officer	Key employee	Highest compensate employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			L [®]	<u>L</u>		ited	$oxed{oxed}$			
246) ROBIN PRESSLY	.50	1								
CISA/CISM COORDINATOR		X		<u> </u>	L	<u> </u>	<u> </u>	0	() (
247) SAM SOK	.25]				1				i
WEBMASTER		Х			<u>_</u>	<u> </u>	<u></u>] 0) (0
248) MATTHEW TSUTSUMI	1.00								Į.	
TREASURER		1 x		X				0	d (כ
249) HOWARD VAN DE VAARST	.50	<u> </u>								
NEWSLETTER EDITOR	 	x						0	,	d
250) DEBRA VELA	1.00		<u> </u>	\vdash	\vdash	\vdash	t		+	
HOSPITALITY DIRECTOR	-	x							1 (o
251) SANG YONG PAE	.25		╁	-	-	 	┼	†	 	1
	.20	-{							J ,	0
PROGRAM DIRECTOR	1 2	X	₩	₩	₩	↓	₩	0	<u> </u>	1
252) JASON YOUNG	.25	4								_
PUBLICITY DIRECTOR	<u> </u>	X	ļ	<u> </u>	ļ	ļ	<u> </u>	U	1	0
253) SEAN ATKINSON	4.00]				1			İ	
NEWSLETTER EDITOR		Х	<u></u>	L	L		L	0)	0
254) JAMES DAVIDSON	4.00				Γ					
PRESIDENT	ļ	1 x	1	Х				c) (o
255) KELLY GARDINEER	4.00		\dagger		T		\top			
WEBMASTER	 	x							, k	o
256) REGINALD HARNISH	4.00	+	+-	\vdash	†	\vdash	+			
PRESIDENT ELECT	 	x		X				1 (4	h
1b Sub-total						ــــــــــــــــــــــــــــــــــــــ		+		
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	· · · · · ·	• • •	<u> </u>		• •		<u>}</u>			
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste 0	₃d a	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office		or of	r tri	iste		kev (-mr	playee or highes	t compensated	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	ı \$15	50,0	0007	7 11	f "Yes	s, "	complete Schedu	ile J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	nsatı	ion	fron	n any	/ un	related organization	on or individual	5 X
Section B. Independent Contractors	es, compre	16 001	7641	JIE U) 10,	Sucii	per	Son] 3
Complete this table for your five highest com	i	nden	and.	-nt	cor	tracte	-re f	that received more	- than \$100 000	
compensation from the organization Report of year										
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
							丰			
							+			
							\mp			
2 Total number of independent contractors (ii	ncluding b	ut no	t lir	nite	d to	o tho:	_ se I	listed above) who	received	en en en en en en en en en en en en en e
more than \$100,000 in compensation from the										9 94,87

(A) Name and title	(B) Average hours per			(C Posi				(D)	(E)		(F)	
	week (list any hours for	box,	not ch unles	neck i is per i a di	more rson rect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	om amo ol comp	mated ount of ther ensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	orgar and	n the nization related nizations	
7) LYNN HUMISTON STUDENT LIAISON	4.00	Х						C		Q		
8) LEWIS R. MARSICANO DIRECTOR OF AWARDS	4.00	х						C		o		(
9) PAMELA MATTHEWS VP MEMBERSHIP	4.00	x		х						0		(
0) BERNARD MCHUGH SECRETARY	4.00	х		х				0		0		(
1) WENDY NELSON TOTO COORDINATOR	4.00	х								o		(
2) WILLIAM PETERSON VP PUBLICITY	4.00	Х		х						o		(
3) THEODORE PHELPS CERTIFICATION COORDINATION	4.00	х						C		Q		(
4) BRENDAN SCHAEFER PAST PRESIDENT	4.00	х								o		-
5) ROBERT SCHWIND VP PROGRAMS	4.00	х		х						0		
6) DEBORAH SNYDER VP EDUCATION	4.00	x		x								
7) RICHARD THOMAS TREASURER	4.00	x		x								
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	not limited to t	hose	liste				> re	eceived more than	\$100,000 of			_
reportable compensation from the organization. 3 Did the organization list any former of		_	tru	stee	e. I	kev e	mp	plovee. or highes	t compensated	ACCUS TO THE REAL PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERT	Yes N	
 employee on line 1a? If "Yes," complete Sci For any individual listed on line 1a, is the organization and related organizations 	hedule J for suc ne sum of rep greater than	ch ind oortab \$15	lividu de c 50,00	ial omp 002	 pen <i>If</i>	 satioi <i>"Yes</i>	 na ,"	nd other compens	sation from the life J for such	3		X
individual	or accrue co	mpen	satio	on f	ron	any	un	related organizatı	on or individual		V/V 20	
for services rendered to the organization? I Section B. Independent Contractors	r ves, comple	te Scr	reau.	ie J	tor	sucn	per	son	<u> </u>	5		<u>X</u>
1 Complete this table for your five highest compensation from the organization Repoyear.												
(A) Name and business	address							(B) Description of se	ervices	(C) Compensa	ation	_
							+					_
							-	.				_

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	other compensation
	related organizations below dotted line)	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) DON CHIRI	1.00									
VICE PRESIDENT	1 00	Х		Х			ļ	C		0 0
269) JEFFREY KRAMER	1.00	Į,								
DIRECTOR AT LARGE 270) JEFF LUKINS	1.00	X								<u> </u>
DIRECTOR AT LARGE		×		1				C		0
271) CHRIS ODIONU	1.00			1						
TREASURER	-†	х		Х				C		0 (
272) CHRISTOPHER PIZZANO	10.00									
PRESIDENT		Х		Х				C		0 (
273) ANDREW ROSWAL	1.00									
SECRETARY	4 00	X	-	Х	ļ	ļ		<u></u>		9 (
274) ANDREW CRIST VICE PRESIDENT/TREASURER	4.00	x		х						
275) GENE FRUIT	.50	-	\vdash	^					1	<u> </u>
PAST PRESIDENT		×								o o
276) BRADLEY GRAY	.50									
BOARD MEMBER	-†	x						c		0 (
277) DOUGLAS HATHHORN	1.00									
SECRETARY		Х		Х	L		<u> </u>	C		0 (
278) JARED ROSS	2.00	١		١						
PRESIDENT	<u> </u>	Х		Х	<u> </u>		Ļ			0 (
to Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	· · · · · · ·						>		\$400,000 af	
2 Total number of individuals (including but no reportable compensation from the organization.) 3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen	on ▶ icer, directo	or, or	0 r tru	uste	ee,	key e	emp	ployee, or highes	t compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	sum of repreater than	oortal \$15	ole (50,0	com	per? //	nsation "Yes	n a s,"	nd other compensional complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If " Section B. Independent Contractors										5 X
1 Complete this table for your five highest concompensation from the organization. Report year										
(A) Name and business a	ddress							(B) Description of se	ervices	(C) Compensation
						-	+			
							‡			
Total number of independent contractors (more than \$100,000 in compensation from to				nite	d to	o thos	se l	listed above) who	received	

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not cl	Pos heck ss pe	C) sition more erson tirect	e than o	one an	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	(F) Estima from amour othe scompen	ated nt of er isation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	. (W-2/1099-M	ISC) from organize and release organize	zation lated
279) SEAN SCRANTON BOARD MEMBER	.50	х								0	
280) MICHAEL ZACHMAN BOARD MEMBER	.50	х						()	0	C
(281) JOSHUA CONNORS TREASURER	2.00	х		х				()	0	(
282) MELISSA EWING NEWSLETTER EDITOR	2.00	x		х				(0	(
283) JULIE HUPP VICE PRESIDENT	2.00	х		х						0	(
(284) TERRY WHALEY PRESIDENT	2.00	х		х				(0	(
(285) MYRA BALGOS ASSOC. WEBMASTER	.25	1								0	(
(286) MONICA BECKWORTH SECRETARY	.35	х		х				(0	(
(287) VICTORIA BISCHOF PAST PRESIDENT	.35	х						(o	(
(288) RUSSELL COOLEY NEWSLETTER DIRECTOR	.35	х						(0	. (
289) WILLIAM CROWE PRESIDENT	2.00	x		x							(
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t						► ► • re	eceived more than	\$100,000 of		
Told the organization list any former officemployee on line 1a? If "Yes," complete Scheduler 1 and 1 an	cer, directo	or, or	tru <i>lividi</i>	uste ual	:е, • • •	key e	emp	oloyee, or highes	t compensate	ed ATT	es No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	50,0 • •	00?	: II	"Yes	s,"	complete Schedu	le J for su	ch 4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											Х
Complete this table for your five highest concompensation from the organization Report year											
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensati	ion
							‡		-		
		-					‡				
2 Total number of independent contractors (i				nite	d to	thos	se I	isted above) who	received		

	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	łig	hest Compensat	ed Employ	ees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck is pe d a d	more rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d lons	(F) Estimated amount of other compensation
		related organizations below dotted line)	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)	MATTHEW DAVIS WEBMASTER	1.00	х								0	0
(291)	LESLIE DEPPE HOSPITALITY DIRECTOR	5.00	X								0	0
(292)	SHERRY DOUB TREASURER	1.00	X		X						0	0
(293)	VICKI GATEWOOD PROGRAM DIRECTOR	1.00	x								o	0
(294)	GARY GREENEWALT VICE PRESIDENT	1.00	х		Х						0	0
(295)	MARKUS HARDY MARKETING OFFICER	.30	х						C		0	0
(296)	HIRAM MARTINEZ, JR. MEMBERSHIP DIRECTOR	.40	Х						C		0	0
(297)	CHARLES ROBERT NEWSOME ACADEMIC DIRECTOR	.30	х						C		0	0
(298)	KENNETH PROUDFOOT GOVERNANCE REP	.35	х						C		0	0
(299)	SAMUEL ROBINSON DIRECTOR AT LARGE	.35	Х						C		0	0
(300)	WILLIAM SIKES, III CERTIFICATION DIRECTOR	.30	х						C)	o	0
c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-			 			* * *				
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose				e) who	o re	eceived more than	\$100,000	of	
3										Yes No		
4	For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15	0,0	00?	H	"Yes	, "				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 '	fron	n any	un				5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest comcompensation from the organization. Report of year.											
	(A) Name and business add	dress							(B) Description of se	ervices	C	(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 ▶

Part VII Section A. Officers, Directors, Tru		y En	ipic			anu r	ııy	1	i -	262 (C	
(A)	(B)	1			C)			(D)	(E)		(F)
Name and title	Average				sition	- than -		Reportable	Reportab		Estimated
	hours per week (list any					e than c is both		compensation	compensatio related		amount of other
	hours for					or/trust		from the	organizati		compensation
	related							organization	(W-2/1099-I		from the
	organizations	흑	State	Officer	y e	ghe Be	Former	(W-2/1099-MISC)	(**-2/1055-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	below dotted	ecto	ıtıor	٦	를	st c	۳	(11 2, 1000 11.100)	1		and related
	line)	Individual trustee or director	nstitutional trustee	ŀ	employee) Š					organizations
		ste	trus	j	Ť	pen					
		•	ee			Highest compensated employee					
					$ldsymbol{f eta}$	8					
(301) CARL TERRY	. 35										
COMMUNICATION DIRECTOR	1	X						C	þ	q	0
(302) TOMMY ABRAHAM	4.00				Г						
VP - EDUCATION & CERTIFICATION	†	х		х	İ				d	d	0
(303) MICHAEL GARR	4.00			H	⊢		\vdash	 		- 1	
`'		,,		١.,	1)	٦	0
VP - COMMUNICATIONS		X		Х	├	ļ		<u></u>	!		0
(304) CHRISTOPHER GIDA	4.00										
<pre>VP - MEMBERSHIP & MARKETING</pre>	l	X		Х				[C	X	q	0
(305) MITCHELL GREENFIELD	8.00										
PRESIDENT	 -	Х		X	1				,	o	0
(306) LISA HOLDEN	4.00				⊢		⊢		 		
		٠,		٠,	1		l	,	J	٦	0
VP - PROF & ACAD RELATIONS		X		X	 		_	-	1		
(307) BRIAN JACKSON	4.00				Ì						
VP - PROGRAMMING		Х		Х				C	·	O	0
(308) JACOB JOHNSON	4.00										
VP - COMMUNICATIONS	 	х		х				C	d	o	0
(309) CHARLES KIEFER, JR.	4.00										
VP - PROGRAMMING	 	x	1	x		1		ر ا	1	٨	0
	4 00		-	<u> ^</u> _	-	-	-		1	— Ч	
(310) SCOTT MACARTHUR	4.00					1					_
VP - MEMBERSHIP & MARKETING		X		Х			<u>L</u> .	C	1	0	0
(311) AMANDA PERRY	4.00									1	
SECRETARY AND TREASURER	T	Х		Х				C)	d	0
1b Sub-total	•						_				
c Total from continuation sheets to Part VII, S	oction A		• •							\neg	
•	_			• •							
d Total (add lines 1b and 1c)									6400.000 =		
2 Total number of individuals (including but not		nose	uste	a a	DOV	e) wn	о ге	eceived more than	\$100,000 0	1	
reportable compensation from the organizatio	<u>n</u> ▶	(
											Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensa	ited	يبي كال ينتلا
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ına	lividi	ual							3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr											4 X
indıvıdual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle J	l for	such	per	rson	<i>.</i>		5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs f	that received more	than \$100	000 c	of
compensation from the organization. Report											
year.								g			
							_		·····		
(A)	•						1	(B)		,	(C)
Name and business add	dress						_	Description of se	ervices		Compensation
							Т				
							十				
							+				
							+				
O Table who did		-4		•	<u> </u>			Para di visi di di di		7	a supply part of the contract of
2 Total number of independent contractors (i	_			nite	a to	o thos	se I	isted above) who	received		
more than \$100,000 in compensation from the	e organiza	tion I	>								

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employee	s (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than c	an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organizations	-	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)	from the organization and related organizations
312) ANGELA WALLACE	4.00									$\neg \dagger$	
VP - PROF & ACAD RELATIONS	2 00	Х		Х				C		<u>_q</u>	0
313) MEGAN CHRISTMAN SECRETARY	2.00	X		х						٨	C
314) ADAM DINY	1.00							<u> </u>			
LOGISTICS COORDINATOR		х						c		q	C
315) MATT JOHNSON	10.00										
PRESIDENT		Х	<u> </u>	Х	<u> </u>	<u> </u>		C		0	(
(316) JOHN MAZUREK	1.00										,
EDUCATION DIRECTOR (317) LYNN MILNER	2.00	X			<u> </u>		_	C		_9	
PAST PRESIDENT		x					ĺ	, ا		٨	(
318) DINA PEKELNICKY	6.00	<u> </u>	\vdash		\vdash	-	 			\dashv	
VICE PRESIDENT		x		х	ŀ			c	1	0	(
319) ZUZANA ROBERTSON	1.00										
MARKETING DIRECTOR		Х	<u> </u>					С		0	
320) KAREN SCHLIDT	3.00										,
CERTIFICATION DIRECTOR 321) KELLY SHAFFER	1.00	Х	<u> </u>		<u> </u>		<u> </u>	L	1		
MEMBERSHIP DIRECTOR		x						,		o	(
(322) JONATHAN STERNBERG	1.00		1		\vdash			-			
RESEARCH DIRECTOR		х						C		þ	(
to Sub-total c Total from continuation sheets to Part VII, so the Total (add lines 1b and 1c)	· · · · · · ·	<u> </u>	<u></u>	<u></u>	<u></u>		▶ ▶	eceived more than	\$100 000 of		
reportable compensation from the organization			0								
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo	or, or ch ind	tru <i>lividi</i>	uste ual	e,	key e	emp	oloyee, or highes	t compensate	d •	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	: H	"Yes	5, "	complete Schedu	le J for suc	h	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mper	satı	on	fron	n any	un	related organizati	on or ındividua	al	5 X
Section B. Independent Contractors	ics, compic		1000	<i>110</i> 0	, , , ,	34011	per	3011	<u> </u>		
 Complete this table for your five highest cor compensation from the organization. Report year 											
(A) Name and business ac	dress							(B) Description of se	ervices	с	(C) compensation
							-			_	
							-				
2 Total number of independent contractors (more than \$100,000 in compensation from t				nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	(do box, office	not c unle	Pos heck ss pe d a c	C) sition more erson direct	e than o	one an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	le n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations
(323) TARA WISDORF	2.00										
TREASURER	5 00	X	_	X	ļ		<u> </u>	(1	C) (
(324) ROBERT BARNES	5.00			,,					J	_	,
PRESIDENT	5 00	X	ـــ	Х	-	ļ	ļ	(1) (
(325) TUG GOKAYDIN	5.00		-						j	_	
EDUCATIONAL DIRECTOR (326) CRAIG MCCORMICK	F 00	X	-	<u> </u>			┝		1		(
VICE PRESIDENT	5.00			l ,					J	_	
(327) DAREK MCCOY	3.00	X	-	Х	-				1		,
	3.00	٠,							j	_	,
MEMBERSHIP DIRECTOR (328) JOHN SOUZA	5 00	X	<u> </u>		<u> </u>		⊢		1		(
	5.00	٠		١					1	_	
TREASURER/SECRETARY	5.00	X	<u> </u>	Х		<u> </u>	├—) (
(329) TERRY TOBIAS	5.00										
PROGRAM DIRECTOR		X	ļ	_		ļ	<u> </u>	(1	C) (
(330) ANNA CARLIN	7.00									_	,
DIRECTOR		X						(1	() (
331) JONATHAN CHAN	7.00	ļ									
DIRECTOR		Х						())
332) LARRY HANSON	7.00	l									
DIRECTOR		Х	ļ	ļ				(2)
(333) LEON KASPERSKY	7.00										
VICE PRESIDENT		Х		Х				()) (
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	hose	<u></u>		<u></u>		o re	eceived more than	\$100,000 of	f	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the complete Schedul	cer, directo	or, or	tru	uste ual	e,	key e	emp	oloyee, or highes	t compensa	ted	Yes No
For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	50,0 • •	007		"Yes	s,"	complete Schedu	ile J for si	uch 	4 X
for services rendered to the organization? If "Y											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 ad	dress							(B) Description of se	ervices		(C) Compensation
			-	-			\pm				·
											· · · · · · · · · · · · · · · · · · ·
							\pm				
2 Total number of independent contractors (i more than \$100,000 in compensation from the	ncluding bu	ut no	t lin	nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employees	(continued)
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and title	Average	١			sition			Reportable	Reportable	Estimated
	hours per week (list any					e than o		compensation	compensation fro	m amount of other
	hours for					tor/trus		from the	related organizations	compensation
	related	악필	Ins	0	ξ.	em	Form	organization	(W-2/1099-MISC	4
	organizations	dire	Ì	Officer	en	Highest	m	(W-2/1099-MISC)	(** =	organization
	below dotted line)	Individual trustee or director	nstitutional trustee		Key employee	/ee co	-			and related organizations
	,	l st	2)ee	mpe	1			
		9	stee			st compensated yee				
334) CATHY LORD	7.00		_		-					
TREASURER		Х		X	<u></u>		L	C)	q
335) KAREN NORTON	7.00									
SECRETARY		Х		Х			ļ	C)	o
336) THOMAS PHELPS IV	7.00									
DIRECTOR		X						(c	¥	d
337) ERIC READ	7.00	ĺ								
DIRECTOR	·-[X						C	d l	o
338) CHERYL SANTOR	7.00									
DIRECTOR		x						c	d .	d
339) KENDRICK TSE	7.00			-	_				-	
PRESIDENT	· -	x		x				C		d
340) MIGUEL O. VILLEGAS	7.00						T -			
DIRECTOR		x						c	d .	d
(341) AMANDA XU	7.00			<u> </u>	_	 			-	
DIRECTOR		x								d
342) JAMES ALBAREZ	3.00		\vdash	\vdash	1					1
VP PROGRAMS		x		x						d
(343) JEFFREY BASKIN	.25	_	\vdash	Ĥ	\vdash		<u> </u>		1	1
FACILITIES DIRECTOR	· 	×						_		٨
(344) PAULA MCLAIN	1.50		+		┢		┢		1	
VICE PRESIDENT		$ \mathbf{x} $		x				_		٨
		<u> </u>	ـــــــا	<u>'`</u>	_	l	_	-	1	- 1
1b Sub-total		• • •	• •			• • •			-	-
c Total from continuation sheets to Part VII,			• •	• •	• •	• • •				
d Total (add lines 1b and 1c)									£400.000 -£	<u>. l</u>
2 Total number of individuals (including but no			_	ed a	DOV	e) wn	o re	eceived more than	\$100,000 of	
reportable compensation from the organizat	ion 🕨	-	0						-	Yes No
3 Did the organization list any former of	ficer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	PARK 1988
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	lividi	ual						3 X
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole d	com	per	satio	n a	nd other compens	sation from the	
organization and related organizations										
ındıvidual										4 X
5 Did any person listed on line 1a receive of	or accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	l for	such	per	son		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100,000	of
compensation from the organization Repor year	t compensati	on fo	r the	ca	len	dar ye	ar e	ending with or with	nın the organizat	tion's tax
(A)							Т	(B)		(C)
Name and business a	ıddress						_	Description of se	ervices	Compensation
							+			
							İ			
							+			
2 Total number of independent contractors				nite	d to	thos	se I	isted above) who	received	705
more than \$100,000 in compensation from	the organiza	tion 1	>					•	E. S.	S.

Average hours per week (list any hours for related organizations below dotted line) 3.00 1.00 2.00	box,	unles	heck ss pe d a d Officer	erson	e than cost than cost than cost than cost the cost than cost the cost than cost that cost that cost that cost than cost that c	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame comp fro orga and	imated ount of other eensation m the inization related nizations
week (list any hours for related organizations below dotted line) 3.00 1.00 5.00	box, offile Individual trustee X	unles er and	ss pe d a d Officer	erson	is both or/trust	an	from the organization	related organizations	comp fro orga and	ether ensation in the inization related
hours for related organizations below dotted line) 3.00 1.00 5.00	office individual trustee X	er and	d a co	irect	or/trust		the organization	organizations	comp fro orga and	ensation m the inization related
3.00 1.00 5.00	x	Institutional trustee	x	Key employee	Highest compensated employee	Former	organization	_	orga and	nızatıon related
3.00 1.00 5.00	x	titutional trustee	x	employee	hest compensated ployee	mer	(W-2/1099-MISC)		and	related
3.00 1.00 5.00	x	ional trustee	x	ployee	t compensated /ee				l	
3.00 1.00 5.00	x	il trustee		yee	mpensated					
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Section A .										
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	hose	liste	ed a	bov	e) who	o re	cerved more than	\$100,000 of		
ion 🕨	(0							- 1	
ficar directo	· ·		ueta		kou o		Javos er highes	t componented		Yes No
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									4	X
									ļ	
<u>"Yes," comple</u>	te Scl	hedu	ule J	l for	such	per	son		5	X
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(A)	(B)			(6	C)			(D)	(É)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per					e than o		compensation	compensation from	amount of other
	week (list any hours for	office				or/trus		from the	related organizations	compensation
	related	유교	_				Fo	organization	(W-2/1099-MISC)	from the
	organizations	d vid	1	Officer	y er	P a	me	(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	below dotted	Individual trustee or director	Institutional trust	· `	Key employee	8 8				and related organizations
	inte,	trus	al tro		yee	Į į				Organizations
		8	stee			Highest compensated employee				
(356) LAURA SHIVER	2.00					_ <u>&</u>				
SECRETARY	<u> </u>	x		x						
(357) ASHLEY SPANGLER	2.00				\vdash		-		`	
WEBMASTER	 	x							,	d o
(358) REGINALD ABRAHAM	5.00	^				<u> </u>		· · · · · · · · · · · · · · · · · · ·	1	,
PRESIDENT	 	×		x					,	o o
(359) KIMBERLY ANDERSON	3.00			^	-	-		 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
VP OF EDUCATION	3.00	١,,								,
		X		Х	_		-	<u></u>	· · · · · · · · · · · · · · · · · · ·	0
(360) STEPHEN CASPER	5.00	٠,,			l]	J
IMMEDIATE PAST PRESIDENT	5 00	X		ļ	ļ	ļ		C	(0
(361) JODY COLLIS	5.00									
CHIEF ADMINISTRATIVE OFFICER		Х		Х				C		0
(362) TERRENCE M. DELAHUNT	3.00									
VP OF MEMBERSHIP		Х		Х	L.			C	(0
(363) THOMAS DOLAN	1.00	ļ	1							
VP OF CERTIFICATION		X	L	X				0	(0
(364) NANDASENA T. HETTIGEI	5.00									1
VP OF INFORMATION TECHNOLOGY		Х		Х			<u></u>	C	(0
(365) JOHN JASINSKI	4.00			l						
VP OF AFFILIATES		Х		Х					(0
(366) JORDAN SERRE	1.00]				l				
DIRECTOR/UMSA BOARD MEMBER		X		<u> </u>	<u> </u>			C) (0
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII, S	ection A .						>			
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) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	()							
										Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated	
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 a	nd other compens	sation from the	
organization and related organizations gro	eater than	\$15	0,0	00?) If	"Yes	5, "	complete Schedu	le J for such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Yo	es," comple	te Sch	redu	ile J	for	such	per	son		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated is	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100,000	of
compensation from the organization Report of	ompensati	on tor	tne	ca	iend	ar ye	ar e	ending with or with	nin the organization	on's tax
year.						•				
(A)	•							(B)	1	(C)
Name and business add	iress						+	Description of se	ervices	Compensation
							+			
-							+			
							+			
							+			
7. Tatal anadon of wiles and a tractical and a control of	-14: 1			. :			<u>L.</u>			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nte	ם נכ	าเกอร	ie I	isted above) who	received	
more man \$100,000 in compensation from th	o organizal		_							

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed tions	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	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
(367) RICHARD SPIEKER TREASURER	2.00	х		х		_		0	i L	0	
(368) THOMAS TISTHAMMER	1.00										
SECRETARY (369) JEFFREY VERSTEEG	2.00	X .,		X						0	
VP OF CLIENT RELATIONS (370) ELIZABETH WAGNER VP OF COMMUNICATIONS	2.00	X		X						0	
(371) WILLIAM WEBB AUDIT CHAIR	1.00	X		X			-				(
(372) MICHAEL WILM	1.00	X									
DIRECTOR/UMSA BOARD MEMBER (373) RONALD BURFORD TREASURER	2.00	X		x							(
(374) GORDON CRAIG SECRETARY	2.00	x		x							
(375) DC GRANT PRESIDENT/VICE PRESIDENT	3.00	X		X							
(376) KRISHNA MANDAVA PRESIDENT	5.00	x		x			-				
(377) BRUCE SNYDER BOARD	1.00	x				:				0	
to tal from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	 hose					o re	eceived more than	\$100,000	of	
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or	tru	uste ual	e, 	key (emp	oloyee, or highes	t compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15 • • •	50,0 • •	00?	. <i>If</i>	"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 Section B. Independent Contractors											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 (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportati compensatio related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
378) DAN SPEIGLE VICE PRESIDENT	1.00	х		х			 				
379) SARAH ABEDIN	2.50			^	ļ						
VICE PRESIDENT		х		x				o		0	(
380) SAM ARTHUR CO-DIRECTOR CRISC COORDINATOR	1.00	Х						0		0	(
(381) MELODY BALCET	2.00	ļ									
SECRETARY		Х		Х				0		0	(
382) PHILLIP CROSBY	1.00									^	
SPONSORSHIP DIRECTOR 383) STEWART DALEY	3.00	Х			-	ļ	╄				
MARKETING COORDINATOR	3.00	X			1			ر ا		٥	(
384) ESTHER FISCHER	1.00										
DIRECTOR		Х								0	
385) KYLE FOLEY	1.00				 						***
PAST PRESIDENT	t	х						c		0	
386) UJWAL GANDHI	1.00						1				
CGEIT COORDINATOR		Х						c)	0	
387) H. FRANK GREENWELL, JR.	2.00										
DIRECTOR - BUDGET		Х						C		0	
388) ROSEY GREER	1.00	ļ			l		1				
CO-DIRECTOR DOD LIAISON		Х		_	<u></u>	<u> </u>		C		0	
to tal from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	<u></u>			 		> >	acqued more than	\$100,000,0	of.	
reportable compensation from the organization)	ua	DOV	C) WII	0 16	ceived more man	Ψ100,000 C	"	
3 Did the organization list any former office	er, directo	r, or	tru	uste	e,	key (emp	oloyee, or highes	t compensa	ated	Yes No
employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the											3 X
organization and related organizations gruindividual	eater than	\$15	0,0	007	· 11	f "Ye:	s, "	complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satı	on	fron	n any	un un	related organizati	on or individ	dual	5 X
Section B. Independent Contractors											<u> </u>
 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	ervices		(C) Compensation
							-				
						. <u> </u>	+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nıte	d to	o tho	_ se l	isted above) who	received		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	yees (c	ontınued)
(A) Name and title	(B) Average hours per week (list any hours for	box office	unles r and	Pos heck ss pe	rson Irrect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d tions	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
(389) DANIEL HILL	1.00										
CO-DIRECTOR CRISC COORDINATOR		Х						С		O	<u> </u>
(390) MIKE HOWARD	5.00	ļ ,,									
DIRECTOR - WEBMASTER (391) BENJAMIN HSIAO	3 00	Х					_	ι		٩	
SEMINARS DIRECTOR	3.00	Х								0	(
(392) DEBBIE HUNTER	15.00		\vdash	\vdash			\vdash			-	
TREASURER		х		x				ر ا		o	(
(393) BARBAROL JAMES	2.00	 ^		 ^`			 	 		—Y	
SEMINARS DIRECTOR-RESERVATIONS	† 	х								0	(
(394) ALOK KAKKER	2.00							<u> </u>			
BOARD MEMBER - CONFERENCES		X								o	(
(395) AMANDEEP LAMBA	3.00				<u> </u>						
EVENT COORDINATOR	t	х						c	ļ	q	(
396) NOEL NAZARIO	1.00										
ACADEMIC RELATIONS COORDINATOR	T	Х						c		q	•
397) VANESSA NELSON	1.00										
AUDIT CHAIR		Х						C		o	
398) FERNANDO NIKITIN	1.00										
RESEARCH DIRECTOR		Х						C		0	
399) CLIFTON PERSAUD	2.00									_	
CISA COORDINATOR		Х					<u> </u>	C		- 0	
to tal (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose	 liste	<u> </u>			> re	eceived more than	\$100,000	of	
reportable compensation from the organization	<u> </u>	- (Ise I se
6 Dil 4											Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.	er, directo	or, or	tru Juudi	uste	e, i	кеу е	emp	ployee, or highes	t compens	sated	3 X
4 For any individual listed on line 1a, is the organization and related organizations gro											'
individual										Sucri	4 X
5 Did any person listed on line 1a receive or										ıdual	
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ile J	l for	such	per	son			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	iress							(B) Description of se	ervices	C	(C) Compensation
							+				
							+			<u> </u>	
	- <u>-</u>						工				
O Table with a of in 1				- 24			1			75 K	2 8 1 04/2646 N
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ше	u to	tnos	se I	isted above) who	received		****

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson direct	e than o is both tor/trust	an lee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kay employae	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(400) CHARLES ROBERTS	1.00					<u> </u>					
MEMBERSHIP DIRECTOR		Х						С		0	0
(401) YEHUDA SCHMIDT	2.00			-				}			
SPECIAL PROJECTS COORDINATOR		X			<u> </u>	ļ	ļ	C		0	0
(402) SUSANA SHARP	2.00									^	,
CO-DIRECTOR LIAISON (403) ANH TRAN	4.00	X	ļ	├	 		<u> </u>				0
PRESIDENT	4.00	x		x				_		0	n
(404) BRIAN CASTAGNA	4.00	<u> </u>		┝	\vdash						
EXECUTIVE VP	<u> </u>	x		x				ر ا		0	C
(405) MARTIN DOLPHIN	2.00	 '`	-	 '`	 	-		1			
RESEARCH DIRECTOR	<u> </u>	x		-						o	
(406) MARK DUDAS	2.00										
MARKETING DIRECTOR	 	х						c		o	c
(407) VICTORIA GRAVES	2.00										
SECRETARY	†	Х		Х				c		O	c
(408) KATHARINE HAYES	8.00										
PRESIDENT		X		Х				C		0	C
(409) MENG HEAP	2.00										
AUDIT COMMITTEE DIRECTOR		Х					ļ	C		0	C
(410) RACHEL HU	4.00										_
WEBMASTER	l	X						C		0	(
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	<u> </u>	<u></u>	<u></u>			o re	eceived more than	\$100,000	of	
Translation reportable compensation from the organization 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or									Yes No
 4 For any individual listed on line 1a, is the organization and related organizations grandividual 5 Did any person listed on line 1a receive or 	eater than	\$15 	50,0 • •	00?	? <i>II</i>	"Yes	s," · ·	complete Schedu	le J for	such • • •	4 X
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ile .	J for	such	per	son	<u> </u>		5 X
Section B. Independent Contractors		- d :				A4 :	'	that manafered ·		2.000	
 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
							$oxed{-}$				
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received	16 30 PH	

PAGE 44

Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employee	s (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck s pe d a d	rson Irrect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organization and related organizations
411) LAURIE MCDONALD	4.00	ļ				ļ <u> </u>					
IMMEDIATE PAST PRESIDENT	†	x						c	d	q	
412) BRANDON MESANOVIC	4.00							· · · · · · · · · · · · · · · · · · ·		\neg	
TREASURER	t	x		Х					d	d	
413) CHRISTO OVCHAROV	2.00									\dashv	
MEMBERSHIP DIRECTOR	+	x								٦	
	6 00	- <u>^</u> -	\vdash						1	-4	
414) KRYSTAL PEDERSEN	6.00	٠,,							j	ړ	
RESEARCH DIRECTOR/WEBMASTER		Х						(1	4	
415) MATTHEW PUTVINSKI	4.00	1									
PROGRAM DIRECTOR		Х					L		1	o	
416) TAREQ RAHMAN	2.00									T	
CERTIFICATION DIRECTOR	T	1 x							X	d	
417) ROBERT SNYDER	4.00									\neg	
ADMINISTRATIVE VP	 	x		Х					Į.	d	
418) JULIANNE TESSIER	2.00					-	-		 	—∸	·
ACADEMIC LIAISON DIRECTOR		┨ 。							J	٦	
	F 00	X							1	-4	· · · · · · · · · · · · · · · · · · ·
419) BEVERLY M. AUSTIN	5.00									اـ	
DIRECTOR		X						L C	1	q	
420) YOLANDA BAKER	5.00]									
VICE PRESIDENT		X		Х				C)	o	
421) DUSTIN BRADLEY	5.00										
DIRECTOR	T	X					1	C		0	
to tal from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t			· ·			▶ • re	eceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the	cer, directo fule J for suc sum of rep	or, or ch ind	lividu ole c	<i>ual</i> com	 per	 nsatio	 na	nd other compen	sation from th	е	Yes No
organization and related organizations gr individual	accrue co	 mper	 Isatio	 on 1	 fron	 n any	un	related organizatı	 on or individua	al	4 ×
Section B. Independent Contractors											
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(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensation
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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		

Par	VII Section A. Officers, Directors, Tru (A)	ustees, Ke (B)	y Em	plo		es, C)	and h	igl	hest Compensat (D)	ed Employ (E)	yees (c	ontinued) (F)
	Name and title	Average hours per week (list any hours for	box office	unle	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reporta compensation relate organizal	on from d	Estimated amount of other compensation
		related organizations below dotted line)	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
	CARY BROWN	5.00										
	DIRECTOR	5 00	Х			<u> </u>			0		0	0
	NICHOLAS BUSSANICH DIRECTOR	5.00	v						,			0
	WILLIAM D'ALIA	5.00	X			├	 					
·	DIRECTOR		х								d	0
	KARL E. DAHLBERG	5.00				├	 	_				
·'	DIRECTOR	 	х				ļ		- o		o	0
(426)	JOANNE DE VITO DE PALMA	5.00										
	DIRECTOR		Х						0		0	0
	DOUGLAS J. DIPERSIO	5.00		İ								
	DIRECTOR		Х				•		0		0	0
	ANDREW ELLSWEIG	5.00		Ì								0
	DIRECTOR BETH FLORES-MANLAPIG	5.00	Х			├	ļ					0
	DIRECTOR	3.00	х						0		0	0
	CARLOS FUENTES, JR. DIRECTOR	5.00	x						0		o	0
(431)	DOROTHY GUO	5.00										
	SECRETARY		Х	<u> </u>	Х	ļ	<u> </u>		0		0	0
	DONALD LIAO	5.00	٠		١							•
	TREASURER		X		Х		<u> </u>		0		<u> </u>	0
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	employee on line 1a? If "Yes," complete Schede											3 X
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5 [Did any person listed on line 1a receive or or services rendered to the organization? If "Ye	accrue co	mpen	satı	on	fror	n any	un	related organization	on or indivi	idual	5 X
	ion B. Independent Contractors											
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	(A) Name and business add	dress							(B) Description of se	ervices	c	(C) compensation
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												d)	
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(433) GEORGE G. MCBRIDE	5.00					ä							
DIRECTOR	F 00	Х			_		_	C		0			0
(434) THOMAS MCDERMOTT	5.00				İ			l ,	j				0
DIRECTOR (435) RICHARD MENTA	5.00	X			<u> </u>	-	\vdash						0
DIRECTOR	3.00	X						,		0			٥
(436) JEFFREY S. SAFFER	5.00	<u> </u>	-		-	-	┢						
DIRECTOR		x								O			0
(437) LILY SHUE	5.00			-		 	┼─			$\overline{}$			
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(438) JENNIFER LYNN SPIEWAK	5.00						-						<u>`</u>
PRESIDENT	t	x		х						0			0
(439) MIZBA TAWA	5.00						\vdash						
DIRECTOR	t	х						0		0			0
(440) THOMAS ZACHARIAH	5.00												
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SECRETARY AND MEM DIRECTOR	T	1 x		Х				(d .	ď	1		0
(442) DAVID GRISHAM	.50				ļ						1		
ACADEMIC RELATIONS COORDINATOR	†	х		i				0	þ	0	l		0
(443) ALAN GUTOWSKI	1.00												
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to 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 organizatio	limited to t	 hose					o re	eceived more than	\$100,000 c	of			
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144 MICHAEL HANSEN		• •	Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	more erson	ıs both tor/trust	an ee)	Reportable compensation from the	Reportable compensation f related organization	s	Estimated amount of other compensation from the
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BOARD MEMBER 462) CLIVE BLACKWOOD 2.50 BOARD MEMBER 463) ROCHELLE BRENNER 2.50 BOARD MEMBER 464) ANTHONY D'AMATO 2.50 BOARD MEMBER 465) KEVIN FULLER 2.50 BOARD MEMBER 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	x x x x					C C C C C		0 0	
462) CLIVE BLACKWOOD BOARD MEMBER 463) ROCHELLE BRENNER BOARD MEMBER 464) ANTHONY D'AMATO BOARD MEMBER 465) KEVIN FULLER BOARD MEMBER 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 the reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such for any individual listed on line 1a, is the sum of reportance organization and related organizations greater than individual.	x x x x					0		0 0	
BOARD MEMBER 463) ROCHELLE BRENNER BOARD MEMBER 464) ANTHONY D'AMATO BOARD MEMBER 465) KEVIN FULLER BOARD MEMBER 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 the reportable compensation from the organization 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reportance organization and related organizations greater than individual.	x x x					C C		0 0	
463) ROCHELLE BRENNER BOARD MEMBER 464) ANTHONY D'AMATO BOARD MEMBER 465) KEVIN FULLER BOARD MEMBER 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 the reportable compensation from the organization ►	х х					C		0	
464) ANTHONY D'AMATO 2.50 BOARD MEMBER 465) KEVIN FULLER 2.50 BOARD MEMBER 1b Sub-total c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c)	х х					c c		0 0	
BOARD MEMBER 465) KEVIN FULLER BOARD MEMBER 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 the reportable compensation from the organization 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reportance organization and related organizations greater than individual.	х 					C		0	
465) KEVIN FULLER 2.50 BOARD MEMBER 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 the reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reportance organization and related organizations greater than individual.	х 					C		0	
BOARD MEMBER 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 the reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reportation and related organizations greater than individual.						C		o	
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 the reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reportation and related organizations greater than individual.						C	}	q	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)									
reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of reporting and related organizations greater than individual					<u> ▶</u>		2100.000		
employee on line 1a? If "Yes," complete Schedule J for such 4 For any individual listed on line 1a, is the sum of report organization and related organizations greater than individual	ose (_	d ab	ove) v	who re	eceived more than	\$100,000	ot	
4 For any individual listed on line 1a, is the sum of report organization and related organizations greater than individual									Yes No
	ortab \$15	ole c 50,00	omp 00?	ensat	ation ai	nd other compens	sation from	the such	4 X
5 Did any person listed on line 1a receive or accrue comp	npen	satio	on fr	rom a	any un	nrelated organizati	on or indiv	ndual	25.00
for services rendered to the organization? If "Yes," complete Section B. Independent Contractors	e Sch	nedu	le J	for su	uch per	rson		• • •	5 X
Complete this table for your five highest compensated ind compensation from the organization. Report compensation year.									
(A) Name and business address						(B) Description of se	ervices	С	(C) ompensation
						· · · · · · · · · · · · · · · · · · ·			
2 Total number of independent contractors (including but								1	

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box office	unles r and	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
(466) PATRICK GRANT	2.50									
PAST PRESIDENT		Х						C)C	0
(467) NIGEL JAMES	2.50									
2ND VICE PRESIDENT (468) ALEXANDER JOSEPHITE	2.50	Х		Х	<u> </u>			C	C	0
1ST VICE PRESIDENT	2.50	x		х				,	,	
(469) DAVID KIPIN	2.50			^						0
PAST PRESIDENT		x			1		ļ			0
(470) MARGUERITE MCCARTHY	2.50	 -					\vdash			
BOARD MEMBER		х						0	d	0
(471) JOSE ORTIZ	2.50									
BOARD MEMBER		х						0	o	0
(472) JAMES POWERS	2.50									
BOARD MEMBER		Х			L	ļ. <u>. </u>		0	0	0
(473) FELIX RAMIREZ	2.50									
PAST PRESIDENT	2 50	Х						0	0	0
(474) KAREN RAWLS BOARD MEMBER	2.50	Ų,								
(475) RAISA SEREBRENIK	2.50	Х			-	 				0
BOARD MEMBER		x						_	_	o
(476) KWONGMEI TO	2.50							-		
BOARD MEMBER		х						0	d	0
to tal from continuation sheets to Part VII, Sometime of the second seco	imited to t						> re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the	ıle J for sud	ch ind	ıvıdı	ıal						Yes No
organization and related organizations gre	eater than	\$15 	0,0	00? • •	. If	"Yes	i,"	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										5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report c year	pensated ii ompensatii	ndepe on for	nde the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 c nin the organization	of n's tax
(A)							Γ	(B)		(C)
Name and business add	ress						+	Description of se	ervices (Compensation
						-	L			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	e li	isted above) who	received	<u></u>
JSA 2E1055 3 000 89364J 649R	g nault							1447160		Form 990 (2012) PAGE 50

Part VII Section A. Officers, Directors,	rustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees ((continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	erson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	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
477) CHRISTOPHER WESTERMAN	2.50			-						
RECORDING SECRETARY		X	ļ	Х	<u> </u>			0) 	0 (
478) JULIANNE WU TREASURER	2.50	4		х						o
479) RICHARD ZIEGLER	2.50	X	-			-	_	-	<u></u> '	
CORREPONDING SECRETARY		x		х			İ		,	d
480) ANTHONY AGUILAR	2.00									
WEBSITE ADMINISTRATOR I		1 x						0	1	o
481) CAROL BARKE	3.00									
SECRETARY		Х		Х				0		0
482) LISA BARTSCH	2.00							_		
CPE COMPLIANCE COORDINATOR	2 20	X	-		ļ		<u> </u>	0		0
483) KATHRYN DRURY VP PROGRAMS	3.00			,,		1				o
484) BRIAN EVANS	2.00	Х		X	├	<u> </u>			'	U
ASST. TREASURER		x								o
485) LAURIE FLANDRAU	3.00			-						9
VP MEMBERSHIP		x		x				0	,	d
486) DOUGLAS GORRIE	3.00			<u> </u>		 	 		~	<u> </u>
TREASURER		х		Х				0	,	d
487) WILLIAM JACKSON PROGRAM COORDINATOR III	2.00	.,								0
	I	Х	<u> </u>	<u> </u>	<u></u>	<u> </u>	Ļ			<u> </u>
to Total from continuation sheets to Part VII,	Section A .						>			
d Total (add lines 1b and 1c)	ot limited to t						o re	ceived more than	1 \$100,000 of	
reportable compensation from the organizat	ion ▶	(0							Yes No
3 Did the organization list any former of	ficer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the										3 X
organization and related organizations individual	greater than	\$15	50,0	00?	· If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co "Yes," comple	mpen te Scl	ısatı hedu	on ile J	fron <i>I for</i>	n any such	un per	related organizations	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest co- compensation from the organization Repor- year. 	mpensated i t compensati	ndepe on for	ende r the	ent e ca	con lend	tracto dar ye	rs t ar e	that received more ending with or with	than \$100,000 the the the the the the the the the the	of on's tax
(A)							Τ	(B)		(C)
Name and business a	address						+	Description of se	ervices	Compensation
							#			
							+			
2 Total number of independent contractors	(includina bi	ut not	t lin	nite	d tr	thos	ie I	isted above) who	received	
more than \$100,000 in compensation from	the organiza	lion 🕨	<u> </u>							
JSA 2E1055 3 000 8 9 3 6 4 J 6 4 9 R								1447160		Form 990 (201 PAGE 5
								111/100		FAGD 3

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (d	ontinued)
(A) Name and title	(B) Average hours per week (list any	(do i	not cl	Pos heck	C) sition more	e than o	one	(D) Reportable compensation from	(E) Reportable compensation related	9	(F) Estimated amount of other
	hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-M		compensation from the organization and related organizations
(488) AHMED JESSA	2.00										
EDUCATION COORDINATOR I (489) CHRISTOPHER JORDAN	3.00	X	<u> </u>		-		-	0			0
VP EDUCATION	3.00	l X		x				_		0	o
(490) JEFFREY KROMER	2.00	<u> ^</u>		ĻŶ							
WEBSITE WEBMASTER		х						0		0	d
(491) JOSE LINEROS	2.00	<u> </u>									
DIR. OF ACADEMIC RELATIONS	†	x						0		0	c
(492) RICKY LINK	3.00										
3RD PAST PRESIDENT	T	X			İ			0		0	d
(493) JOSEPH MCKERNAN, JR.	2.00										
JOBS COORDINATOR		Х						0		0	C
(494) KRISHNA MOSLEY-JONES	2.00				ļ						
MARKETING COORDINATOR		X		<u> </u>	<u> </u>		ļ	0		0	(
(495) ROBERT NEBEL	2.00	١						1		^]
HOSPITALITY COORDINATOR	2 00	X			<u> </u>		-	U		Ü	(
(496) RICHARD NIETUBICZ PROGRAM COORDINATOR II	2.00									0	
(497) LESLIE NORWOOD	2.00	X		\vdash	\vdash			-			
RESERVATIONS COORDINATOR	2.00	x								0	
(498) SUSAN PAGEL	3.00	<u> </u>		-				-			
2ND PAST PRESIDENT		l x								0	
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	<u></u>		<u> </u>		<u></u>	► ► • re	eceived more than	\$100,000 of		
reportable compensation from the organization 3 Did the organization list any former office	er, directo	or, or									Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab	ole o 50,0	com	per	nsatio	n a	nd other compens	sation from the	he <i>ch</i>	3 X
Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or ındıvidu	ıal	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	ervices	((C) Compensation
							+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	sted above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson firect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from ns	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from the organization and related organizations
(499) NEHA PATEL	2.00										
PROGRAM COORDINATOR I	1 2 22	X	ļ	ļ	<u> </u>	ļ		0		0	0
(500) SHAMMYANGU RANA	2.00									ا	0
EDUCATION COORDINATOR II (501) BARRY RAVEN	2.00	X	-					<u> </u>		4	
CERTIFICATIONS COORDINATOR I		ł x								٨	l o
(502) MARVIN READER	3.00	^`						,		\dashv	
1ST PAST PRESIDENT	ļ	x)	o	d
(503) MATTHEW SMITH	3.00										
VP COMMUNICATIONS	†	x		х				c	l	d	c
(504) LAURA SMITH	2.00										
NEWSLETTER COORDINATOR		X						c	ł	0	c
(505) GREGORY STREDER	6.00										·
PRESIDENT		Х		Х				C		0	C
(506) VIRGINIA SUMRALL	1.00										
CHAPTER PHOTOGRAPHER		X	Ļ	L	L			<u></u>		0	(
(507) BRITTANY TEARE	3.00	١		l						إ	
VP FACILITIES	0.00	X	<u> </u>	Х	_			<u> </u>		0	C
(508) SHIRLEY WALKER	2.00	∤ ,,	1								,
WEBSITE ADMINISTRATOR II (509) IDDAH WANGONDU	2.00	X	<u> </u>		_				1		
VP CERTIFICATION	3.00	$+$ \times		Х						0	
1b Sub-total		1_ <u>^</u>	L		L	<u>. </u>	_				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			<u> </u>				>		\$100,000 of		
2 Total number of individuals (including but not reportable compensation from the organizatio			iiste O	a a	DOV	e) wn	o re	eceived more than	\$100,000 61		
	·	-									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15	50,0	00?	i H	"Yes	5, "	complete Schedu	le J for su	ch	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											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) Name and business ad	dress						<u> </u> _	(B) Description of se	ervices		(C) Compensation
							+				
							†				
2 Total number of independent contractors (i	ncluding be	ut no	t lın	nite	d to	thos	se I	sted above) who	received		
more than \$100,000 in compensation from the	ne organiza	tion)	>						}		

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	plo	ye	es,	and l	lig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related	office	unles er and	Pos heck ss pe	erson firect	than on the state of the state	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatemployee	Former	(W-2/1099-MISC)	(W-2/1033-MIGG)	organization and related organizations
(510) KYLE WESS	2.00	ļ	l "			ted				
CERTIFICATIONS COORDINATOR II		×						1		0
(511) JAMES DEDAD	1.00		╁╌		 					
BOARD MEMBER	†	X								o
(512) KAREN DOUBRAVA	1.00									
SECRETARY	 	Х		X				c	į () o
(513) DANIEL FRANJKO	1.00	İ								
BOARD MEMBER	†	Х						c	(0
(514) DAMON HACKER	2.00									
PROGRAMS COORDINATOR	T	Х							(0
(515) DAVID HADLEY	1.00									
BOARD MEMBER		Х						C	(0
(516) DANIEL LEO	1.00]								
BOARD MEMBER		X						C	(0
(517) JENNIFER MORGAN	1.00	₹						_		_
BOARD MEMBER		X			ļ			C	- (0
(518) TRAVIS MOSER	1.00	∤		١						
VICE PRESIDENT	2 50	X		Х	ļ			<u></u>	1	0
(519) JEFFERY PERSHING	2.50	↓ ,,		х] ,	0
PRESIDENT (520) LISA PETERSON	2.00	X		^					<u>'</u>	1 0
TREASURER		$ \mathbf{x} $		Х				,		o
1b Sub-total	I		L		!	<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	limited to t						o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶		<u> </u>							
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	livid	ual						3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gr									le J for such	
Individual										4 X
5 Did any person listed on line 1a receive or										5 X
for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors									<u> </u>	19 1 1
Complete this table for your five highest com	pensated i	nden	ende	ent	con	tracto	rs f	that received more	than \$100 000	of
compensation from the organization. Report of year										
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
							\perp			
							\bot			
							\perp			
							4-			
							Т.	P-1-4 -1 5 1	1 8 28	300 37 1.746
2 Total number of independent contractors (i				nite	a to	thos	se I	isted above) who	- %3	STATE OF THE STATE OF
more than \$100,000 in compensation from the	ie viganiza	UOII	_						المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	Carrier 1

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employe	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	рох	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation fr related organizations		(F) Estimated amount of other
	hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
(521) PASCAL BIZARRO	2.00										
TREASURER		Х		Х				С		o	0
(522) GLENN BRASS	1.00					1					
BOARD MEMBER		X		ļ	_	<u> </u>	_	c		o	0
(523) KRISTINA BUCKMASTER BOARD MEMBER	1.00	Х						C		O	C
(524) DOUGLAS CRAIL	2.00	4									
SECRETARY		X	ļ	Х				C		0	C
(525) DAVID CUTRI	1.00	-1				ļ					
BOARD MEMBER		X		_		<u> </u>		Ç	1	0	C
(526) MICHAEL GERBER	2.00	4		١							_
PRESIDENT	1 00	X		X		 	ļ	C		0	(
(527) ZACHERY KRAMP	1.00	-1							j		_
BOARD MEMBER (528) JIM KRIEGER	2.00	X	<u> </u>		-	<u> </u>					C
VICE PRESIDENT	2.00	x		x				_	j	0	
(529) KEVIN MICHAEL KELLEY	1.00	1		<u> </u>						-	
BOARD MEMBER		x								C	C
(530) STEPHEN MOHR	1.00	+	-			 	\vdash				
BOARD MEMBER	 -	x								o	d
(531) JULIO RAMIREZ	1.00		<u> </u>	 			t				
BOARD MEMBER	<u> </u>	х								o	
to Sub-total 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 of	f	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheden.	cer, directo	or, or	tru Iividi	uste ual	e,	key e	emp	oloyee, or highes	t compensa	ted	Yes No
For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	50,0 • •			"Yes	s," •••	complete Schedu	le J for si	uch 	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											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
							\pm				
							+				
							+				
2 Total number of independent contractors (a more than \$100,000 in compensation from the	ncluding bi	ut not	t lin	nıte	d to	thos	se I	isted above) who	received		

Name and title 32) LAURIE RYAN IMMEDIATE PAST PRESIDENT 33) KATHERINE VAN JURA BOARD MEMBER 34) MICHAEL SCOTT BRADLEY MEMBERSHIP DIRECTOR 35) EARNEST COLLINS	Average hours per week (list any hours for related organizations below dotted line)	b office or director	unles	heck ss pe	rson	on the structure of the	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensatio from the organization	n
IMMEDIATE PAST PRESIDENT 33) KATHERINE VAN JURA BOARD MEMBER 34) MICHAEL SCOTT BRADLEY MEMBERSHIP DIRECTOR	related organizations below dotted line)	Individual trustee or director	<u> </u>		Κey		ee) Former	the organization	organizations	from the organization	n
IMMEDIATE PAST PRESIDENT 33) KATHERINE VAN JURA BOARD MEMBER 34) MICHAEL SCOTT BRADLEY MEMBERSHIP DIRECTOR		,,		ı		npensated				and related organizations	1
BOARD MEMBER BOARD MEMBER B4) MICHAEL SCOTT BRADLEY MEMBERSHIP DIRECTOR	1.00		1					_			
BOARD MEMBER 34) MICHAEL SCOTT BRADLEY MEMBERSHIP DIRECTOR	1.00	Х	_					0	()	- 1
MEMBERSHIP DIRECTOR		X						,	(,
MEMBERSHIP DIRECTOR	1.00	_^								1	
		x						0	(1	
	1.00										
MARKETING DIRECTOR		х						o	(d	
36) JOSEPH GLAB	2.00										_
WEBMASTER		Х						0	C		
37) WILLIAM HAYWARD	1.00										
TRAINING EVENT		Х						0	ď	n)	
38) JENNIFER HUNT	5.00										
TREASURER		Х		Х				О	()	
39) DEANNA LEYDEN	1.00]									
ACADEMIC ADVISOR		Х						0	(,	
10) DAVID MEDEIROS	5.00	ļ						_			
PRESIDENT		X		X				0	()	
11) PATRICK MILLER	1.00								_		
PROGRAM DIRECTOR	1 00	X		_				0	()	
42) SCOTT SHINNERS IMMEDIATE PAST PRESIDENT	1.00	x		1					,		
to tal from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u></u>						► ► • re	ceived more than	\$100.000 of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ion ▶ ficer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations undividual	greater than	\$15 • • • •	0,0 • •) If	"Yes	s," (complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If Section B. Independent Contractors										5	X
Complete this table for your five highest co- compensation from the organization Repor- year											
(A) Name and business a	address							(B) Description of se	ervices	(C) Compensation	
							-				_
2 Total number of independent contractors											

(A) Name and title	(B) Average hours per week (list any hours for	box	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportat compensatio related	n from 1	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-i		from the organization and related organizations
(543) JOHN C. VYHLIDAL	5.00	-1									
VICE PRESIDENT (544) TRENT WILLIAMS	5,00	Х		Х	<u> </u>		\vdash		1		
SECRETARY		$ _{\mathbf{x}}$		x	ŀ			,		۲	,
(545) DAVID S. BARTON	2.00		\vdash	<u> </u>	-	_	\vdash		1		
PRESIDENT		x		x				1	j	C	
(546) JOHN BROOKS	1.00		 								
SECRETARY		x		x						О	
(547) PATRICK DEMSKI	2.00		\vdash		t		1				
TREASURER		x		x			1		j	С	
(548) JASON JAMES	2.00						<u> </u>				
VICE PRESIDENT		x		x				(0	d c
549) KENT KIEFFER	1.00				<u> </u>						<u> </u>
PAST PRESIDENT	-†	x		х	ł					0	
550) JASON UHLMAN	5.00										
VP/SECRETARY/TREASURER		X		Х						0) (
551) WILLIAM BAILEY	1.00					 -	1				
DIRECTOR		Х								0	
552) JARRED BERNSTEIN	1.00										
DIRECTOR	-†	X								0	
553) MARK BRENNAN	1.00										
DIRECTOR		x								0	
to Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	t limited to t						► ► o re	eceived more than	\$100,000 o		
Told the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo	or, or									Yes No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of represents	oortab \$15	ole c 50,0	om 007	per	satioi <i>"Yes</i>	n aı s,"	nd other compen- complete Schedu	sation from lie J for s	the auch	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co Yes," comple	mpen <i>te Scl</i>	satı nedu	on <i>ile</i> J	fron <i>I for</i>	any such	un per	related organizati son	on or individ	lual • •	5 X
Section B. Independent Contractors											
Complete this table for your five highest concompensation from the organization Report year											
(A) Name and business a	ddress							(B) Description of se	ervices	((C) Compensation
							-				
							+				
2 Total number of independent contractors (nite	d to	thos	se li	isted above) who	received		

Part VII Section A. Officers, Dir	ectors, Trustee	es, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employee	s (c	ontinued)
(A) Name and title	Av hot week hot re orgai	erage urs per (list any urs for lated nizations	box office	unles r and	ss pe	more rson rect	than o is both or/trust employ	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mi	rom s	(F) Estimated amount of other compensation from the organization and related
		w dotted	Individual trustee or director	Institutional trustee		employee	Highest compensated employee	·				organizations
(554) RICHARD CASTRO DIRECTOR		1.00	х						0		0	0
(555) DEREK DANILSON		1.00										
DIRECTOR			x						0		0	0
(556) MICHELE DICKINSON		1.00										
MEMBERSHIP CHAIR			Х						0		0	0
(557) PAULA D'ORAZIO		1.00										
COMMUNICATIONS CHAIR			Х			<u> </u>			0		0	. 0
(558) LINDA FONNER DIRECTOR		1.00	x						o		0	0
(559) MICHAEL GRIFFITH		1.00										
DIRECTOR			х						0		0	0
(560) ALEX HABRE		1.00										
DIRECTOR			Х						С		0	0
(561) ANTHONY HERNANDEZ		1.00										
DIRECTOR			X						0		0	0
(562) LAURA HITCHCOCK		1.00	١								^	
DIRECTOR		1 00	X		_				0		U	0
(563) ZACHARY LEAHAN DIRECTOR		1.00	×] ,		٥	0
(564) ATUL MALHOTRA		5.00					i		ļ			<u> </u>
CONTINUING EDUCATION CH			Х				į		c		0	0
1b Sub-total								ightharpoons				
c Total from continuation sheets to d Total (add lines 1b and 1c)	•	•	 <u></u>					>				
2 Total number of individuals (included)	ling but not limite		hose	liste				o re	eceived more than	\$100,000 of		
3 Did the organization list any f employee on line 1a? If "Yes," com	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated										38. 35.3 (2	
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 X		
5 Did any person listed on line 1a for services rendered to the organ												5 X
Section B. Independent Contractors												
 Complete this table for your five compensation from the organizati year. 												
Name and	(A) d business address								(B) Description of se	ervices	((C) Compensation
								F				
								+				
								+				
								+-				

Par	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employee	5 (cc	ontinued)
	(A) Name and title	(B) Average			-	C) sition			(D) Reportable	(E) Reportable		(F) Estimated
		hours per					e than c		compensation	compensation fr	om	amount of other
		week (list any hours for	office	er and			is both or/trust		from the	related organizations		compensation
		related	악등	Ιg	9	Key	en E	5	organization	(W-2/1099-MIS		from the
		organizations	dire	Ē	Officer	y en	ploy	Former	(W-2/1099-MISC)	,	- 1	organization
		below dotted (ine)	Individual trustee or director	Institutional trustee		employee	8 8	-				and related organizations
			rest	2		yee	m pe			i		3
			8	stee			Highest compensated employee					
/E (E)	THU NGUYEN	1.00		_			<u> </u>				-	
(363)	DIRECTOR	1.00	X								Λ	0
15661	KEVIN O'SULLIVAN	5.00		_					-			
(300)	1ST VP		x		x						O	0
(567)	AGNES PERAINO	1.00	 		 	\vdash		\vdash			\dashv	
·	PAST PRESIDENT		Х				}	l			d	0
(568)	CLARENCE RINDGEN	5.00		 	 	 	 				一	
	2ND VP/SECRETARY		Х		x			1			o	0
(569)	GAVIN ROBINSON	1.00		Т							寸	
	ALTERNATE DIRECTOR		Х						c		o	0
(570)	ALAN SHEPPARD	10.00									\Box	
-~-	PRESIDENT		X		Х			L.	c		o	0
(571)	WARREN ROBERT SIMMONS	1.00										
	COLLEGIATE ADVISOR		Х						C		_0	0
(572)	GIRARD SMITH	1.00										
	IMMEDIATE PAST PRESIDENT		X						C		<u>q</u>	0
(573)	RAM VIJAYANATHAN	1.00										
	COLLEGIATE ADVISOR	1 22	Х	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	C		_q	0
(574)	WILLIAM VINK	1.00						l		1		
, <u> </u>	ALTERNATE DIRECTOR		Х		_	┞-		<u> </u>	<u></u>) 	_9	0
(5/5)	TORPEY WHITE	5.00	١.,		.,						٦	0
	TREASURER		Х		X		<u> </u>	<u> </u>	<u> </u>		- 4	0
	Sub-total										\dashv	
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-				• •					\dashv	
	Total number of individuals (including but not							o re	ceived more than	\$100,000 of	_	
	reportable compensation from the organization)		501	c,	.	socived more than	Ψ100,000 01		
												Yes No
3	Did the organization list any former office	er, directo	r, or	tru	uste	e,	kev e	emp	oloyee, or highes	t compensate	d	222 62- 24
	employee on line 1a? If "Yes," complete Schedi	ule J for suc	ch ind	lıvid	ual							3 X
4	For any individual listed on line 1a, is the	sum of rec	ortab	ole d	com	per	satio	n a	nd other compen	sation from the	a	
	organization and related organizations gre	eater than	\$15	50,0	00?	? <i>II</i>	"Yes	s, "	complete Schedu	le J for suci	h	
	ındıvıdual											4 X
	Did any person listed on line 1a receive or											
	for 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	:					44-		that	45 \$100.00		
	Complete this table for your five highest com compensation from the organization Report of											
	year.						, -		g			
	(A)							Т	(B)			(C)
	Name and business add	iress						į	Description of se	ervices	С	ompensation
								Ţ				
								\downarrow				
								\bot				
								-				
	Total number of independent contractors (in	nchiding h	ıt no	t lin	nite	d +-	tho		listed above) who	received	Ope =7 .	The second secon
	more than \$100,000 in compensation from the					- ··		J-U 1	ilottou abovej Wilo		£	wa.

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employe	ees (c	ontinued)	1 age C
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck is pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportab compensatioi related organizatio	n from	(F) Estimat amount other compens	ted t of r sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization and relation organization	ation ated
(576) AARON CARPENTER	2.00											
DIRECTOR		Х			ļ			С		0		
577) JON CHANDLER	2.00	١.,		i						0	i	,
DIRECTOR 578) AARON COOK	4 00	X			<u> </u>	-		0		0		
SECRETARY	4.00	×		х						0	i	C
579) TIMOTHY COX	2.00	-	\vdash	^			-					
SECOND VICE PRESIDENT		x		х		ļ		_		0	Ì	C
580) ANDY DEAS	2.00	^		^			-					
DIRECTOR		x								n	Ì	C
581) BRIAN IRISH	3.00	 						1		\dashv		
TREASURER		l x		х						0	Ì	(
582) DENISE LECLAIRE	2.00					-				$\overline{}$		
DIRECTOR	· -	х								0	Ì	(
583) ADAM REMIS	.50	†				-						
PAST PRESIDENT		Х						0		0	Ì	(
584) GAIL RICKETTS	7.00											
PRESIDENT		Х		х				0		o	i	C
585) JOHN SIMONS	2.00	Ì										
DIRECTOR		X						0		0	ì	C
586) JEFFREY TROGAN	2.00											
VICE PRESIDENT		X	L	Х				0		q	1	C
to Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	<u></u>						> >	occuped more than	\$100,000 0	<u> </u>		
reportable compensation from the organiza			nsted)	u ai	DOV	e) wn	o re	eceived more than	\$ 100,000 8	<u> </u>		
2 Did the acceptance but any famous	re										Ye	s No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Schi	micer, directo edule J for su	or, or ch ind	tru Ividu	iste ial	е,	кеу е	· ·	oloyee, or nignes	compensa	tea	3	X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,00	00?) If	"Yes	5, "	complete Schedu			4	X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	satio	on f	fron	n any	un	related organization			5	X X
Section B. Independent Contractors	res, compre	10 00,	,cuu		701	34077	pc,	30,7 . , ,		• •		
Complete this table for your five highest compensation from the organization. Report year	ompensated it compensate	ndepe on for	ende the	nt ca	con	tracto dar ye	rs t	that received more ending with or with	than \$100, nin the organ	000 o nizatio	f n's tax	
(A) Name and business	address							(B) Description of se	rvices	c	(C) Compensatio	n
							1					
					•		1					
	 						+					
2 Total number of independent contractors				ute	d to	thos	se I	isted above) who	received			

Part VII Section A. Officers, Directors, Tru	ľ	<u>y </u>	ipic			and i	<u>'''9</u>	T		000 (0	•
(A) Name and title	(B)	1			C)			(D)	(E)	hlo.	(F) Estimated
Name and title	Average hours per	(do	not cl		sition mor	e than o	one	Reportable compensation	Reportal compensation		amount of
	week (list any					is both		from	related		other
	hours for		erano		1	tor/trus		the	organizati		compensation
	related	우 la	Ins	Office	₽ Q	Highest employe	Former	organization	(W-2/1099-		from the
	organizations	d d	<u>Ē</u>	Ē	en	ploy	l iii	(W-2/1099-MISC)			organization
	below dotted line)	Individual trustee or director	Š		Key employee	e g	•				and related organizations
	inte)	S	<u>#</u>		yee	mg					i
		tee	nstitutional truste			ensa					
			0			st compensated yee					
587) CLAIRE DEMARCO	1.00										
VICE-PRESIDENT OF SEMINARS		Х		Х	<u> </u>	<u> </u>	<u> </u>	C	!	0	
588) DANIEL DESKO	1.00										
DIRECTOR OF OUTREACH		Х		X				c		d	
589) COLLEEN KEREKES	1.00										
VICE-PRESIDENT OF PROGRAMS	†	х		Х				C	x	d	
590) STEPHANIE L. MCDONOUGH	1.00	··-		-		1	<u> </u>				
TREASURER	t	X		x					d	ol	
591) ANTHONY POLITO	1.00	 	-	 	\vdash	 			1		
VICE-PRESIDENT OF LOGISTICS	+ -	x	1	x					1	۸	
592) DAVID RUSSELL	1.00		<u> </u>	^	-	<u> </u>	-				
	-	-1	1	١			1			إ	
SECRETARY		X		X	ļ	<u> </u>	 	<u> </u>	1		
593) STACEY SLAVONIC	1.00	1									
IMMEDIATE PAST PRESIDENT		X				<u> </u>	<u> </u>)	0	
594) DARREN STROH	1.00					İ					
WEBSITE ADMINISTRATOR		X) c)	o	
595) BRENDA TROUT	1.00										
DIRECTOR AT LARGE	f	1 x							k	d	1
596) JASON K. ZAHN	2.00						1				
PRESIDENT	 	x		x					1	0	
597) JACK CHAMPLIAN	1.00				╁╌	 	┼		1		
ACADEMIC OUTREACH/AUDIT		x							1	0	
		^	<u> </u>]	<u> </u>				1		
1b Sub-total							•		<u> </u>		
c Total from continuation sheets to Part VII, S	-						_ ▶				
d Total (add lines 1b and 1c)							<u> </u>		l		
2 Total number of individuals (including but not		hose	liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 d	of .	
reportable compensation from the organizatio	n ▶	- 1)								· · · · · · · · · · · · · · · · · · ·
											Yes No
3 Did the organization list any former office										ated	
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 rei	ortal	nle d	com	nei	nsatio	n a	nd other compen	sation from	the	(2) (2) (3)
organization and related organizations gr											
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es " comple	te Sci	isali hedi	ıle .	l foi	r such	nei	renn	on or main	Juai	5 X
Section B. Independent Contractors	es, compre	10 00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,00	, ,,,	040,,	pç,		• • • • • • •		
Complete this table for your five highest com						4		that received many	- than \$100	000	
compensation from the organization Report of											
year.	compensati	011 10		. 00	iicii	uai ye	, cai	ending with or with	illi the Olga	IIIZalio	iis tax
										_ 	
. (A)								(B)			(C)
Name and business add	aress						4	Description of se	ervices		Compensation
							┚				
							T				
							\top				
2 Total number of independent contractors (i	nçludına bi	ut no	t lın	nıte	d to	o tho	se l	listed above) who	received		
more than \$100,000 in compensation from the					_		'				

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	/ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any			Pos heck		e than o		(D) Reportable compensation	(E) Reporta compensation relate	on from	(F) Estimated amount of other
	hours for related organizations below dotted line)		er and		irect	Highest compensated employee		from the organization (W-2/1099-MISC)	organizal (W-2/1099-	ions	compensation from the organization and related organizations
98) REBECCA DOLS	1.00							_			
SECRETARY	1 00	Х		Х			<u> </u>	0		0	
599) CHITRA GOPALAKRISHNAN	1.00	,,								0	
CISA COORDINATOR	1 00	X			├-	<u> </u>		0			
500) STEPHEN JUE	1.00	.,									
PROGRAMS DIRECTOR 501) STEVE MAR	1.00	Х	-	-	-		<u> </u>				· · · · · · · · · · · · · · · · · · ·
CISA COORDINATOR	1.00	x			ŀ			1		0	
02) THOMAS MCANDREW	1.00	<u> </u>	<u> </u>	<u> </u>	-			0			-
IMMEDIATE PAST PRESIDENT		x								۸	
503) DON MCGILLIVRAY	1.00										
VICE PRESIDENT	1.00			v						^	
	1 00	X	 	X	├—	_		-			
004) ROBERTA MCGILLIVRAY MEMBERSHIP DIRECTOR	1.00	x		l						0	
MEMBERSHIP DIRECTOR 505) SCOTT NEWMAN	1.00	<u> </u>		⊢	\vdash						
		×						1		0	
EDUCATION DIRECTOR		_^		<u> </u>			┡	<u> </u>	}		
506) TIMOTHY SANDAGE	3.00			l ,			1		ļ	0	
PRESIDENT	1 00	X		X	\vdash		├	-	 		
507) JOSE MICHAEL SANTOS	1.00	.,						_			
WEBMASTER	1.00	X		-	-				1	U	·
608) WILLIAM STONE EDUCATION DIRECTOR		×								0	
1h Cub total			ļ	<u> </u>	1		_				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .				• •		>				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste O	ed a	bov	e) wh	o re	eceived more than	\$100,000	of	Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	11	"Yes	s, "	complete Schedu	le J for	such	4 ×
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	ion	fror	n any	un	related organizatı	on or indivi	idual	
for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Sci	nedu	ule .	j foi	such	per	son			5 >
Complete this table for your five highest com	nanantad i					***		that received more	than \$100	0000	
compensation from the organization Report of year											
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensation
							+				
							+				
2 Total number of independent contractors (iii more than \$100,000 in compensation from the				nite	d to	tho	se l	isted above) who	received		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and	Hig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do r	not ch unles	Pos neck ss pe	C) stion more erson tirect	e than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	ndividual trustee ir director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(609) AARON SUOJA	2.00				_	<u> </u>				
TREASURER		Х		Х) c		o o
(610) BILL WILDPRETT	1.00									
COMMUNICATIONS DIRECTOR	T	х						C)	0 0
(611) MICHAEL BURCH	1.00									
DIRECTOR		X						C		0 0
(612) PHILLIP GARRISS	1.00									
MEMBERSHIP DIRECTOR		х					ĺ	c	X	o o
(613) SCOTT HANCHETT	1.00									
DIRECTOR	T	Х) c	d.	o o
(614) RICHARD HUDON	1.00									
IMMEDIATE PAST PRESIDENT		х						c	d	o o
(615) SRINI KOLATHUR	1.00									
SOCIAL MEDIA COORDINATOR		х	il					· c	d.	o o
(616) DIANA PETERS	1.00						_	1		
TREASURER		х		х				d	d	o o
(617) JOANNA ROJAS	1.00									
SECRETARY	†	х		х				c	d	ol o
(618) ALAN ROTH	1.00									
CERTIFICATION COORDINATOR		х							d .	o o
(619) SRINIVAS SARASWATULA	4.00						\vdash			
PRESIDENT/WEBMASTER		х		х					,	o o
1b Sub-total	!				Ь—	·	_			
c Total from continuation sheets to Part VII, S	_		'				•			
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>	L	<u> </u>
2 Total number of individuals (including but not		_	_	d al	bove	e) wh	o re	eceived more than	\$100,000 of	
reportable compensation from the organization				-						- I I
										Yes No
3 Did the organization list any former offic	er, directo	r, or	tru	ste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Schede	ule J for suc	th ind	ividu	ıal	• •		• •	• • • • • • • • •		3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gro	eater than	\$15	0,0	00?	' If	"Yes	s, "	complete Schedu	le J for such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," complet	e Sch	edu	le J	for	such	per	son	<u> </u>	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year 	pensated ii ompensatio	ndepe on for	the	ca	lend	tracto dar ye	ear e	that received more ending with or with	than \$100,000 nin the organizati	of on's tax
(A)				-				(B)		(C)
Name and business add	Iress					_		Description of se	ervices	Compensation
							Τ			
							T			
							T			
							\top			
							Τ			
2 Total number of independent contractors (in	ncluding bu	ıt not	lim	ited	d to	thos	se l	isted above) who	received	
more than \$100,000 in compensation from th								•		

(A)	(B)				C)			(D)	(E)		(F)	
Name and title	hours per week (list any	box,	not ch unles	neck is pe	rson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	om	Estimate amount other compensa	of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	from the organizate and relate organizate	e ion ed
20) TIA SHOEMAKER	1.00											
RESEARCH DIRECTOR	1 00	X						(1	0		
21) CANDACE SMITH	1.00	×						_				
22) MICHELLE WICKER	2.00	 ^-				-				- 4-		
FIRST VICE PRESIDENT		×		Х				,		۸		
23) SUSAN BAUMES PROGRAMS EDUCATION COMMITTEE	.30	X								0		
24) DALIA BUBNYS	.30											
CONTENT AUTHOR		Х						C	ĺ	q		- 1
25) DEEPIKA CHANDARANA	.30										-	
MEMBERSHIP DIRECTOR		X						(}	0		
26) BENJAMIN COGAN	.30	-{										
BOARD MEMBER		X						(q		
27) JOSEPH COLLINS	.30]										
PROGRAMS EDUCATION COMMITTEE		Х)	O		
PROGRAMS EDUCATION COMMITTEE	.30	х						(o		
529) PAULINE LAMANTIA	.30	4										
IMMEDIATE PAST PRESIDENT	30	X	\vdash				<u> </u>	1	 	-4		
330) JENNIFER MIER BOARD MEMBER	.30	×										
	1	^				<u> </u>	<u> </u>		1	7		
to Total from continuation sheets to Part VII,	Cartina A											
d Total (add lines 1b and 1c)	-									-		
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose					o re	eceived more than	\$100,000 of			
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											Yes	s No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	50,0	007	i II	"Yes	5, "	complete Schedu	ile J for sucl	7	4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on '	fron	n any	้นก	related organizati	on or ındıvidua	l	5	X
Section B. Independent Contractors											4	
Complete this table for your five highest co- compensation from the organization. Report year.												
(A) Name and business a	ddress							(B) Description of se	ervices	Co	(C) empensation	
							\perp					

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related	(do i box, office	not cl unles	Pos heck	c) ition more rson lirect	than of strust Highest	(D) Reportable compensation n an from the		(E) Reporta compensation related organizat (W-2/1099-	ble on from d ions	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	est compensated loyee	ner	(W-2/1099-MISC)			and related organizations
631) BARBARA NORRIS	.30	.,							ļ	ا	0
ACADEMIC RELATIONS COORDINATOR (632) WILLIAM NOWIK	.30	X			_				1	- 1	
PROGRAMS EDUCATION COMMITTEE		X						l c		o	0
633) STEPHEN PRIMOST CERTIFICATION DIRECTOR	.30	х						С		0	0
(634) KEVAN RILEY	1.20										-
PRESIDENT		X		Х	<u> </u>	ļ		C		o	0
(635) RONALD ROY	1.20	X		x						٦	0
SECRETARY (636) STEVEN SAVARD	1.20			_	-	-	_		1	-	
TREASURER		X		Х						o	C
(637) WILLIAM SOARES	1.20				_	<u> </u>					
VICE PRESIDENT		х		Х				С)	0	C
(638) COLLEEN SULLIVAN	.30										_
PROGRAMS EDUCATION COMMITTEE	1 00	X	ļ	ļ				C)	0	(
(639) LUISA DOI SECRETARY	1.00	x		Х	ŀ					٥	(
(640) HOWARD DUCK	5.00	<u> </u>	<u> </u>	^	-				 	<u> </u>	
DIRECTOR/PROGRAMS		x		ŀ				ĺ	X	o	(
(641) STEPHEN FINEBERG	1.00								_		
DIRECTOR/MEMBERSHIP		Х		<u> </u>				С		0	(
to Sub-total c Total from continuation sheets to Part VII, Section 1							► ► • re	eceived more than	\$100,000	of	
Did the organization list any former offi employee on line 1a? If "Yes," complete Scheduler.	cer, directo	or, or ch ind	livid	ual	٠.						Yes No
 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than r accrue co	\$15 mper	50,0 • • ısatı	00? • • on	? If fron	f <i>"Yes</i> n any	s," · · · · un	complete Schedu related organizatı	<i>ile J for</i> · · · · · · on or indivi	such · · · idual	4 X
Section B. Independent Contractors	res, comple	16 00	1600	116	101	Sucii	per	3011			
Complete this table for your five highest cor compensation from the organization Report year	npensated i compensati	ndepo	ende r the	ent e ca	con	tracto dar ye	rs t	that received more ending with or with	e than \$100 hin the orga),000 c anizatio	of n's tax
(A) Name and business ac	ldress							(B) Description of se	ervices	C	(C) Compensation
							+			-	
Total number of independent contractors (more than \$100,000 in compensation from to	including b	ut no	t lin	nıte	d to	o thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	vee	es. :	and F	lial	hest Compensat	ed Employees (c	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles	Posr neck i s per l a di	tion more	n both highest compensated employee	ne 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
642) ROGER FORNOLES	5.00			-			<u> </u>			
VICE PRESIDENT		Х		Х				c	d	C
643) MARIA GREGORIA	2.00			Ì		ļ				
DIRECTOR/SEMINARS		х						c	d d	C
644) JOHN MELLAS	5.00									
TREASURER		Х		Х				0	d d	
645) JANIECE PIERCE DIRECTOR/VOLUNTEERS	2.00	х						(o	(
646) CAROL STEICHEN	3.00	1								
DIRECTOR/MARKETING AND COMMS		x		İ					d d	(
647) KAREN TINUCCI	5.00									
PRESIDENT		Х		х					d d	(
648) KEITH BARBER	1.00		\Box							
PUBLICATIONS/WEBMASTER	-†	x							o o	(
649) THERESA DOAN	1.00									
CISA/CISM COORDINATOR	-†	x							o o	(
650) THOMAS DOWNEY ACADEMIC RELATIONS	1.00	х						(0	(
651) ALEJANDRO FLORES	.50		\Box					****		
DIRECTOR AT LARGE	-	x							o o	(
652) ARIANA FORD MEMBERSHIP DIRECTOR	1.00	х						(0	(
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose					► ► • re	eceived more than	\$100,000 of	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheel 4 For any individual listed on line 1a, is the organization and related organizations gundividual	dule J for su sum of repreater than	ch ind portal 1 \$15	dividu ole c 50,0	<i>ual</i> com 00?	 per	 nsatio f <i>"Ye</i> s	na s,"	nd other compen	sation from the left of the such	Yes No 3 X 4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "										5 X
Section B. Independent Contractors										
Complete this table for your five highest corcompensation from the organization. Report year	mpensated i compensati	ndep	ende r the	ent o	con len	tracto dar ye	ear e	that received more ending with or wit	e than \$100,000 c hin the organizatio	ot n's tax

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	lig		ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos heck ss pe d a d	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations
(653) SAMIR JARJOUI	2.00						-				· <u>-</u>
VICE PRESIDENT		Х		Х				C		0	(
(654) BARBARA V. MALDONADO	.50										
PAST PRESIDENT		Х						C)	0	(
655) GEORGE F. MEADOWS, JR.	2.00										
PRESIDENT		Х		Х				C)	0	(
(656) HAYDEE MEDINA	2.00										
TREASURER		Х		Х				C		0	(
(657) LUPE NEAVES	2.00										
SECRETARY		Х	L	Х	L	L	L	c)	0	(
(658) JUSTIN THOMPSON	.50						Ī .				
DIRECTOR AT LARGE		Х						C	þ	0	(
(659) GABRIEL TREVINO	1.00										
EDUCATION CHAIR		Х						C	þ	0	(
(660) ALEXANDER BRANISTEANU	.50										
CISM COORDINATOR	[Х						C	þ	0	(
(661) GARY DIMESKY	.50										
VICE PRESIDENT		Х		Х				į c	×	0	•
(662) M. STEPHANE GERMAIN	1.00										· · · · · · · · · · · · · · · · · · ·
DIRECTOR - WEBMASTER		Х						c)	0	(
(663) NOEL HASKINS-HAFER	1.50										
CRISC AND CGEIT COORDINATOR		_ x						C)	0	1
to tal from continuation sheets to Part VII, South Total (add lines 1b and 1c)	<u>.</u>						► ► • re	eceived more than	\$100,000 of	F	
reportable compensation from the organization)			,			, ,		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi	er, directo	or, or ch ind	tru Iividi	uste u <i>al</i>	e, 	key e	emp	oloyee, or highes	t compensa	ted	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	11	"Yes	s, "				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											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	Iress							(B) Description of se	ervices		(C) Compensation
							+				
		•					‡				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	listed above) who	received		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees	(con	tinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m	Estir amo ot compe	F) nated unt of her ensation
	related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	2)	organ and r	n the sization related sizations
664) RON HEMPHILL	1.00						_			+		
MEMBERSHIP DIRECTOR		X				<u> </u>		0		0		
665) PRETESH MISTRY MARKETING COORDINATOR	.50	X				1						(
666) METIN PASAOGLU	2.00		-	_		ļ —				-		
PRESIDENT		x		x						d		(
667) SWATI PATEL	.50							-		+		
DIRECTOR - PROGRAMS	†	х						0		d		(
668) CHANASEE PHANGMUANGDEE	.50									\top		
NEWSLETTER DIRECTOR		Х						0		ol_		(
669) ARTURO RUVALCABA II	4.00											
SECRETARY		Х		Х				0		<u> </u>		-
670) TRISA MENDOZA RAMIREZ	.50											
CISA COORDINATOR	2.00	X	<u> </u>					0		9_		
671) TIM SMITH TREASURER	2.00			l ,								
672) MATT STAMPER	2.00	X	H	Х				<u> </u>		4		
MARKETING DIRECTOR		x						_		٨		
673) MATT TOBEY	.50									┰		
EDUCATION COORDINATOR	<u> </u>	x								d		(
674) TONY YEE	0	├	-							+		
PAST PRESIDENT	t	х						c		o		(
to Sub-total c Total from continuation sheets to Part VII, Section 1 Total (add lines 1b and 1c)	<u> </u>	· · ·	• •				▶ •	eceived more than	\$100,000 of			
reportable compensation from the organization)									
										r		Yes No
3 Did the organization list any former office	cer, directo	or, or	tru	uste	e,	key e	emp	loyee, or highes	t compensated	-		
employee on line 1a? If "Yes," complete Sched										ŀ	3	X
4 For any individual listed on line 1a, is the												
organization and related organizations grundividual										h	4	$\frac{1}{x}$
5 Did any person listed on line 1a receive or										ŀ		
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											s tax	
(A) Name and business ad	dress							(B) Description of se	ervices	Соп	(C) npensa	ition
							-					
							\pm					
2. Total number of independent accessor (notudine to		15	nis-	a 4-	, AL -		isted share who	roccived			ar _i
2 Total number of independent contractors (i				me	u IC	, mos	e i	isteu above) wno	received 🛒	• ' • •	-	~ ~ (/2) °

Part VII Section A. Officers, Directors, Tru	stees. Ke	v Fm	olar	vee	·S. a	and H	lial	hest Compensat	ed Employees (co	Page Ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ch unles er and	Posi leck i s per l a di	tion more rson	than or is both a or/truste	ne 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	
675) DOMINIQUE BOURDON	1.00			\neg		<u>-</u>					
DIRECTOR		Х						0	O		
676) ELIZA CORPUZ	2.00										
DIRECTOR		Х	Ш					0	0		
677) WILLIAM DAVIDSON	1.00					- 1					
DIRECTOR		Х	\sqcup					0	O		
678) CASSIUS DOWNS	2.00										
DIRECTOR		Х						0	9		
679) DEBRA MALLETTE	2.00										
PAST PRESIDENT		X		_				0	9		
680) THEJ MEHTA	5.00										
PRESIDENT		Х		Х				0	9		
681) DOUG MOHRLAND	2.00										
SECRETARY		Х	Ш	Х				0	9		
682) MICHAEL NELSON	4.00										
DIRECTOR		X	\sqcup	_				0	0		
683) HEATHER OUELLETTE VICE PRESIDENT	3.00	х		х				С	o		
684) STEVEN OWYOUNG	1.00										
DIRECTOR		Х						C	q		
685) STEPHEN SHOFNER	4.00										
2ND VICE PRESIDENT		Х		Х				C	q		
1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization	ımıted to tl	hose	listed				► ► re	eceived more than	\$100,000 of		
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											

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	ontinue	1)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson Irrect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	on from d ions	Estr ame o comp	(F) imated ount of ther ensation	
	related organizations below dotted line)	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	
(686) TIM STAPLETON	3.00						1						
TREASURER		Х	ļ	Х			<u> </u>	C		0			(
(687) LANCE TURCATO	1.00	١.,						ĺ					,
DIRECTOR	40	X	 -					<u> </u>		0			_(
688) GWYNNE BENSON	.40	×								0			(
(689) KAREEM BRIGGS	1.00		<u> </u>	_			╁		1				_`
WEBMASTER		x						1	,	0			(
690) MICHAEL CARDENAS	1.00	- **		1									_
EDUCATION DIRECTOR	t	x						1 .		o			(
691) BRIAN CLYBURN	1.00		╁	\vdash		_	 						_
SECRETARY	 	x		х				c		0			(
692) DAVE GORNEY	.50												_
CERTIFICATION DIRECTOR		x					ļ	c		0			
693) THOMAS HART	2.00												
PRESIDENT	[X		Х						0			-
694) LISA HENRY	1.00												
MEMBERSHIP DIRECTOR		Х						С)	0			(
695) PETER MORRILL	.50	1											
RESEARCH DIRECTOR	ļ <u>.</u>	X		<u> </u>			ļ	<u> </u>		0			-
696) DAVID O'BERRY	.50	-{						_					
RESEARCH DIRECTOR		Х	<u> </u>			L	<u>L.</u>		}_	u			
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>	• •		>						_
Total number of individuals (including but not reportable compensation from the organizatio		hose	liste n	ed a	bov	e) wh	o re	eceived more than	\$100,000 d	əf			
		<u> </u>									I	Yes N	_
3 Did the organization list any former offic	er directo	יר טר	tri	iste	<u> </u>	kev (emr	lovee or highes	t compens	ated		105 1	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	livid	ual			• •				3		ζ
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole d	com	per	nsatio	n a	nd other compen	sation from	the			7 p
Individual											4		K
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 un	related organizati	on or ındivi		5		<u>.</u>
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) Compens	ation	
													_
		-											_
2 Total number of independent contractors (i				nite	d to	tho:	se I	isted above) who	received	20	Z.		-

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• •	Section A. Officers, Directors, Trustees, Key Employees, and (A) (B) (C)							(D)	(E)	(F)
Name and title	Average hours per week (list any	Position (do not check more than or box, unless person is both a							Reportable compensation from	Estimated amount of other
	hours for related organizations below dotted line)		r and	a di Offi	recto	r/truste		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
) CHRISOPHER ODER NEWSLETTER DIRECTOR	.20	v		1		اة				
) SUSAN RUSHER	2.00	Х		+	\dashv				```	
PAST PRESIDENT AND PROGRAMS) SCOTT SANDIDGE	. 50	Х			\dashv					
ACADEMIC ADVOCATE DIRECTOR) HARRIET SIMPSON	2.00	X								,
TREASURER) LINDA WEEKS	.50	X		X						,
MARKETING DIRECTOR 2) DON WEST	.40	Х	$\mid - \mid$		+				(1
NEWSLETTER DIRECTOR 3) BETTIE WILSON	.50	Х			\dashv			()	9
CERTIFICATION DIRECTOR) ROBIN BASHAM	3.00	Х			+				(
CONFERENCE DIRECTOR) NAVARASU DHANASEKAR	4.00	X		+	+				()
PROGRAM DIRECTOR) GREGORY EDWARDS	4.50	Х		\dashv		ļ				
MEMBERSHIP DIRECTOR) RUCHI VERMA GRUPTA SECRETARY	1.00	X		x	+					
b Sub-total	limited to t						► re	eceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete School For any individual listed on line 1a, is the organization and related organizations grandvidual	cer, directorule J for suc sum of repeater than	oh ind oortab \$15 mpen	trus	omp 002 003 on fi	pens If rom	sation <i>"Yes,</i> any	aı "	nd other compen complete Schedu	sation from the sile J for such	Yes 3
for services rendered to the organization? If "Y Section B. Independent Contractors	es, compie	te Scr	reaui	e J	tor :	sucn į	per	son		5
Complete this table for your five highest concompensation from the organization. Report of year.										
(A) Name and business address								(B) Description of services		(C) Compensation
							┞			
							╁			
Total number of independent contractors (i more than \$100,000 in compensation from the				ited	l to	those	e li	isted above) who	received	

Par	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and l	lig	hest Compensat	ed Employee	s (c	continued)
	(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both a officer and a director/truste							(E) Reportable compensation fron related organizations	from	other compensation	
		related organizations below dotted line)	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
(708)	LARRY HALME	5.00										
(700)	ACADEMIC RELATIONS	1.50	X					_		 	0	0
(709)	MICHAEL JORDAN VICE PRESIDENT	1.50	x		Х			ł	_		٥	0
(710)	SUMIT KALRA	2.00	<u> </u>		Ĥ			<u> </u>				
·/	PRESIDENT		x		х				l c	,	0	0
(711)	PADMAJA KUMAR	5.00										
	MARKETING DIRECTOR		Х						c	N	0	0
(712)	DHARSHAN SHANTHAMURTHY	2.00										
	CERTIFICATIONS DIRECTOR		Х						C		0	0
(713)	JAYARAMAN SWAMINATHAN	1.00								ŀ		
(734)	PAST PRESIDENT	5 00	X		<u> </u>	_		_	C			0
(/14)	ROBERT YEWELL TREASURER	5.00	X		Х					ļ	0	0
(715)	ROBERT DANIEL ARLOTTO	1.00	_^		^					<u> </u>		
`` ==/	DIRECTOR CORPORATE RELATIONS		x				i		l c	i	0	О
(716)	DESIREE SHANEEZA AUCHEY	4.00										
	DIRECTOR MEMBERSHIP ACITIVITES		Х						C		0	0
(717)	MICHAEL BAYERE	4.00										
	DIRECTOR OF VOLUNTEERS		Х	<u> </u>	<u> </u>	<u> </u>			<u> </u>		0	0
(178)	PETER CHRISTIAANS PRESIDENT	6.00	x		x						0	0
1b					_^		l	_		1		
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not							>	acquired more than	\$100,000 of		
	reportable compensation from the organization			115te)	u a	DOV	e) Wild	3 16	ceived more man	\$100,000 01		
3	Did the organization list any former offic	er, directo	r, or	tru	uste	e,	key e	emp	ployee, or highes	t compensate	ed	Yes No
individual										4 X		
1	for services rendered to the organization? If "Ye											5 X
	tion B. Independent Contractors Complete this table for your five highest com	nensated i	nden			COP	tracto	re f	that received more	than \$100 0	00 -	of
	compensation from the organization. Report of year											
	(A) Name and business address							_	(B) Description of services			(C) Compensation
								+				
			-					\perp				
2	Total number of independent contractors (ncludina hi	ıt no	t lin	nite	d tr	thos	∐ se I	isted above) who	received		
	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶											

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	yee	es,	and F	lig	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	more rson irect	e than o is both or/trust emplo	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-l	n from I ons	(F) Estimated amount of other compensation from the organization
	below dotted line)	ndividual trustee or director	Institutional trustee	,	Key employee	Highest compensated employee	-		,		and related organizations
(719) ABBIE JULLIEN	6.00										_
DIRECTOR IT GOVERNANCE		Х						C	<u> </u>	0	
720) JOANNE KLIPPER	6.00	,,		\ ,					,		(
SECRETARY 721) JOSHUA KOTOK	0	X		Х	<u> </u>		<u> </u>		1	- 4	(
IMMEDIATE PAST PRESIDENT	 	X						_			(
722) JORDAN LOMBARD	2.00	<u> </u>			_				1	- 4	
DIRECTOR AT LARGE	t	x							1	٨	(
723) ROSHAN MAHTANI	2.00	┢ᢚ							1	7	
DIRECTOR OF MARKETING	† 	×							d	d	(
724) MICHAEL MARSHALL	2.00	 									·
DIRECTOR AT LARGE	† 	x							d	d	(
725) FERNANDO MARTINEZ	4.00						 				
DIRECTOR CERTIFICATIONS	†	Х							d	o	
726) CLAY MOEGENBURG	2.00										
DIRECTOR AT LARGE	†	Х							þ	O	(
727) SANDRA PARRAS	6.00										
DIRECTOR OF PROGRAMMING	_	х						C		Q	(
728) LUIS PAULETE	6.00									l	
DIRECTOR ACADEMIC RELATIONS		Х					L.	(<u> </u>	o	
729) ALEXIS PERDEREAUX-WEEKES	4.00										
DIRECTOR OF COMMUNICATIONS WEB		Х						(]	o	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							* * *				
2 Total number of individuals (including but not reportable compensation from the organizatio			liste	d al	bov	e) who	э ге	eceived more than	\$100,000 o	f	
reportable compensation from the organizatio	11	٠									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ına	ividi	ual	• •		٠.		• • • • • •		3 X
4 For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15 	0,0 • •	00? • •	• <i>If</i>	"Yes	s,"	complete Schedu	ile J for s	uch •••	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors	accrue co es," comple	mpen te Scl	sati nedu	on 1 <i>Ile J</i>	fron for	n any such	un <i>per</i>	related organizati	on or individ	dual •••	5 X
Complete this table for your five highest correcompensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensation
							+	-			
		-				 -	\dagger				
		-					Τ				

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. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employee:	s (co	ntınued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos heck ss pe	rson Irrect	e than or	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	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
PHIFER	6.00										
JRER		X		X				0		q	
A POLANIA FOR AT LARGE	2.00	Х						С		o)
N SANDOVAL PRESIDENT	6.00	х		х				С		o	
A BERRY DENT	1.00	х	Ш	х				c		0	
FRANK FARY	1.00	×		х							
HILL	1.00	<u> </u>		_						4	
GEMENTS DIRECTOR	} -	x								۵	
SHAWN LATIMER	1.00	<u> </u>	H					ľ		┪	
TE DIRECTOR		x						1 0		o	
MCDANNALD	1.00		\vdash					-		\dashv	
JRER	 	х		х				ا ا		d	
ON MCMURTREY	1.00	1	\vdash		 			<u> </u>		─ ┤	
TION DIRECTOR	 	x						.		٨	
PATRICK	1.00		Н					<u> </u>		\dashv	
PRESIDENT	 	х		х						d	
SIMMONS	1.00		Н							1	
FICATION DIRECTOR	ļ -	Х				:				۵	
I			اـــــا		L	!1	_			- †	
m continuation sheets to Part VII, S Id lines 1b and 1c)	_					 	\				
mber of individuals (including but not le compensation from the organization	limited to t	hose					re	eceived more than	\$100,000 of		
organization list any former office e on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru İıvıdı	ıste ual	e,	key e	mp	oloyee, or highes	t compensated	d	Yes No
individual listed on line 1a, is the stion and related organizations groups.	eater than	\$15	50,0	002) If	"Yes	,"	complete Schedu	le J for such	7	4 X
person listed on line 1a receive or ses rendered to the organization? If "Ye											5 X
ndependent Contractors								<u> </u>			
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) empensation
ndepe e this	ndent Contractors table for your five highest comfrom the organization Report of	ndent Contractors table for your five highest compensated if from the organization Report compensation.	ndent Contractors table for your five highest compensated independent from the organization. Report compensation for (A)	ndent Contractors table for your five highest compensated independent from the organization. Report compensation for the	ndent Contractors table for your five highest compensated independent from the organization. Report compensation for the ca (A)	ndent Contractors table for your five highest compensated independent confrom the organization Report compensation for the calendary	ndent Contractors table for your five highest compensated independent contracto from the organization Report compensation for the calendar year. (A)	ndent Contractors table for your five highest compensated independent contractors to from the organization Report compensation for the calendar year (A)	table for your five highest compensated independent contractors that received more from the organization Report compensation for the calendar year ending with or with	table for your five highest compensated independent contractors that received more than \$100,00 from the organization. Report compensation for the calendar year ending with or within the organization.	table for your five highest compensated independent contractors that received more than \$100,000 of from the organization Report compensation for the calendar year ending with or within the organization (A)

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 (A)	(B)	<u>, </u>			c)		5	(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportabl	e	Estimal	ed
	hours per			neck	more	e than c		compensation	compensation	from	amoun	
	week (list any					ıs both or/trust		from	related		other compens	
	hours for related				_			the organization	organizatio (W-2/1099-M		from the	
	organizations	d vic	stitu	Officer	y er	ghe	Forme	(W-2/1099-MISC)	(**-271033-1	1100,	organiza	
	below dotted	cto	tion	_	Key employee	yee	•	(,			and rela	
	line)	Individual truste or director	institutional trust		yee) mg					organiza	10115
		tee	ustee			Highest compensated employee						
						ted						
741) JAMES TAYLOR	1.00	.,								0		
RESEARCH DIRECTOR	1 00	X										
742) ERIC WARAKOMSKI	1.00	X						,	1			
MEMBERSHIP DIRECTOR 743) DAVE ALLEN	.50	_ X				-			1	4	<u> </u>	
PAST PRESIDENT		X						,	1	٨		
744) JAMES BUCHANAN	1.00		Н						1	\dashv		
WEBMASTER		X							1	٨		
745) VIOLETA CALMUS	.50	 ^	$\vdash\vdash$			 		 	1	\dashv		
MEMBERSHIP DIRECTOR		×							1	٦		
746) CRYSTAL DEES	1.00	<u> </u>	\vdash			 		 	1			
ADMINISTRATIVE VP		X		х						۸		
747) TIMOTHY GRACE	2.00	<u> </u>	Н						1	\dashv		
PRESIDENT		x		х						o		
748) OSEREME LARA IMEOKPARIA	.50		\vdash		-							
CERTIFICATIONS		x			1				d	0		
749) MICHAEL JEANMOUGIN	.50		Н			 	╁─					
SECRETARY		x		х						o		
750) TIMOTHY MCLAUGHLIN	1.00	<u> </u>		-		1		<u> </u>	1			
EDUCATION CHAIR		x				1				o		
751) DOUG MENENDEZ	.50											
UNIVERSITY LIAISON		x							d	0		
1b Sub-total	I				<u> </u>	·	<u> </u>					
c Total from continuation sheets to Part \	/II Section A		• • •	• •	• •	• • •						
d Total (add lines 1b and 1c)				• •	• •							
2 Total number of individuals (including but							o re	eceived more than	\$100 000 of	:		
reportable compensation from the organic)	- u		o,			4 100,000 0.			
											Ye	s No
3 Did the organization list any former	officer, directo	or, or	tru	ıste	e.	kev e	emp	oloyee, or highes	t compensa	ted	- X 1	s. 956
employee on line 1a? If "Yes," complete S											3	Х
4 For any individual listed on line 1a, is	the sum of rea	ontal	nle d	om	ner	nsatio	n a	nd other compen	sation from 1	he		
organization and related organizations												
ındıvıdual											4	X
5 Did any person listed on line 1a receiv												
for services rendered to the organization?											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated i	ndep	ende	ent	con	tracto	ors 1	that received more	e than \$100,	000 c	of	
compensation from the organization. Rep	oort compensati	on fo	r the	ca	len	dar ye	ear e	ending with or wit	hin the organ	izatio	n's tax	
year							_					
(A) Name and busine	ee addroee							(B) Description of se	onacos		(C) Compensatio	.n
	33 audi E35				-		+	Description of St	LI VICES			-
	·						+		-			
							+					
							+					
							+					
2 Total number of independent contracto	rs (includina bi	ut no	t lin	nite	d to	thos	se I	listed above) who	received	W.Y		
many than \$100,000 in company than fre										1 1		

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinued)
	(A) Name and title		box,	unles er and	Pos heck ss pe	rson	than o	an ee)	(D) Reportable compensation from the	(E) Reportat compensatio related organizati	n from	(F) Estimated amount of other compensation
		related organizations below dotted line)	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
(752)	LAWRENCE NEWELL EXECUTIVE VP	1.00	Х		х				0		0	0
(753)	DENNIS RISINGER VOLUNTEER COMMITTEE CHAIR	.50	х						0		0	0
(754)	JEFFREY STREIF TREASURER	2.00	Х		Х				a		0	0
(755)	ANDREW TITUS ARRANGEMENTS/HOSPITALITY	2.00	Х						o		0	0
(756)	GEOFFREY ADAMS TREASURER	.50	Х		х				0		0	0
(757)	WILLIAM MICHAEL BLACKBURN PAST PRESIDENT	.10	Х						C		0	0
(758)	KAREN CALHOUN AT LARGE	.50	Х						С		0	0
(759)	JOHN COLLINS CERTIFICATION COORDINATOR	.50	х						C		o	0
(760)	BACHMAN FULMER ACADEMIC AFFAIRS	.50	х						C		0	0
(761)	SARAH BETH HALL VICE PRESIDENT	2.00	х		х				C		0	0
(762)	SHUYUAN MARY HO PRIVACY COORDINATOR	.50	Х						С		0	0
_ 0	Sub-total	imited to t	 hose					> re	eceived more than	\$100,000 c	of	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru								Yes No
4	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	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 add	iress							(B) Description of se	ervices	C	(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 2E1055 3 000 89364J 649R

Form **990** (2012)

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (continued)	
	(A) Name and title		box,	unles er and	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from amount of other compensat	of Ion
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	ISC) from the organization and relate organization	on ed
(763)	R. DALE JACKSON	1.50	<u> </u>			İ						
	MARKETING DIRECTOR	T	Х						0		q	0
(764)	ROBERT MACMASTER	1.00										
	WEB MASTER		X						C		O	0
(765)	DAMON RODRIGUEZ	2.50	ļ								İ	
	PRESIDENT		Х		Х				į c		O O	0
(766)	MICHELLE WEAVER	2.00									1	
	SECRETARY		Х		Х		ļ		<u>C</u>		0	0
(767)	TIMOTHY FAWCETT	.50										
	IMMEDIATE PAST PRESIDENT		Х						<u> </u>		0	0
(768)	JAIME SMITH	2.00										
	TREASURER		Х		Х			L.	C		0	0
(769)	PAULA STRUNK	.50										
	VICE PRESIDENT		Х		Х				С		<u> </u>	0
(770)	MICHELLE STUDIE	1.00										
	SECRETARY		Х		Х				C		0	0
(771)	JONATHAN WILLIAMS	1.50			l						1	
	CHAPTER PRESIDENT		Х		Х			<u> </u>	C		0	0
(772)	DAN ANDERSON	2.00			1							
	VICE PRESIDENT		X		Х			ļ	С		<u> </u>	0
(773)	SUN CHOI	1.00										_
	WEB SITE CHAIR	l	Х			<u> </u>	L		C	1	0	0
	Sub-total											
	Total from continuation sheets to Part VII, S	-			-			•				
	Total (add lines 1b and 1c)							<u> </u>	<u> </u>			
2	Total number of individuals (including but not reportable compensation from the organizatio			liste O	d a	bov	e) wh	o re	eceived more than	\$100,000 of		ļ
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Scheduler of the complete Scheduler of t											No X
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	1	f "Yes	s, "	complete Schedu	le J for su	ch	Х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on	fror	n any	un	related organizati	on or individu	ıal E E	Х
Se	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	ervices	(C) Compensation	
								\perp				
								L				
								\perp				
								\perp				

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, Tre	ustees, Ke	y En	plo	ye	es,	and l	lig	hest Compensat	ed Employ	ees (c	ontınued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos neck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportab compensatioi related organizatio	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations
(774) JEFFERSON DAVIS ACADEMIC CHAIR	1.00	х						0		0	0
(775) BRANDIE LLEWELYN	1.00	<u> </u>			┢		\vdash				
MEMBERSHIP CHAIR		x							,	0	0
(776) MARK MURDOCK	1.00	 	\vdash			-	-				
SEMINAR CHAIR	<u> </u>	X						1 c	1	o	0
(777) PAUL NEWMAN PRESIDENT	2.00	X		х						0	0
(778) BRIAN SHARP	1.00		\vdash					-			
CONFERENCE CHAIR	<u> </u>	x							l	d	0
(779) BRADY STEVENSON	2.00				\vdash						
TREASURER	†	Х		х				C	i	q	0
(780) JOSHUA TAYLOR	2.00										
COMMUNICATIONS CHAIR	†	х						C	×	q	0
(781) JEFFREY WALKER	1.00										
RESEARCH CHAIR		Х						C)	0	0
(782) JONATHAN WEST	2.00										
SECRETARY		Х		Х				C)	0	0
(783) ELIZABETH YUKMAN	.25]					1				
PAST PRESIDENT		Х	<u></u>	ļ		<u> </u>	ļ	C		0	0
(784) JOHN BELROSE	10.00								ļ		
SEMINAR DIRECTOR		Х							1	U	С
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 reportable compensation from the organizatio			liste)	d al	bov	e) wh	o re	eceived more than	\$100,000 o	f	
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	002	11	"Yes	s, "	complete Schedu	le J for s	uch	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 organizati	on or individ	lual	5 X
Section B. Independent Contractors	es, comple	30/	, eul		, ,01	Sucii	PEI	3011	<u> </u>	• •	
Complete this table for your five highest compensation from the organization. Report of year.											
(A)							Τ	(B)			(C)
Name and business ad	dress						+	Description of se	ervices		Compensation
							T				
							+				
							\pm				
2 Total number of independent contractors (i	ncluding bi	ut no	t lın	nite	d to	tho	se l	listed above) who	received		

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Ti		y En	ipio			and r	ııg	1		yees (c	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson Irrect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
35) CATHERINE BROWN	20.00			_							
PRESIDENT	20.00	X		Х	_					0	
36) SCOTT HAMMER VICE PRESIDENT	20.00	X		х				_		0	
37) BERNARD HILL	5.00	_^		_					1	0	
SECRETARY		x		х					1	0	
38) GERALD JARVIS	20.00			-							
TREASURER		x		Х					Ŕ	0	
39) BENJAMIN SADY	10.00		\Box								
MEMBERSHIP DIRECTOR	-t	х						0	k	0	
00) MARY SAVAGE	10.00										
CERTIFICATIONS DIRECTOR		х			L	<u> </u>	L)	0	
1) DEIDRE TOMPKINS	5.00									•	
PAST PRESIDENT		Х						C)	0	
92) JOHANTHAN CAMBELL	10.00										
TREASURER		X		X				C	1	0	
3) CHRISTOPHER DAWES	12.00				1		ŀ				
VICE PRESIDENT	1	X		X	_		<u> </u>	(1	О	
94) MICHAEL DUNHAM	2.00	۱						_		^	
MEMBER AT LARGE 95) SHAWNA M. FLANDERS	2 00	X			-		_		1	U	
CISM COMMITTEE CHAIR	3.00	×								0	
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)						· · · ·	<u> </u>	and more than	\$100,000	of	
Total number of individuals (including but no reportable compensation from the organization)			liste)	a a	VOG	e) wno	o re	eceived more than	\$100,000	OT	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee											Yes N
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	0,0	007	· 11	"Yes	ì, "	complete Schedu	ile J for	such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5
Section B. Independent Contractors Complete this table for your five highest corcompensation from the organization Report year.											
(A) Name and business a	ddress							(B) Description of se	ervices	C	(C) Compensation
2 Total number of independent contractors (including bi	ut no	lim	nite	d to	thos	⊥ se I	listed above) who	received	2.0	

Part VII Section A. Officers, Directors, Tr	1	:y ⊑11	ibio			anu i	ııy			25 (60	
(A)	(B)	ŀ			C)			(D)	(E)		(F)
Name and title	Average	/do r	ant of		sition	e than c		Reportable	Reportable		Estimated amount of
	hours per week (list any	ı				is both		compensation from	compensation related	irom	other
	hours for			dac		or/trus	tee)	the	organization	ıs İ	compensation
	related	악전	lns l	Officer	<u>₹</u>	Highest employe	Forme	organization	(W-2/1099-M		from the
	organizations	J V	賣	čer	en	hes	mer	(W-2/1099-MISC)	,		organization
	below dotted line)	Individual trustee or director	nstitutional truste		Key employee	e co					and related organizations
	,	l st	훒		ee	mpe					- J
		e	stee			compensated se				Ì	
(796) JOHN KADECHKA	12.00					ed				-	
PRESIDENT		x		x						٦	0
(797) JOHAN LIDROS	5.00		\vdash	<u> </u>		-				4	0
`		,,					ĺ				0
CISA COMMITTEE CHAIR	2 22	X						0		-4	0
(798) CHAD PETERSON	2.00									1	
MEMBER AT LARGE	ļ	X	ļ					0		q	0
(799) DANIEL RUGGLES	5.00	•					Î				
SECRETARY		Х		Х				0		0	0
(800) ANA VALDEZ	2.00							•			
IMMEDIATE PAST PRESIDENT	T	х						0		o	0
(801) JOHN BENNETT	1.00										
MARKETING DIRECTOR	+	x	li	ĺ				0		ol	0
(802) CASSANDRA CHASNIS	2.00										· · · · · · · · · · · · · · · · · · ·
VICE PRESIDENT	+	x		x		ļ				٦	0
(803) JOHN JUAREZ	.25		\vdash	\ \hat{\chi}			-			-4	
DIRECTOR AT LARGE	.+2-	v									0
	ļ	Х				<u> </u>		ļ		- 4	0
(804) CHARLES ROBERT KERN	.50					ĺ					_
IMMEDIATE PAST PRESIDENT	1	Х	\sqcup	ļ	L	<u> </u>		0		0	0
(805) KATHY KRAUSE	1.00										
WEBSITE DIRECTOR		Х						0		0	0
(806) TIMOTHY KUBU	2.00										
PRESIDENT	T	Х		Х				0		o	0
1b Sub-total							•			ĺ	
c Total from continuation sheets to Part VII, S	Section A			• •	• •		•				
d Total (add lines 1b and 1c)				• •	• •		•				
2 Total number of individuals (including but not							n re	ceived more than	\$100 000 of		
reportable compensation from the organization		(u u	JUV.	-, , , ,,,,		ocived more man	Ψ100,000 0 1		
									<u> </u>		Yes No
3 Did the organization list any former office	cer, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensate	ed	
employee on line 1a? If "Yes," complete Sched	lule J for suc	ch ind	ividL	ual						•	3 X
4 For any individual listed on line 1a, is the	sum of ren	ortab	le c	om	рег	satio	n a	nd other compens	sation from th	ne	
organization and related organizations gi											
ındıvidual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es." comple	te Sch	edu	ile J	l for	such	per	son		. .	5 X
Section B. Independent Contractors	· · · · · ·									•	1 1 1
1 Complete this table for your five highest con	nnensated i	ndene	nde	nt .	COD	tracto	rs t	hat received more	than \$100.0	nn of	-
compensation from the organization. Report	compensati	on for	the	ca	lend	lar ve	ar e	ending with or with	nn the organi	zation	's tax
year.						. , .			3		- 1-11
(A)		-					T	(B)			(C)
Name and business ad	dress							Description of se	rvices	Co	pmpensation
							L				
									ı		
				_			+				
							-				
2 Total number of independent contractors (i											

Part VII Section A. Officers, Directors, T		y Em	ıplo			and F	lig		1	ees (co		
(A) Name and title	Average hours per week (list any hours for	box,	unles	s pe l a d	ition more	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	n from	(F) Estima amour othe compen	ated nt of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from sorganization	ation lated
07) BRENT MOEGGENBORG	1.00											
TREASURER		X		Х.				-	1	- 4		
RESEARCH DIRECTOR	25	X							1	0		4
309) DANIEL NORBERG	1.00								1	$\overline{}$		
SECRETARY		x		х						o		
310) SHELLEY PELFERY	2.00											
COMMUNICATIONS DIRECTOR		х	∐ │	_					<u> </u>	O		
311) DANIEL TUURI	.25											
ED/ACADEMIC RELATIONS DIR		Х								q		
312) SALIM ALANI	.50						ŀ					
DIRECTOR		Х					_)	9		
313) TODD COLVIN	2.00	,,		1,7					J	٦		
VICE PRESIDENT	1 00	X		Х				(1	<u> </u>		
114) ALEX DOUDS SECRETARY	1.00	x		х				,		٦		
215) PAUL LASLY	.50	^			_		┼─		 -			
DIRECTOR		х								d		
16) CAROLANN LAZARUS	.50	 					 	`	1	Ť		
DIRECTOR		X							d	d		
17) MICHAEL MARTELL	.50								1			
DIRECTOR		Х			Ĺ					q		
to Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no	<u> </u>					· · · ·	▶	acewed more than	\$100,000	of.		
reportable compensation from the organizati)	u ai		e) Will		scewed more than	\$100,000 (
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3	es No X
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	50,0	00?	lf.	"Yes	s, "	complete Schedu	ile J for s	such	4	X X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	or accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or ındıvi	dual	5	X
Section B. Independent Contractors												
 Complete this table for your five highest co compensation from the organization Report year. 												
(A) Name and business a	ddress							(B) Description of s	ervices	c	(C) compensati	on
	- <u>-</u> -						ł		-			

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Part VII Section A. Officers, Directors, Tru	T	y ⊑!!	ibio			anu r	iigi			<u>/ees</u> (c	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	more rson	e than o	an	(D) Reportable compensation from the	(E) Reporta compensati relate organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
18) JAMES RAUB DIRECTOR	1.00	х								0	
19) DONALD REDMAN	1.00					-			1		
CISA COORDINATOR		x								o	
20) EVAN ROUTENBERG	4.00				1				-		
PRESIDENT		Х		Х				c	,	o	
21) FARAH SAMMOUR	1.00										
DIRECTOR		Х		<u> </u>	L			(<u> </u>	0	
22) PAUL SCHNEIDER	.50										
DIRECTOR		Х		<u> </u>			<u> </u>	(<u> </u>	0	
23) CHANDRA SIMMONS	1.00	ļ								_	
TREASURER		Х	<u> </u>	Х	ļ	ļ		(<u> </u>	0	
24) PETER SPIER	4.00							_			
PAST PRESIDENT	1 00	X		_		ļ	ļ	(1		
25) VIRGIL ALLDRITT	1.00	.,		,,						0	
TREASURER	1 00	X		Х	1		├-	1	 	U	
26) DAVID DYK	1.00	x								0	
PROGRAMS DIRECTOR 27) SIMON GOLDSTEIN	1.00	<u> </u>	 		├-	1	\vdash		}		
PRESIDENT		×		х						0	
28) GEORGE MACAULAY	1.00	_ ^			╁	 	\vdash	 	1		
ASSISTANT MEMBERSHIP DIRECTOR	t	x								0	
to Sub-total continuation sheets to Part VII, Set Total (add lines 1b and 1c)			<u> </u>				• • • • •	eceived more than	\$100.000	of	
reportable compensation from the organization 3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	on ▶ cer, directo	or, oi	o tru	uste	e,	key (emp	ployee, or highes	st compens	sated	Yes N
 4 For any individual listed on line 1a, is the organization and related organizations grandividual 5 Did any person listed on line 1a receive or 	reater than	\$1: • • •	50,0 • •	003	? <i>I</i> i	f "Ye:	s," •••	complete Schedu	ıle J for	such 	4
for services rendered to the organization? If "Y Section B. Independent Contractors	'es," comple	te Sc	hedi	ıle .	J foi	r such	pei	rson			5 7
Complete this table for your five highest concompensation from the organization. Report year.											
(A) Name and business ad	dress							(B) Description of s	ervices	((C) Compensation
							-				
							‡				
		<u> </u>					+				
2 Total number of independent contractors (i more than \$100,000 in compensation from the contractors of the				nite	d t	o tho	se	listed above) who	received	**	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (continued)
(A) Name and title	(B) Average hours per week (list any	(do i	not ch unles	Pos heck ss pe	C) lition more	e than i	one an	(D) Reportable compensation from	(E) Reporta compensation related	ble on from	(F) Estimated amount of other
	hours for related organizations below dotted line)	of or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	tee) Former	the organization (W-2/1099-MISC)	organızat (W-2/1099-		compensation from the organization and related organizations
(829) RAYMOND NEVILLE	1.00			-							
MARKETING DIRECTOR (830) JOHN O'MALLEY	1.00	X						C		0	
EDUCATION DIRECTOR	1.00	X								0	
(831) MAHNAZ MONA RABII	1.00				<u> </u>						
ASSISTANT EDUCATION DIRECTOR		х						0		0	
(832) JANICE RICHARDS	1.00										
VICE PRESIDENT		Х		Х				0		0	
(833) JEN SELLS	1.00					İ					
SECRETARY (834) VICTORIA SILVER	1 00	Х		Х			_	0		0	
ASSISTANT PROGRAMS DIRECTOR	1.00	Х								0	
(835) JNANA SIVANANDA	1.00						 	0			
ASSISTANT TREASURER		х						0		0	
(836) ADAM STARLING	1.00										
MEMBERSHIP DIRECTOR		Х						0		0	
(837) SCOTT TURNER	.50										
PAST PRESIDENT		Х					<u> </u>	0		0	
					-						
				ļ			•				
1b Sub-total	•				• •		* * *			-	
2 Total number of individuals (including but not reportable compensation from the organization	limited to th	nose l	ıste	d at	oove	e) who	o re	ceived more than	\$100,000 c	f	
					_	_					Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	r, or h ınd	tru ividu	ste ıal ,	e, I • •	key 6	emp	loyee, or highest	compens	ited	3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,00	90?	lf.	"Yes	s," (complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satic	on f	ron	any	un	related organization	on or individ	lual	5 X
Section B. Independent Contractors	s, complet	e SCII	euui	ie J	101	Sucri	per	5071	<u></u>	• •	5 X
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ir ompensatio	ndepe	nde the	nt c	conf	racto lar ye	rs t	hat received more ending with or with	than \$100 nin the orga	,000 c	f n's tax
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) compensation
							+				
2 Total number of independent contractors (in	icluding bu			ited	l to	thos	se li	sted above) who	received 3		

Form	990 (2012)					' Page 9
Pa	rt VII						
		Check if Schedule O contains a respo	nse to any ques	tion in this Part VII	! <u></u>	· · · · · · · · · · · ·	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b					
S, (C	Fundraising events 1c					. 1
ia i	d	Related organizations 1d]		.5 - 35
ns,	e	Government grants (contributions) 1e					**
er S	f	All other contributions, gifts, grants,					
들축		and similar amounts not included above . 1f	5,023	,			*
ont od (g	Noncash contributions included in lines 1a-1f \$					
ة ت	h	Total. Add lines 1a-1f		5,023			" j. j.
- Ine			Business Code	``	, 4		,* <u>,</u>
ver	2a	CONFERENCES & SEMINARS	611600	1,638,535	1,638,535		
å	ь	MEMBERSHIP DUES - NONDEDUCTIBLE	611600	1,374,646	1,374,646		
<u>vi</u>	c	CHAPTER MEETINGS	611600	582,913	582,913		
Ser	ď	EXHIBITOR	611600	5,000	5,000		
Ē	e						
Program Service Revenue	f	All other program service revenue					
7	g	Total Add lines 2a-2f		3,601,094	8,5°1	** !!!	
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	_	7,125			7,125
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties	_	7,100			7,100
		(ı) Real	(II) Personal			ive ,	
	6a	Gross rents					3. 20 M 5.
	b	Less rental expenses					
	С	Rental income or (loss)			Marie Carrier		8 12 4 2
	d	Net rental income or (loss)	>	0			
	7a	Gross amount from sales of (1) Securities	(II) Other		, %, ***		18 . 8
		assets other than inventory			90.786 a.s.		
	b	Less cost or other basis	•			38, *. :	1 C () 10
		and sales expenses			\ \tag{\frac{1}{2}}		
	С	Gain or (loss)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	d	Net gain or (loss)	<u></u>	0			ļ
ne	8a	Gross income from fundraising					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
en		events (not including \$		~		,* .,	
é		of contributions reported on line 1c)		* *		* ***	
<u> </u>		See Part IV, line 18 a					
Other Revenue	ь	Less direct expenses b					لـــــــــــــــــــــــــــــــــــــ
ō	С	Net income or (loss) from fundraising events .	<u> ▶</u>	0			
	9a	Gross income from gaming activities		:			`.
		See Part IV, line 19 a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities	<u></u> ▶	0			
	10a	Gross sales of inventory, less		:			
		returns and allowances a					
	b	Less cost of goods sold b					
	С .	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0			i
	11a	SPONSORSHIP REVENUE	900099	25,314		·	25,314
	b	CHAPTER SOCIAL EVENTS	900099	8,369			8,369
	C	MARKETING REIMBURSEMENT	900099	3,475		2,450	_1,025
	ď	All other revenue	900099	41,840			41,840
	е 12	Total Add lines 11a-11d		78,998	2 (0: 00:	2 450	90 773
	14	TOTAL REVENUE, SEE HISHUGHORS	🗩	7 699 740	3 601 .004	2 450	ነ ዓለ ንንን

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus

	Check if Schedule O contains a resp				
_				(c)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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 .	116,203			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	26,800			
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)	o			
7	Other salaries and wages	0			· -
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)		, , , , , , , , , , , , , , , , , , ,		
	Management	13,583			
	Legal	3,162			
	Accounting	20,002	· · · · · · · · · · · · · · · · · · ·		
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)	20,109			
12	Advertising and promotion	38,526			
13	Office expenses	85,390			
14	Information technology	96,572			
15	Royalties	0			
16	Occupancy	5,115			
17	Travel	136,693			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	2,682,260			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	45,854			
24	Other expenses Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	STORAGE	3,094			. <u> </u>
_	TAXES	1,385			
c					
d					
٥	All other expenses	89,474			
25	Total functional expenses. Add lines 1 through 24e	3,384,222			
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				
	following SOP 98-2 (ASC 958-720)	o			
JSA		<u>_</u>			5 000 (0040)

Part X Balance Sheet

Part.		V		
	Check if Schedule O contains a response to any question in this Part	(A)		(B)
		Beginning of year		End of year
'	Cash - non-interest-bearing	1,535,850	1	1,805,343.
2	2 Savings and temporary cash investments	2,333,031	2	2,342,207.
3	B Pledges and grants receivable, net	q	3	
4	Accounts receivable, net	Q q	4	43,884
!				
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	d d	6	
ets			7	
Assets	Inventories for sale or use		8	
ا ا	· · · · · · · · · · · · · · · · · · ·	13,254	9	
	a Land, buildings, and equipment cost or	13,234	9	
''				
	·			(
11	b Less accumulated depreciation		10c	(
12			12	
13			13	
14	program related 200 t art 1, mile 1,			
15			14	215
16			15	4,191,649.
17			16	4,191,049.
18			17	
19			18	-
20			19	(
l			20	(
Liabilities 22			21	
<u>≣</u> ′′	, ,		-	
Ľ	trustees, key employees, highest compensated employees, and	6,800		,
22	disqualified persons Complete Part II of Schedule L		22	(
23	5 5		23	(
25		Y	24	
23	parties, and other liabilities not included on lines 17-24) Complete Part X	İ		
		٦	25	(
26	of Schedule D			
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	0,301	26	
မ္တိ ဥ		3,873,228	27	4,191,649.
E 28	· · · · · · · · · · · · · · · · · · ·		28	1,131,013.
g 29	Permanently restricted net assets		29	. (
Net Assets or Fund Balances 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
ود ا ر	-		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32		·	32	
عة 33 33			33	4,191,649
	The state of the s	0,0,3,220	JJ	.,

Form **990** (2012)

5	Describiding of New Assets					ge 1 =
Part					$\overline{}$	
	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			99,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			84,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		3	15,1	18
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,8	73,2	28
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	_6_				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3,3	303
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,1	91,6	49
Part						
	Check if Schedule O contains a response to any question in this Part XII				Х	
					Yes	No
1	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," e	xplaıı	n in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	-	>	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaii	n ın			
	Schedule O	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	h in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	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 au	dıts		3b		

Form **990** (2012)

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

► Complete if the organization is described below. ► Attach

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.

Section 527 organizations Complete Part I-A only

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

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► See separate instructions

If the	e organization answered "Yes,"	" to Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 47	7 (Lobbying Activities), ther	า
•	Section 501(c)(3) organizations	s that have filed Form 5768 (election uni	der section 501(h)): Co	omplete Part II-A Do not con	nplete Part II-B
•	Section 501(c)(3) organizations	s that have NOT filed Form 5768 (election	on under section 501(h)) Complete Part II-B Do no	ot complete Part II-A
If th	e organization answered "Yes,"	" to Form 990, Part IV, line 5 (Proxy Ta	ıx) or Form 990-EZ, Pa	irt V, line 35c (Proxy Tax), t	hen
•	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Nam	e of organization INFORMATIO	ON SYSTEMS AUDIT AND		Employer identi	fication number
CON	TROL ASSOCIATION CHA	APTERS		94-29	19522
Pa	rt I-A Complete if the o	organization is exempt under s	ection 501(c) or i	s a section 527 organ	nization.
1		organization's direct and indirect p			
2	•		, ,		
3					
Pai	t I-B Complete if the o	organization is exempt under se	ection 501(c)(3).		
1		cise tax incurred by the organization		5 ▶\$	
2	-	cise tax incurred by organization ma			
3		a section 4955 tax, did it file Form			
4 a					
	If "Yes," describe in Part IV				
Pai	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	xempt function	
	activities			▶ \$	
2		ng organization's funds contributed			
	527 exempt function activiti	ies		▶ \$	
3		enditures Add lines 1 and 2 Ent			
	line 17b			▶ \$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5		and employer identification number			
	organization made payment	ts For each organization listed, ent	ter the amount paid	d from the filing organiz	zation's funds. Also enter
	-	tributions received that were prom	•	•	-
	as a separate segregated fu	ind or a political action committee (PAC) If additional s	space is needed, provide	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, .		. ,	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)		L			
			-		
(3)					
	<u> </u>		_		
(4)					
(5)		<u> </u>			
		-		-	
(6)		<u> </u>			
					
For F	aperwork Reduction Act Notice, se	e the Instructions for Form 990 or 990-EZ		Schedul	e C (Form 990 or 990-EZ) 2012

JSA 2E1264 1 000

3011	leadie C (Form 990 or 990-EZ) 2012					Page 4
Pa	art II-A Complete if the organiz section 501(h)).	ition is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
$\overline{\mathbf{A}}$	Check ▶ if the filing organizat	on belongs	to an affiliated grou	p (and list in Pa	art IV each affiliated g	roup member's
	name, address, EIN, e	-	_	• •	_	•
<u>B</u>	Check ▶ if the filing organizat	on checked	box A and "limited	control" provisi	ons apply.	
	Limits on L	bbying Expe	nditures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amo	unts paid or incurred	.)	organization's totals	group totals
1 a	a Total lobbying expenditures to influ	nce public o	pinion (grass roots lo	bbying)		
k	b Total lobbying expenditures to influ	nce a legisla	tive body (direct lobb	ying) [
c	c Total lobbying expenditures (add lir					
c	d Other exempt purpose expenditures					
•	e Total exempt purpose expenditures					
f						
	columns.					
	If the amount on line 1e, column (a) or (b	is. The lobby	ing nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,00	0 \$225,000	plus 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,00				
	g Grassroots nontaxable amount (en	er 25% of line	1f)			
ŀ	h Subtract line 1g from line 1a If zero					
i	Subtract line 1f from line 1c If zero	or less, enter				
j	If there is an amount other than	ero on eithe				
	reporting section 4911 tax for this	ear?	<u> </u>			Yes No
	(Some organizations to columns b	nat made a s	eraging Period Under ection 501(h) election e instructions for lin	n do not have t		ve
	L	bbying Expe	enditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	C Total lobbying expenditures					
C	d Grassroots nontaxable amount					
E	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures		:			}

Schedule C (Form 990 or 990-EZ) 2012

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 57	68		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or		ł				
	referendum, through the use of.						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b							
ç	Media advertisements?			_			
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				<u> </u>		
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5)	or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?					Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		<u> </u>		3		X
n ei	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	OR (I) Pai			3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lot	•	~				
5	and political expenditure next year?		• • •	5			
Pai		• • •	• •	<u> </u>			
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information	, Par	t II-A ((affilia	ted gro	up	
						-	
						-	

Supplemental Information (continued)

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2012

Open to Public

° N

× Yes

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. Part II can be duplicated if additional space is needed.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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 ALCONQUIN RD, STE 1010	95-3080691	501 (C) (3)	74,800				GENERAL SUPPPORT
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
.11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations liste	ed in the line 1 table			A	

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

PAGE 92

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

(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 ASHLEY MITCHELL - SCHOLARSHIP - PHILADELPHIA	1	3,500			
2 DANIEL MARONE - SCHOLARSHIP - PHILADELPHIA	1	2,500			
3 KAZUHIKO KOYANAGI - SCHOLARSHIP - PHILADELPHIA	1	2,500			
4 XIAOXIAO 2HU - SCHOLARSHIP - DETROIT CHAPTER	1	2,000			
5 DANIEL N JENSON - SCHOLARSHIP - DENVER CHAPTER	1	1,500			
6 JOSHUA PARAMBATH - SCHOLARSHIP - PHILADELPHIA	1	1,500			
7 ZIJIA SONG - SCHOLARSHIP - DENVER CHAPTER	1	1,500			
Part IV Supplemental Information. Complete this part information.	is part to prov	vide the informati	ion required in	Part I, line 2, Part III, o	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

50 5040

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

(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 ALEX ENG - SCHOLARSHIP - SOUTH FLORIDA CHAPTER	1	1,000			
2 ANDREA MARTINS - SCHOLARSHIP - DETROIT CHAPTER	1	1,000			
3 JUNIOR FELIX BERNADIN - SCHOLARSHIP - DENVER	1	1,000			
4 KAN SHAO - SCHOLARSHIP - DETROIT CHARTER	-	1,000			
5 MIRANDA LUNG - SCHOLARSHIP - DETROIT CHARTER		1,000			
6 SHEILA ANN SWAN - SCHOLARSHIP - DENVER CHAPTER	1	1,000			
7 WIVINIA EDGECOMB - SCHOLARSHIP - SOUTH FLORIDA	-1	1,000			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	tion required in	Part I, line 2, Part III, o	column (b), and any other additional

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

(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 MARLENE JUAREZ - SCHOLARSHIP - BOISE CHAPTER	1	052			
2 ASHLEY HUDON - SCHOLARSHIP - RESEARCH TRIANGLE	1	200			
3 CORRINE WANG - SCHOLARSHIP - DENVER CHAPTER	1	009			
4 JENNIFER VANTASIEL - SCHOLARSHIP - HUDSON VALLEY	1	008			
5 KYLE TORRES - SCHOLARSHIP - DENVER CHAPTER	1	005			
6 DANIEL MULKOWSKY - SCHOLARSHIP - ATLANTA	-	200			
7 TYLER WHITLEY - SCHOLARSHIP - RESEARCH TRIANGLE	1	200			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	his part to pro	vide the informat	lion required in	Part I, line 2, Part III,	column (b), and any other additional

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 |

	(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
TWO AT	INSMIN TORDES - SCHOLARGHID - CHARLOTTE	-	005			
2 BICUM	2 ercuses cues - couplaneurs - cuartante	,				The state of the s
, voat	3 TEON TOBERS - SCHOLABSHIE - BOISE CHARTER		, c			
4						
က						
9						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informati	ion required in	Part I, line 2, Part III, o	column (b), and any other additional

FORM 990, SCHEDULE I, PART I, LINE 2

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

PART II

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS ARE

EACH INDIVIDUAL CHAPTER AFFILIATED WITH IT GOVERNANCE INSTITUTE (ITGI)

BOARD REVIEWS AND APPROVES FUNDS TO BE CONTRIBUTED TO SUPPORT THE

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

ISACA CHAPTERS RECEIVE REGULAR UPDATES TO MAINTAIN AN AWARENESS MISSION

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

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

	(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
-						
2						
3						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	nde the informat	ion required in	Part I, line 2, Part III, o	column (b), and any other additional

PART III

CHAPTERS PROVIDE SCHOLARSHIPS TO IT AUDITING AND SECURITY PROFESSIONALS

AND TO ACADEMIC STUDENTS FOR CERTIFICATION AND/OR ACADEMIC STUDIES

ALL FUNDS ISSUED TO SCHOLARSHIPS ARE MERIT-BASED ON AN INDIVIDUAL SCORE

INDIVIDUALS ARE REQUIRED TO BE USED TO DEFRAY THE COST OF CERTIFICATION,

TUITION AND BOOKS THE INDIVIDUAL CHAPTERS DO NOT FOLLOW UP WITH

INDIVIDUALS AFTER ISSUANCE OF SCHOLARSHIP.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

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 CHAPTE
01/01/78	GREATER HARTFORD CHAPTER

						_
Name of the o	rganization	INFORMATION	SYSTEMS	AUDIT	AND	
CONTROL.	ASSOCTAT	TON 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
07/04/12	HUNTSVILLE 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

Employer identification number

01/09/06	NORTHWEST OHIO CHAPTER
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	TALLAHASSEE 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

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

11/22/80 WILLAMETTE VALLEY CHAPTER

FORM 990, PAGE 1, ITEM M

STATE OF LEGAL DOMICILE

LISTING OF STATE OF LEGAL DOMICILE FOR CHAPTERS INCLUDED IN RETURN

AK ANCHORAGE CHAPTER

GA ATLANTA CHAPTER

TX AUSTIN CHAPTER

LA BATON ROUGE CHAPTER

AL BIRMINGHAM CHAPTER

ID BOISE CHAPTER

AR CENTRAL ARKANSAS CHAPTER

FL CENTRAL FLORIDA CHAPTER

IN CENTRAL INDIANA CHAPTER

IA CENTRAL IOWA CHAPTER

MD CENTRAL MARYLAND CHAPTER

NY CENTRAL NEW YORK CHAPTER

OH CENTRAL OHIO CHAPTER

OK CENTRAL OKLAHOMA CHAPTER

NC CHARLOTTE CHAPTER

IL CHICAGO CHAPTER

CO DENVER CHAPTER

MI DETROIT CHAPTER

OH GREATER CINCINNATI CHAPTER

CT GREATER HARTFORD CHAPTER

TX	GREATER	HOUSTON	CHAPTER

- MO GREATER KANSAS CITY CHAPTER
- PA HARRISBURG CHAPTER
- HI HAWAII CHAPTER
- NY HUDSON VALLEY CHAPTER
- AL HUNTSVILLE CHAPTER
- IL ILLINI CHAPTER
- IA ILLOWA CHAPTER
- FL JACKSONVILLE CHAPTER
- KY KENTUCKIANA CHAPTER
- WI KETTLE MORAINE CHAPTER
- NV LAS VEGAS CHAPTER
- CA LOS ANGELES CHAPTER
- TN MEMPHIS CHAPTER
- TN MIDDLE TENNESSEE CHAPTER
- MN MINNESOTA CHAPTER
- WA MOUNT RAINIER CHAPTER
- VA NATIONAL CAPITAL AREA CHAPTER
- MA NEW ENGLAND CHAPTER
- NJ NEW JERSEY CHAPTER
- NM NEW MEXICO CHAPTER
- LA NEW ORLEANS CHAPTER
- NY NEW YORK CITY CHAPTER
- TX NORTH TEXAS CHAPTER
- OH NORTHEAST OHIO CHAPTER

OH	NORTHWEST	OHTO	CHAPTER

- NE OMAHA CHAPTER
- CA ORANGE COUNTY CHAPTER
- 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

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- VA VIRGINIA CHAPTER
- FL WEST FLORIDA CHAPTER
- MI WESTERN MICHIGAN CHAPTER
- NY WESTERN NEW YORK CHAPTER

Employer identification number

OR WILLAMETTE VALLEY CHAPTER

FORM 990, PART IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

49 OF THE 71 ISACA CHAPTERS RESPONDED "NO" TO LINE 12A

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

ATLANTA CHAPTER

CENTRAL INDIANA CHAPTER

CHARLOTTE CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

NATIONAL CAPITAL AREA CHAPTER

NORTH TEXAS CHAPTER

NORTHWEST OHIO CHAPTER

ORANGE COUNTY CHAPTER

PITTSBURGH CHAPTER

RESEARCH TRIANGLE CHAPTER

SACRAMENTO CHAPTER

SAN FRANCISCO CHAPTER

SC MIDLANDS CHAPTER

SILCON VALLEY CHAPTER

SPRINGFIELD MISSOURI CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

UTAH CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

WILLAMETTE VALLEY CHAPTER

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

64 OF THE 71 ISACA CHAPTERS RESPONDED "O" TO LINE 1A

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

ATLANTA CHAPTER 3

DENVER CHAPTER 2

DETROIT CHAPTER 1

LOS ANGELES CHAPTER 3

NEW ENGLAND CHAPTER 2

SILICON VALLEY CHAPTER 2

UTAH CHAPTER]

FORM 990, PART VI, SECTION A, LINE 2

FAMILY OR BUSINESS RELATIONSHIP

70 OF THE 71 ISACA CHAPTERS RESPONDED "NO" TO LINE 2

THE FOLLOWING ISACA CHAPTER RESPONDED "YES" TO LINE 2 AND INDICATED THE FAMILY OR BUSINESS RELATIONSHIP AS FOLLOWS

SOUTH FLORIDA CHAPTER

PETER CHRISTIAANS, PRESIDENT, HAS A FAMILY RELATIONSHIP WITH SANDRA PARRAS, A DIRECTOR

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

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 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

CHAPTER MEMBERS ELECT THE CHAPTER OFFICERS

ATLANTA CHAPTER

ISACA ATLANTA MEMBERS CAN VOTE AND ELECT THE BOARD MEMBERS

AUSTIN CHAPTER

THE OFFICERS ARE VOTED ANNUALLY BY THE MEMBERSHIP VIA A NOMINATION

PROCESS ONCE THE OFFICER SLATE IS ANNOUNCED, THE MEMBERS EXERCISE THEIR

RIGHT TO VOTE AT THE SUBSEQUENT CHAPTER MEETING

BATON ROUGE CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

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

BIRMINGHAM CHAPTER

ALL MEMBERS OF THE CHAPTER HAVE A VOTE ON THE ELECTION OF MEMBERS OF THE GOVERNING BODY

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

MEMBERSHIP ELECTS THE GOVERNING BODY EACH YEAR AT THE ANNUAL AGM

CENTRAL INDIANA CHAPTER

MEMBERS ELECTED THE OFFICERS AND BOARD MEMBERS THROUGH A DOCUMENTED VOTED

PROCESS

CENTRAL IOWA CHAPTER

ALL MEMBERS VOTE ANNUALLY ON A ROSTER OF CANDIDATES FOR THE CHAPTER

OFFICERS

Employer identification number

CENTRAL MARYLAND CHAPTER

ISACA-CMS'S MEMBERS VOTE ON THE BOARD MEMBERS ANNUALLY

CENTRAL NEW YORK CHAPTER

MEMBERS HAVE THE ABILITY TO ELECT THE OFFICERS OF THE ORGANIZATION DURING

THE ANNUAL MEETING

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

BOARD OF DIRECTORS

CHICAGO CHAPTER

THE ORGANIZATION HAS MEMBERS WHO CAN VOTE FOR THE BOARD

DENVER CHAPTER

SEVEN CHAPTER OFFICERS ARE ELECTED BY THE MEMBERS, THE OTHER FOUR ARE

Employer identification number

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

GREATER CINCINNATI CHAPTER

MEMBERS ELECT THE BOARD OF DIRECTORS

GREATER HARTFORD CHAPTER

WE HOLD AN ANNUAL ELECTION FOR BOARD MEMBERS AND OFFICERS, THE OFFICES

GREATER HOUSTON CHAPTER

OUR MEMBERSHIP ELECTS THE BOARD

TAKE EFFECT AT OUR ANNUAL MEETING

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 BOARD MEMBERS ARE APPOINTED

HARRISBURG CHAPTER

Employer identification number

MEMBERS VOTE IN THE ELECTION OF THE GOVERNING BODY.

HAWAII CHAPTER

THE GOVERNING BODY IS ELECTED ANNUALLY BY A SIMPLE MAJORITY VOTE OF ALL MEMBERS IN GOOD STANDING AT THE TIME OF THE VOTE

HUDSON VALLEY CHAPTER

MEMBERS ELECT THE BOARD.

HUNTSVILLE CHAPTER

BYLAWS CALL FOR MEMBERS TO HOLD REGULAR ELECTIONS

ILLINI CHAPTER

MEMBERS VOTE FOR THE ELECTION OF BOARD MEMBERS

ILLOWA CHAPTER

BOARD MEMBERS ARE ELECTED ANNUALLY BY THE MEMBERS

JACKSONVILLE CHAPTER

ALL OFFICERS AND BOARD ARE ELECTED BY THE MEMBERS AT THE YEARLY

MEMBERSHIP MEETING UNLESS APPOINTED IN INTERIM BY PRESIDENT

KENTUCKIANA CHAPTER

ALL VOLUNTEER BOARD MEMBERS ARE ELECTED BY MEMBERS

Employer identification number

KETTLE MORAINE CHAPTER

CHAPTER MEMBERS VOTE FOR THE GOVERNING BOARD IN AN ANNUAL ELECTION

LAS VEGAS CHAPTER ·

THE BOARD IS ELECTED BY ALL MEMBERS

LOS ANGELES CHAPTER.

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.

MOUNT RAINIER CHAPTER

Employer identification number

MEMBERS HAVE THE POWER TO ELECT BOARD MEMBERS 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 ARE INSTALLED AT THE CHAPTER AGM HELD IN JUNE

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

THE CHAPTER HAS 1400+ DUES PAYING MEMBERS WHO ELECT THE GOVERNING BODY
ANNUALLY

NEW MEXICO CHAPTER

MEMBERS ELECT OFFICERS DURING THE ANNUAL MEETING.

NEW ORLEANS CHAPTER

THE CHAPTER HAS MEMBERS THAT CAN ELECT OR APPOINT ONE OR MORE MEMBERS OF
THE GOVERNING BODY AND ARE ELECTED DURING THE ANNUAL GENERAL MEETING

(AGM)

NEW YORK CITY CHAPTER.

MEMBERS OF THE ASSOCIATION ELECT DIRECTORS EVERY YEAR AND OFFICERS EVERY

Name of the organization INFORMATION

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

TWO YEARS

NORTH TEXAS CHAPTER

MEMBERSHIP VOTES ANNUALLY ON THE BOARD MEMBERS

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 VOTED 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

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

Employer identification number

MEMBERS

ARTICLE VI NOMINATIONS AND ELECTIONS, SECTION 2 CHAPTER ELECTIONS

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

ALL MEMBERS VOTE ANNUALLY FOR THE CHAPTER OFFICERS

PHOENIX CHAPTER

MEMBERS VOTE TO ELECT BOARD MEMBERS

PITTSBURGH CHAPTER

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THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD MEMBERS ONCE A YEAR.

Employer identification number

PUGET SOUND CHAPTER

THE MEMBERS ELECT THE BOARD DURING THE ANNUAL MEETING.

RESEARCH TRIANGLE CHAPTER

CHAPTER MEMBERS ELECT THE BOARD OF DIRECTORS - THE GOVERNING BODY THE RESEARCH DIRECTORS, WEBMASTER, SOCIAL MEDIA COORDINATOR, ETC. ARE APPOINTED BY THE ELECTED BODS

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 THE MEMBERS VOTING. IF A

VACANCY SHOULD OCCUR IN ANY OFFICE OTHER THAN THE PRESIDENT, THE VACANCY

SHALL BE FILLED BY THE CHAPTER BOARD

SAN ANTONIO/SOUTH TEXAS CHAPTER

THE ORGANIZATION CURRENTLY HAS 400 ACTIVE MEMBERS (NO STOCKHOLDERS) THE MEMBERS HAVE A RIGHT TO VOTE TO ELECT THE ORGANIZATIONS BOARD MEMBERS ON AN ANNUAL BASIS

SAN DIEGO CHAPTER ·

ISACA SAN DIEGO BYLAWS, ARTICLE III A ANNUAL MEETING (IV) VOTING.

ALL MEMBERS IN GOOD STANDING AND PRESENT IN PERSON SHALL BE ELIGIBLE TO

VOTE AT THE ANNUAL MEETING A QUORUM SHALL BE CONSTITUTED BY THOSE

ELIGIBLE TO VOTE AT THE ANNUAL MEETING. PROXIES SHALL NOT BE PERMITTED SECTION 7.01 MANNER OF ELECTION THE OFFICERS AND DIRECTORS SHALL BE ELECTED BY THE MEMBERSHIP OF THE SAN DIEGO CHAPTER

SAN FRANCISCO CHAPTER

YES, APPROXIMATELY 1069 CHAPTER MEMBERS (AS OF THE END OF CALENDAR YEAR 2012), WHO HAVE THE POWER TO APPOINT THE CHAPTER'S GOVERNING BODY I E ELECTION OF CHAPTER OFFICERS

SC MIDLANDS CHAPTER

MEMBERSHIP IN THE ASSOCIATION IS A REQUIREMENT FOR MEMBERSHIP IN A
CHAPTER THEREFORE, UPON JOINING THE CHAPTER, A PERSON MUST ALSO JOIN THE
ASSOCIATION, WITH ACCOMPANYING RIGHTS AND RESPONSIBILITIES
A 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 TO HOLD OFFICE
B RETIRED MEMBER - ANY MEMBER, WHO PRESENTS PROOF OF RETIREMENT STATUS,
SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD RETIRED MEMBERS
SHALL BE ENTITLED TO VOTE AND HOLD OFFICE AT THE CHAPTER LEVEL
C. STUDENT MEMBER - FULL TIME STUDENT CURRENTLY ENROLLED IN A DEGREE
PROGRAM OF AN ACCREDITED COLLEGE OR UNIVERSITY, SUBJECT TO RULES
ESTABLISHED BY THE ASSOCIATION BOARD STUDENT MEMBERS SHALL BE ENTITLED
TO VOTE AND HOLD OFFICE AT THE CHAPTER LEVEL

Employer identification number

ADDITIONALLY, THE PRESIDENT MAY APPOINT DIRECTORS AS NEEDED

SILICON VALLEY CHAPTER

ALL MEMBERS HAVE THE POWER TO ELECT MEMBERS OF THE GOVERNING BODY

SOUTH FLORIDA CHAPTER

THE ORGANIZATION HAS A GENERAL MEMBERSHIP THAT ELECTS THE CHAPTER

OFFICERS AND BOARD (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 MISSOURI CHAPTER

MEMBERS ELECT OFFICERS BOARD CAN APPOINT DIRECTORS

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

CHAPTER MEMBERS NOMINATE THE PEOPLE WHO WILL MAKEUP THE GOVERNING BODY, AND VOTE ON THE NOMINEES THEY WOULD LIKE TO HAVE ON THE GOVERNING BODY

TULSA CHAPTER

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ANNUALLY, THE CHAPTER MEMBERSHIP VOTES ON THE MEMBERS OF THE CHAPTER

Employer identification number

BOARD FOR THE FISCAL YEAR ENDING IN APRIL

UTAH CHAPTER

THE MEMBERS ELECT CHAPTER OFFICERS

VIRGINIA CHAPTER

MEMBERS ELECT ALL OFFICERS

WEST FLORIDA CHAPTER

MEMBERS ELECT THE BOARD MEMBERS ON AN ANNUAL BASIS

WESTERN MICHIGAN CHAPTER

MEMBERSHIP VOTES FOR BOARD MEMBERS AT GENERAL MEMBERSHIP MEETING

WESTERN NEW YORK CHAPTER

ALL MEMBERS HAVE THE ABILITY TO VOTE ON BOARD EACH YEAR

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

34 OF THE 71 ISACA CHAPTERS ANSWERED "NO" TO LINE 7B

Page 2

Name of the organization INFORMATION

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

THE FOLLOWING ISACA CHAPTERS ANSWERED "YES" TO LINE 7B

AUSTIN CHAPTER

THE BY-LAWS AND OTHER GOVERNANCE MATTERS ARE PRESENTED TO THE MEMBERSHIP

FOR REVIEW AND COMMENT ONCE INPUT IS OBTAINED, THE DOCUMENTS ARE REVISED

AND PRESENTED TO THE GENERAL MEMBERSHIP FOR APPROVAL

BOISE CHAPTER:

VOTE TO APPROVE THE GOVERNING BOARD OF DIRECTORS FOR THE FISCAL YEAR, AS PER OUR BYLAWS.

CENTRAL NEW YORK CHAPTER

WHEN THERE ARE DECISIONS THAT NEED TO BE MADE, THE MEMBERSHIP WILL BE

CANVASSED FOR THEIR PERSPECTIVE FOR EXAMPLE, DURING OFFICER ELECTIONS OR

PROGRAM DEVELOPMENT, MEMBERS WILL BE ASKED FOR THEIR INPUT AND VOTING, AS

NECESSARY

CENTRAL OKLAHOMA

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

CHICAGO CHAPTER

THE BOARD HAS TO BE APPROVED BY THE MEMBERS

GREATER CINCINNATI CHAPTER

Employer identification number

MEMBERS APPROVE EXPENDITURES INVOLVING THE BOARD

GREATER KANSAS CITY CHAPTER

CHANGES TO THE CHAPTER BYLAWS ARE VOTED ON BY THE MEMBERS.

HARRISBURG CHAPTER

BYLAW REVISIONS REQUIRE MEMBER APPROVAL

HUDSON VALLEY CHAPTER

BYLAW CHANGES, ELECTION OF THE BOARD

HUNTSVILLE CHAPTER

QUORUM OF MEMBERSHIP AND PRE-REVIEW BY ISACA INTERNATIONAL HEADQUARTERS

IN CHICAGO, IL IS REQUIRED TO APPROVE BYLAW CHANGES PROPOSED BY 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

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ELECTION OF OFFICERS AND DIRECTORS

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

MOUNT RAINIER CHAPTER

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

NATIONAL CAPITAL AREA CHAPTER

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.

AT THE AGM THE TREASURER WILL PRESENT THE BUDGET APPROVED BY COMMITTEES

AND THE ENTIRE BOARD FOR SUBMISSION TO MEMBERSHIP TO APPROVE THE BUDGET

FOR THE NEXT FISCAL YEAR. NO MONIES ARE USED FOR THE FOLLOWING YEAR UNTIL

THE BUDGET HAS BEEN APPROVED

Employer identification number

NEW MEXICO CHAPTER

PROPOSED CHANGES TO THE BYLAWS MUST BE APPROVED BY CHAPTER MEMBERS

NEW ORLEANS CHAPTER

THE CHAPTER HAS MEMBERS WHO ELECT BOARD MEMBERS AT THE ANNUAL GENERAL MEETING (AGM).

NEW YORK CITY CHAPTER

CHANGES TO THE BYLAWS AND NON-BUDGETED EXPENDITURES IN EXCESS OF \$20,000 MUST BE APPROVED BY THE MEMBERS

NORTH TEXAS CHAPTER:

MEMBERSHIP VOTES ANNUALLY ON THE BOARD MEMBERS

NORTHEAST OHIO CHAPTER

NON-BUDGETED EXPENDITURES OVER \$3,000 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

Employer identification number

ORANGE COUNTY CHAPTER.

AS OUTLINED IN OUR BYLAWS

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
- 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

ELECTION OF CHAPTER OFFICERS

Employer identification number

RESEARCH TRIANGLE CHAPTER

BYLAW CHANGES

RHODE ISLAND CHAPTER

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 AND ANNUAL

FINANCIALS/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 NONPROFIT MUTUAL

BENEFIT CORPORATION LAW (THE "CODE") ALSO REQUIRES APPROVAL OF THE

MEMBERS OR APPROVAL OF A MAJORITY OF ALL MEMBERS

SILICON VALLEY CHAPTER

MEMBERS SHOULD APPROVE EXPENDITURES OUTSIDE OR EXCEEDING DOLLAR LIMITS

Employer identification number

DESCRIBED IN THE CURRENT BYLAWS OF THE APPROVED BUDGET

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

UTAH CHAPTER

CHANGES TO THE BYLAWS REQUIRE MEMBER APPROVAL.

WEST FLORIDA CHAPTER .

MEMBERS HAVE THE ABILITY TO REVIEW AND APPROVE/DECLINE THE BUDGET ON AN ANNUAL BASIS.

WESTERN MICHIGAN CHAPTER

REVISION/APPROVAL OF THE CHAPTER'S BYLAWS

WESTERN NEW YORK CHAPTER.

BOARD ELECTIONS, BUDGET, PROGRAM OF EVENTS

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

ORGANIZATION DOCUMENT MEETINGS BY EACH COMMITTEE

51 OF THE 71 ISACA CHAPTERS RESPONDED "YES" TO LINE 8B

THE FOLLOWING ISACA CHAPTERS HAVE NO COMMITTEES WITH AUTHORITY TO ACT ON

Employer identification number

BEHALF OF THE GOVERNING BODY

GREATER HARTFORD CHAPTER

HARRISBURG CHAPTER

HUDSON VALLEY CHAPTER

ILLOWA CHAPTER

MIDDLE TENNESSEE CHAPTER

MINNESOTA CHAPTER

MOUNT RAINIER CHAPTER

NEW YORK CITY CHAPTER

NORTH TEXAS CHAPTER

PITTSBURGH CHAPTER

RESEARCH TRIANGLE CHAPTER

SACRAMENTO CHAPTER

SAN DIEGO CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TULSA CHAPTER

WEST FLORIDA CHAPTER

WILLAMETTE VALLEY CHAPTER

THE FOLLOWING ISACA CHAPTERS DO NOT CONTEMPORANEOUSLY DOCUMENT EVERY

MEETING HELD AND WRITTEN ACTION TAKEN

CENTRAL NEW YORK CHAPTER

KENTUCKIANA CHAPTER

WESTERN NEW YORK CHAPTER

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

SUMMARY OF THE FORM 990 REVIEW PROCESS

THE 2012 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 2012, 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

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

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 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 41 OF THE 71 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

CENTRAL OKLAHOMA CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

Employer identification number

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NEW YORK CITY CHAPTER

NORTHWEST OHIO CHAPTER

PHILADELPHIA CHAPTER

PITTSBURGH CHAPTER

SACRAMENTO CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TALLAHASSEE CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

THOSE CHAPTERS THAT DO NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY ARE

ENCOURAGED TO DO SO

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

Employer identification number

REQUIRED TO DISCLOSE CONFLICT OF INTERESTS ANNUALLY

28 OF THE 30 ISACA CHAPTERS THAT RESPONDED "YES" TO LINE 12A ALSO

RESPONDED "YES" TO LINE 12B.

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

ATLANTA CHAPTER

AUSTIN CHAPTER

BIRMINGHAM CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL MARYLAND CHAPTER

CENTRAL OKLAHOMA CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NORTHWEST OHIO CHAPTER

PHILADELPHIA CHAPTER

PITTSBURGH CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

SACRAMENTO CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TALLAHASSEE CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

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

COMPLIANCE WITH WRITTEN CONFLICT OF INTEREST POLICY

OF THE 28 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

STATEMENTS OF DISCLOSURE ARE REQUIRED TO BE COMPLETED AND ARE REVIEWED

PRIOR TO BOARD MEMBERS ACCEPTING OFFICE

BIRMINGHAM CHAPTER

BOARD MEMBERS ARE ASKED TO READ THE POLICY AND ACKNOWLEDGE THEY ARE IN

Employer identification number

COMPLIANCE WITH THE POLICY

CENTRAL MARYLAND CHAPTER

VIA DISCUSSION AT BOARD OF DIRECTOR'S MEETING

CHICAGO CHAPTER

POTENTIAL CONFLICTS OF INTEREST 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

TREASURER IS AWARE OF THE TRANSACTIONS AND INTERESTS AS DISCLOSED

DETROIT CHAPTER

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

GREATER HARTFORD CHAPTER

ALL BOARD MEMBERS MUST READ AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS THIS IS REVIEWED VERBALLY, QUARTERLY BY THE ACTING PRESIDENT WITH THE BOARD.

GREATER HOUSTON CHAPTER

WE REQUIRE ALL VOTING BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST POLICY EVERY VOTING YEAR. WE ALSO DISCUSS THIS AT BOARD MEETINGS

HUNTSVILLE CHAPTER

ALL OFFICERS ARE REQUIRED TO SIGN THE STOCK ISACA-PROVIDED CONFLICT OF INTEREST FORM BEFORE ELIGIBILITY FOR OFFICE WHETHER ELECTED OR APPOINTED THE FULL BOARD IS INVOLVED FOR ALL FINANCIAL EXPENDITURES AND DECISIONS LARGE OR SMALL

JACKSONVILLE CHAPTER:

ALL OFFICERS AND THE BOARD SIGN THE POLICIES YEARLY

MEMPHIS CHAPTER

WE REQUIRE DISCLOSURE HOWEVER, THIS CHAPTER DOES NOT ENGAGE IN ANY PURCHASE OF SERVICES OTHER THAN WEB SITE MAINTENANCE AND PAYMENT FOR MEETING LOCATION

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 MONTHLY FINANCIALS AS PREPARED BY THE TREASURER ARE REVIEWED BY A DIRECTOR FOR COMPLETENESS, ACCURACY AND APPROPRIATENESS FINANCIALS ARE INFORMATION SYSTEMS AUDIT AND

Employer identification number

REVIEWED AND APPROVED BY THE BOARD. THIS INCLUDES ALL SUBMITTED EXPENSES.

NEW JERSEY CHAPTER:

THE BOARD IS BOUND BY ISACA INTERNATIONAL POLICIES AND PROCEDURES REGARDING CONFLICTS OF INTEREST

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. CENTRAL SIGN-OFF ON CHAPTER CONTRACTS RESIDES WITH THE PRESIDENT OF THE CHAPTER

PITTSBURGH CHAPTER

AS PART OF THE PITTSBURGH CHAPTER'S CONFLICT OF INTEREST POLICY, MEMBERS OF THE BOARD OF DIRECTORS ARE NOT CONTRACTED TO PERFORM SERVICES ON BEHALF OF THE CHAPTER FOR COMPENSATION

A CONFLICT CHECK REGARDING SERVICE CONTRACTS IS PERFORMED TO DETERMINE ANY CONFLICTS BEFORE EXCECUTION OF AGREEMENT

SACRAMENTO CHAPTER

Employer identification number

AT ELECTION OF OFFICERS, THE BOARD MEMBERS AND CANDIDATES ARE REQUESTED TO SIGN AND RETURN THE CONFLICT OF INTEREST FORM

SILICON VALLEY CHAPTER

THE NOMINATING COMMITTEE ENSURES ALL ELECTED BOARD MEMBERS COMPLETE AND SUBMIT THE CONFLICT OF INTEREST DECLARATION ANNUALLY.

SOUTH FLORIDA CHAPTER

CHAPTER OFFICERS AND DIRECTORS SIGN AN AGREEMENT TO SERVE WHICH INCLUDES

AN OBLIGATION TO DISCLOSE ANY CONFLICT OF INTEREST THIS AGREEMENT IS

SIMILAR TO THE AGREEMENT THAT ISACA INTERNATIONAL'S VOLUNTEER

PARTICIPATION AGREEMENT ENFORCEMENT IS THROUGH SELF-MONITORING

SPRINGFIELD MISSOURI CHAPTER

OFFICERS SIGN AN ACKNOWLEDGEMENT

VIRGINIA CHAPTER

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

WEST FLORIDA CHAPTER:

EACH BOARD MEMBER IS REQUIRED TO SIGN OFF AND REVIEW THE POLICY EACH YEAR TO ENSURE THEY ARE IN COMPLIANCE

WESTERN MICHIGAN CHAPTER

Employer identification number

HONOR SYSTEM, BOARD AND COMMITTEE AWARENESS, BOARD VOTING FOR ALL CHAPTER BUSINESS DECISIONS

FORM 990, PART VI, SECTION B, LINE 13

WHISTLEBLOWER POLICY

67 OF THE 71 ISACA CHAPTERS ANSWERED "NO" TO LINE 13

THE FOLLOWING ISACA CHAPTERS RESPONDED "YES" TO LINE 13

BIRMINGHAM CHAPTER

GREATER CINCINNATI CHAPTER

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

67 OF THE 71 ISACA CHAPTERS ANSWERED "NO" TO LINE 14.

THE FOLLOWING CHAPTERS RESPONDED "YES" TO LINE 14

BIRMINGHAM CHAPTER

JACKSONVILLE CHAPTER

MINNESOTA CHAPTER

Employer identification number

TALLAHASSEE 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

49 OF THE 71 CHAPTERS MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST OR THE

INFORMATION IS AVAILABLE ON THE CHAPTER WEB SITE THE REMAINING 22

CHAPTERS DO NOT MAKE THESE ITEMS AVAILABLE TO THE PUBLIC

THE 49 CHAPTERS THAT MAKE THIS INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST ARE AS FOLLOWS

ATLANTA CHAPTER

AUSTIN CHAPTER

BIRMINGHAM CHAPTER

BOISE CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

CENTRAL FLORIDA CHAPTER

IOWA CHAPTER

CENTRAL MARYLAND CHAPTER

CENTRAL OHIO CHAPTER

CENTRAL OKLAHOMA CHAPTER

CHARLOTTE CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER CINCINNATI CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

GREATER KANSAS CITY CHAPTER

HARRISBURG CHAPTER

HAWAII CHAPTER

HUDSON VALLEY CHAPTER

HUNTSVILLE CHAPTER

ILLINI CHAPTER

ILLOWA CHAPTER

KENTUCKIANA CHAPTER

KETTLE MORAINE CHAPTER

LOS ANGELES CHAPTER

MEMPHIS CHAPTER

MIDDLE TENNESSEE CHAPTER

MINNESOTA CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

NATIONAL CAPITAL AREA CHAPTER

NEW ENGLAND CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NEW YORK CITY CHAPTER

NORTHEAST OHIO CHAPTER

OMAHA CHAPTER

PHILADELPHIA CHAPTER

PITTSBURGH CHAPTER

RESEARCH TRIANGLE CHAPTER

SACRAMENTO CHAPTER

SAN ANTONIO/SOUTH TEXAS CHAPTER

SAN DIEGO CHAPTER

SC MIDLANDS CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

ST LOUIS CHAPTER

UTAH CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

PRIOR PERIOD ADJUSTMENTS WERE MADE BY THE FOLLOWING CHAPTERS

LOS ANGELES CHAPTER

-110

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS		Employer identification number
HUDSON VALLEY CHAPTER	-2,430	
LAS VEGAS CHAPTER	1,638	
NATIONAL CAPITAL AREA CHAPTER	-878	
OMAHA CHAPTER	167	
SACRAMENTO CHAPTER	-7,051	
SILICON VALLEY CHAPTER	3,061	
ADDITIONAL CHAPTERS (NOT REPORTED IN PRIOR YEAR)	8,905	
TOTAL	3,303	

FORM 990, PART XII, LINE 2C

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

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

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

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

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

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

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

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

BOISE CHAPTER 4048 N NORTHWALL AVE BOISE, ID 83703 82-0353193 042

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

CONTROL ASSOCIATION CHAPTERS

ATTACHMENT 1 (CONT'D)

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

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

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

CENTRAL IOWA CHAPTER 5433 NW 89TH ST JOHNSTON, IA 50131 42-1296228 110

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

CENTRAL NEW YORK CHAPTER P O BOX 15064 SYRACUSE, NY 13215 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 73-1206933 049 Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

CHARLOTTE CHAPTER 651 E. 8TH ST , APT. 307 CHARLOTTE, NC 28202 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 6000 LAKEMOOR CT WEST BLOOMFIELD, MI 48324 23-7410401 008

GREATER CINCINNATI CHAPTER
7129 SUMMIT AVE
CINCINNATI, OH 45243
23-7291478
003

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

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

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

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

HUNTSVILLE CHAPTER
P O BOX 4064
HUNTSVILLE, AL 35815
80-0809623
221

ILLINI CHAPTER
P O BOX 2322
DECATUR, IL 62524
37-1141574
077

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

Name of the organization INFORMAT

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

JACKSONVILLE CHAPTER 2915 TUSCARORA TRAIL MIDDLEBURG, FL 32060 59-2155120 058

KENTUCKIANA CHAPTER 9007 DAYFLOWER ST PROSPECT, KY 40059 61-0942117 037

KETTLE MORAINE CHAPTER 1725 STEEPLE DR EAST TROY, WI 53120 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
23-7294468
001

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

Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

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

MT RAINIER CHAPTER
P O BOX 6551
OLYMPIA, WA 98507
91-1557795
129

NATIONAL CAPITAL AREA CHAPTER P O BOX 77533 WASHINGTON, DC 20013 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

NEW MEXICO CHAPTER
7608 OAKLAND AVE NE
ALBUQUERQUE, NM 87122
85-0333609
083

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

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

NEW YORK CITY CHAPTER
954 LEXINGTON AVE , STE 525
NEW YORK, NY 10021
13-2843396
010

NORTH TEXAS CHAPTER P O BOX 25026 DALLAS, TX 75225 94-2511603 012

NORTHEAST OHIO CHAPTER 4635 SPINNAKER CT MENTOR, OH 44060 94-2579763 026

NORTHWEST OHIO CHAPTER 6556 BROWN RD OREGON, OH 43616 20-5770701 188

OMAHA CHAPTER 3015 S 118TH OMAHA, NE 68144 47-0592567 023

ORANGE COUNTY CHAPTER
19232 SHERBORNE LN
HUNTINGTON BEACH, CA 92646
33-0024331
079

PHILADELPHIA CHAPTER
P O BOX 58155
PHILADELPHIA, PA 19102
23-7357842
006

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

PHOENIX CHAPTER P O. BOX 63211 PHOENIX, AZ 85082 86-0404629 053

PITTSBURGH CHAPTER
P O BOX 544
PITTSBURGH, PA 15230
25-1296635
013

PUGET SOUND CHAPTER 6602 CHENNAULT BEACH DR MUKILTEO, WA 98275 91-1044622 035

RESEARCH TRIANGLE CHAPTER 7812 PANTHER BRANCH DR RALEIGH, NC 27612 58-1462671 059

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

SACRAMENTO CHAPTER
P O BOX 2025
RANCHO CORDOVA, CA 95741
94-2910488
076

SAN ANTONIO/SOUTH TEXAS CHAPTER P O BOX 780265 SAN ANTONIO, TX 78278 74-2287352

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer Identification number

ATTACHMENT 1 (CONT'D)

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

SAN DIEGO CHAPTER 3510 JEMEZ DR SAN DIEGO, CA 92117 95-3095287 019

SAN FRANCISCO CHAPTER
P O BOX 26675
SAN FRANCISCO, CA 94126
94-2390101
015

SC MIDLANDS CHAPTER 2107 HEATH POND RD. ELGIN, SC 29045 57-0709139 054

SILICON VALLEY CHAPTER P O BOX 2105 CUPERTINO, CA 95015 94-2819289 062

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

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

ST LOUIS CHAPTER
71 HOMEFIELD MANORS CT
O'FALLON, MO 63366
51-0161367
011

89364J 649R

Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

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

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

UTAH CHAPTER
314 EAST CLUBVIEW LN
LEHI, UT 84043
87-6162790
004

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

WEST FLORIDA CHAPTER P.O BOX 1101 TAMPA, FL 33601 59-1933237 041

WESTERN MICHIGAN CHAPTER 13643 THORNAPPLE LN PERRY, MI 48872 36-3007751 038

WESTERN NEW YORK CHAPTER P O BOX 1321 PITTSFORD, NY 14534 16-1138823 046

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Schedule O (Form 990 or 990-EZ) 2012

Name of the organization INFO

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 1 (CONT'D)

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

WILLAMETTE VALLEY CHAPTER P O BOX 413 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 LOCAL
PROVIDERS 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 PROFESSIONS, AND ENCOURAGING COMPLIANCE WITH ISACA'S STANDARDS AND CODE OF PROFESSIONAL ETHICS

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

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 3 (CONT'D)

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

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

•

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

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

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

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

BOISE CHAPTER 4048 N. NORTHWELL AVE. BOISE, ID 83703 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 59-2370745 067

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

CENTRAL IOWA CHAPTER 5433 NW 89TH ST JOHNSTON, IA 50131 42-1296228 110

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

CENTRAL NEW YORK CHAPTER P.O. BOX 15064 SYRACUSE, NY 13215 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 73-1206933 049

CHARLOTTE CHAPTER 651 E. 8TH ST., APT. 307 CHARLOTTE, NC 28202 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 6000 LAKEMOOR CT. WEST BLOOMFIELD, MI 48324 23-7410401 008

GREATER CINCINNATI CHAPTER 7129 SUMMIT AVE. CINCINNATI, OH 45243 23-7291478 003

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

GREATER HOUSTON CHAPTER P.O BOX 2424 HOUSTON, TX 77252 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

HUNTSVILLE CHAPTER P.O. BOX 4064 HUNTSVILLE, AL 35815 80-0809623 221

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 2915 TUSCARORA TRAIL MIDDLEBURG, FL 32060 59-2155120 058

KENTUCKIANA CHAPTER 9007 DAYFLOWER ST. PROSPECT, KY 40059 61-0942117 037

KETTLE MORAINE CHAPTER 1725 STEEPLE DR EAST TROY, WI 53120 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 23-7294468 001

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 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

NEW MEXICO CHAPTER 7608 OAKLAND AVE. NE ALBUQUERQUE, NM 87122 85-0333609 083

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

NEW YORK CITY CHAPTER 954 LEXINGTON AVE., STE. 525 NEW YORK, NY 10021 13-2843396 010

NORTH TEXAS CHAPTER P.O. BOX 25026 DALLAS, TX 75225 94-2511603 012

NORTHEAST OHIO CHAPTER 4635 SPINNAKER CT MENTOR, OH 44060 94-2579763 026

NORTHWEST OHIO CHAPTER 6556 BROWN RD. OREGON, OH 43616 20-5770701 188

OMAHA CHAPTER 3015 S. 118TH OMAHA, NE 68144 47-0592567 023

ORANGE COUNTY CHAPTER 19232 SHERBORNE LN. HUNTINGTON BEACH, CA 92646 33-0024331 079

PHILADELPHIA CHAPTER P.O. BOX 58155 PHILADELPHIA, PA 19102 23-7357842 006

PHOENIX CHAPTER
P O. BOX 63211
PHOENIX, AZ 85082
86-0404629
053

PITTSBURGH CHAPTER P O. BOX 544 PITTSBURGH, PA 15230 25-1296635 013

PUGET SOUND CHAPTER 6602 CHENNAULT BEACH DR. MUKILTEO, WA 98275 91-1044622 035

RESEARCH TRIANGLE CHAPTER 7812 PANTHER BRANCH DR RALEIGH, NC 27612 58-1462671 059

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

SACRAMENTO CHAPTER P.O. BOX 2025 RANCHO CORDOVA, CA 95741 94-2910488 076

SAN ANTONIO/SOUTH TEXAS CHAPTER P O BOX 780265 SAN ANTONIO, TX 78278 74-2287352 081

SAN DIEGO CHAPTER 3510 JEMEZ DR. SAN DIEGO, CA 92117 95-3095287 019

SAN FRANCISCO CHAPTER P.O. BOX 26675 SAN FRANCISCO, CA 94126 94-2390101 015

SC MIDLANDS CHAPTER 2107 HEATH POND RD. ELGIN, SC 29045 57-0709139 054

SILICON VALLEY CHAPTER P.O. BOX 2105 CUPERTINO, CA 95015 94-2819289 062

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

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

ST LOUIS CHAPTER
71 HOMEFIELD MANORS CT.
O'FALLON, MO 63366
51-0161367
011

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

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

UTAH CHAPTER
314 EAST CLUBVIEW LN.
LEHI, UT 84043
87-6162790
004

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

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

WESTERN MICHIGAN CHAPTER 13643 THORNAPPLE LN. PERRY, MI 48872 36-3007751 038

WESTERN NEW YORK CHAPTER P.O. BOX 1321 PITTSFORD, NY 14534 16-1138823 046

ATTACHMENT 1 (CONT'D)

AFFILIATED ORGANIZATIONS INC

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

Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue				plication for each return.							
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box											
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)											
Do not comp	lete Part II u	inless you have already been grai	nted an aut	tomatic 3-month extens	sion on a previously file	ed Form 886	8				
Electronic fi	ling <i>(e-file)</i> .	You can electronically file Form	8868 if yo	u need a 3-month auto	matic extension of tin	ne to file (6	months for				
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form											
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information											
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits											
						arities & Non	profits				
		Month Extension of Time. On									
		o file Form 990-T and requesting				•					
Part I only .		. 					▶ 🔲				
All other cor	porations (i	ncluding 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request a	n extension o	of time				
to file income tax returns Enter filer's identifying number, see instruction											
T	Name of ex	empt organization or other filer, see in	structions		Employer identification r	tification number (EIN) or					
Type or	INFORMA	TION SYSTEMS AUDIT AND									
print	nt CONTROL ASSOCIATION CHAPTERS				94-2919522						
File by the due date for	Number, st	lumber, street, and room or suite no. If a P.O. box, see instructions. Social security number (S									
filing your	3701 ALGONQUIN ROAD										
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions										
mstructions	ROLLING MEADOWS, IL 60008										
Enter the Return code for the return that this application is for (file a separate application for each return)											
Application			Return	Application							
ls For			Code	Is For			Code				
Form 990 or Form 990-EZ			01	Form 990-T (corporat	tion)		07				
Form 990-BL			02	Form 1041-A			08				
Form 4720- (individual)			03	Form 4720			09				
Form 990-PF			04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069			11				
Form 990-T (trust other than above)			06	Form 8870			12				
	•	care of ▶ CHRIS JOHNSTON									
Telephone No ▶ 847 253-1545 FAX No ▶ 847 253-1443											
• If the organization does not have an office or place of business in the United States, check this box											
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 2504 If this is											
for the whole group, check this box											
a list with the names and EINs of all members the extension is for ATTACHMENT 1											
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time											
until $08/15$, 20^{-13} , to file the exempt organization return for the organization named above. The extension is											
for the organization's return for											
► X calendar year 2012 or											
tax year beginning, 20, and ending, 20											
	,	<u></u>	,								
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return											
	-	counting period	·								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any											
nonrefundable credits See instructions 3a											
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
estimated tax payments made. Include any prior year overpayment allowed as a credit.											
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS											
(Electronic Federal Tax Payment System) See instructions. 3c \$											
Caution If you	are going to	make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453	-EO and Form 8879-EO f	for payment in	structions				
				·	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.						