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Form **990**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 No 1545-0047

**2012****Open to Public Inspection**

<b>A</b> For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 2013	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Distributive Education Clubs of America Inc.</b>
	Doing Business As <b>DECA Inc.</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1908 Association Drive</b>
	City, town or post office, state, and ZIP code <b>Reston VA 20191-1503</b>
	<b>D</b> Employer identification number <b>23-7079474</b>
<b>E</b> Telephone number <b>703-860-5000</b>	
<b>G</b> Gross receipts \$ <b>20,544,896</b>	
<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
<b>H(c)</b> Group exemption number ▶ <b>1151</b>	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>www.deca.org</b>	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶	
<b>L</b> Year of formation	
<b>M</b> State of legal domicile	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DECA prepares emerald leaders and entrepreneurs in marketing, finance, hospitality and management.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>544</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>541</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part VII, line 2a)	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>5,628</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 34	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-1, line 34	<b>N/A</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>2,540,814</b> Current Year: <b>2,535,908</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>14,840,465</b> <b>17,885,935</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>34,190</b> <b>87,327</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>38,893</b> <b>27,750</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,454,362</b> <b>20,536,920</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>295,347</b> <b>288,638</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b> <b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>388,728</b> <b>348,256</b>
<b>Expenses</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b> <b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>15,853,276</b> <b>19,515,463</b>
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>16,926,081</b> <b>20,152,357</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>528,281</b> <b>384,562</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>8,365,199</b> End of Year: <b>8,736,909</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>0</b> <b>0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,365,199</b> <b>8,736,909</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <b>12.30.13</b>			
	Type or print name and title <b>EDWARD L. DAVIS, Executive Director</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

SCANNED JAN 22 2014

948-55 15

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:  
 DECA prepares emerging leaders and entrepreneurs in marketing, finance, hospitality and management.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 16,982,981 including grants of \$ 288,638 ) (Revenue \$ 17,717,714 )  
 Approx. 11,000 students participated in skills contests related to their individual career goals in marketing and management.  
 Scholarship, cash and recognitions are provided for accomplishments related to workplace and school-based learning.

**4b** (Code: ) (Expenses \$ 2,066,537 including grants of \$ ) (Revenue \$ 168,221 )  
 DECA provides specific programs for the classroom teacher to use in student development and achievement.  
 The principles guiding the association's programs are curriculum related career skills, workplace experiences,  
 community service and the development of business leadership capabilities.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **19,049,518**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

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

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

Yes No

<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	102			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	g			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓	
<b>b</b>	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					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>			✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>				

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 544	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 541	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b> ✓	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b> ✓	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b> ✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b> ✓	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> ✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> ✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b> ✓	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> ✓	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> ✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> ✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	✓
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	✓
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> ✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> ✓	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> ✓	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> ✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► None

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Patrick Cheney, address and phone same as DECA Inc.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See attached continuation sheets.....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
George Gates Board Member	1	x		x				0		0
Mario Gatto Board Member	2	x						0		0
David Lenig Board Member	1	x						0		0
Sharon Ashlock State Advisor	6			X				1,500		0
MADLYN COUCH PRESIDENT	1	X						0		0
RACHEL ENGLAND STATE VP & DIST IV VP	1	X						0		0
BROOKE REEVES DISTRICT I VP	1	X						0		0
DREAMER HAGANS DISTRICT II VP	1	X						0		0
CAMERON NIX DISTRICT III VP	1	X						0		0
ROCHELLE SEALS State Advisor	10			X				0		0
James Brock State Chair	40	x		x				0		0
Maria Swicegood State Advisor	25	x		x				0		0
Chris Dorman Executive Council	20	x						0		0
Cindy Whitaker Executive Council	20	x						0		0
Jurel Guffey Executive Council	15	x						0		0
Karen Shaddon Executive Council	15	x						0		0
Sherry Siler Executive Council	15	x						0		0
Melinda Gould Executive Council	15	x						0		0
Sean Siler Executive Council	15	x						0		0
Shane Siler Executive Council	15	x						0		0

Total to Part VII, Section A, line 1c

1,500

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Mary Kathryn Whitaker Executive Council	15	x						0		0
Anthony Monjure Executive Council	15	x						0		0
Hanna Claire Barwarth Executive Council	15	x						0		0
Oleg Shvets State Director	40			X				0		0
Jayne FitzPatrick AME President	1	X						0		0
Mana Abrams AME President-Elect	1	X						0		0
Kathy Frommer CFO	1			X				0		0
Ross Snyder State President	1	X						0		0
Shea Padilla State Supervisor	1	X						0		0
Ryan Hamilton ADE Representative	1	X						0		0
JoAna Sydow Director	3	x						0		0
Maureen Todd Treasurer	3	x						500		0
Carl Schmidt Chair Elect	2	x						0		0
Dennis Mifflin Director	2	x						0		0
Mariam Shafley Director	2	x						0		0
Mary Whited Chair	2	x						0		0
Laurie Andrews Director	2	x						0		0
Rhonda Bohall Finance Manager	5			x				0		0
Brycen Woodley State Director	20			x				0		0
Kay Ferner State Advisor	3	x						0		0

Total to Part VII, Section A, line 1c

500

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Ryan Underwood Executive Director	10			x				0		0
CJ Christoffersen Vice-Chairman	2	x						0		0
Jamie Young S O Team Advisor	4	x						0		0
Everett Vaughan State Advisor	10	x						0		0
Morgan Patterson President	10			x				0		0
Menssa Rogers Chair	1	x		x				0		0
Frank Rossi Director	5	x		x				0		0
Bryan Anderson Director	1	x						0		0
Carmella Calfiore Director	1	x						0		0
Felicia Mazille Director	1	x						0		0
Stephen Slomski Director	1	x						0		0
William Leete Director	5	x		x				0		0
Dennis Kelly Financial Officer	5			x				0		0
Jackie Schiller President, Cent'l Reg	2	x		x				0		0
Nicole Coffey Secretary, Cent'l Reg	2	x		x				0		0
Don Varanauskis Treasurer, Cent'l Reg	2	x		x				0		0
Chris Bohnet Director, Cent'l Reg	1	x						0		0
Gary Colvin Director, Cent'l Reg	1	x						0		0
Emily Sanders-Jones Director, Cent'l Reg	1	x						0		0
Dave Wait Director, Cent'l Reg	1	x						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Tim Fandek Director, Cent'l Reg	1	x						0		0
Alex Hofkamp Director, Cent'l Reg	1	x						0		0
Kevin Reisenauer Director, Cent'l Reg	1	x						0		0
Emily Easton Director, Cent'l Reg	1	x						0		0
James Price Director, Cent'l Reg	1	x						0		0
Chrissy Bashore Director, Cent'l Reg	1	x						0		0
Frank Ingram State Advisor	20	X						0		0
Martin Tuohy President	4	X		X				0		0
Tina Pinkett Secretary	4	X		X				0		0
Edna Buzgon Officer	4	X						0		0
Cagney France Officer	4	X						0		0
Pat Costigan Officer	4	X						0		0
Lynore Levenhagen State Advisor	25			X				26,000		0
Arlen Mizel CFO	1	X						0		0
Rochelle Stanfill Secretary to the Board	1	X						0		0
Carla Ross District Advisor	1	X						0		0
Phyleshia Jones District Advisor	1	X						0		0
Grace Gordon District Advisor	1	X						0		0
James Benedict District Advisor	1	X						0		0
Tresa Warner District Advisor	1	X						0		0

Total to Part VII, Section A, line 1c

26,000

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Michael Bridges District Advisor	1	X						0		0
Deb Carter District Advisor	1	X						0		0
Tammy DeLeonardo District Advisor	1	X						0		0
Brian Chalk District Advisor	1	X						0		0
Jerry Holt District Advisor	1	X						0		0
Jillian Berg District Advisor	1	X						0		0
Beatriz Rameriz District Advisor	1	X						0		0
Eddy Rojas District Advisor	1	X						0		0
Ted TiNicola District Advisor	1	X						0		0
Shannon Aaron Executive Director	40			X				55,000		0
Sharon Shahan Board President	5	X						0		0
Tom Schwarz Board President-Elect	5	X						0		0
Rhonda Johnson Board Secretary	5	X		X				0		0
Joey Wills Director	5	X						0		0
Bob O'Keefe Director	5	X						0		0
Iris Mizuguchi Educational Specialist	2			X				0		0
Christina Bohnet Executive Director	40	x		x				9,014		0
Carol VonTersch Co-Chair	0	x						0		0
Amy Hupke Co-Chair	0	x						0		0
Dona Orr State Advisor	4	x		x				0		0

Total to Part VII, Section A, line 1c

64,014

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Stacy Freiburghaus State Coordinator	15	x		x				0		0
Don Varanausk Co-Executive Director	15	X		X				5,000		0
James Weber Co-Executive Director	15	X		X				5,000		0
David Baysingar Board Member	7	X						599		0
Karen Bear Board Member	9	X						599		0
Tammi Conn Board Member	8	X						599		0
William Coulson Board Member	1	X						599		0
Jan Jacobson Board Member	7	X						599		0
Kevin Jones Board Member	5	X						599		0
Michael Patterson Board Member	4	X						599		0
Janice Brown Board Chair, Executive Dir	10			X				6,000		0
Amanda Graham IMEA Rep	1	X						0		0
Bill Turner Secretary, D10 Coord	1	X						0		0
Judy Commers District 1 Coordinator	1	X						0		0
Lots Pinney District 2 Coordinator	1	X						0		0
Brian McNeal District 3/6 Coordinator	1	X						0		0
Michelle Goudy District 4/5 Coordinator	1	X						0		0
Steve Bennett District 8 Coordinator	1	X						0		0
Becky Kuehl Vice Chair, D9 Coord	1	X						0		0
Mike Hackman District 11/12 Coordinator	1	X						0		0

Total to Part VII, Section A, line 1c

20,193

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Connor Brashear State Officer - President	1	X						0		0
Mitch McMillen State Officer - D4/5 Pres	1	X						0		0
Michelle Chapman DECA Alumni Rep	1	X						0		0
Emily Eaton State Advisor	20			X				22,500		0
Barbara Beadle Financial Advisor	10			X				3,000		0
Eric Ogle IDOE BMIT State Specialist	1			X				0		0
Debbie Harris Board Chair	1	x						0		0
Gary Colvin State Advisor	15	x		x				0		0
Tod Griffin CEO, KRF	1	x						0		0
Tracy Jones Pres Prof DECA	1	x						0		0
Jayne Harris Co Advisor	5	x						0		0
Mark Gibson Pres KMEA	1	x						0		0
Michael Hackworth Rep KDE	1	x						0		0
Lisa Hurt Past Chair	1	x						0		0
JoAnna Purvis Bookkeeper	2			X				0		480
Paul Grethel State Advisor	27			X				12,000		1,267
Edward Falgoust Board Member	1	X						0		0
Dennis Volentine Board Member	2	X						0		0
Debra Wilson Board Member	1	X						0		0
Patsy Black Board Member	1	X						0		0

Total to Part VII, Section A, line 1c

37,500

0

1,747

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Corice Saunders Board Member	1	X						0		0
Clayton Villemarette State President/Board Member	1	X						0		0
Rae Broussard Board Member	1	X						0		0
Evelyn Blanson DOE Liason/Board Member	1	X						0		0
Ashley Martinez Board Member	1	X						0		0
Donna McFadden State Advisor	22			x				0		0
Brian Nobrega Director	2	x						0		0
Frank Rosa Director	2	x						0		0
Letty Brown Director	2	x						0		0
James Dow Director	2	x						0		0
Krista Anderson Director	2	x						0		0
Francisco Torres Director	2	x						0		0
Tom Sousa Director	2	x						0		0
Jim Sullivan Director	2	x						0		0
Dean Martino Director	2	x						0		0
Ann Grasseti Director	2	x						0		0
Peter Crowley Director	2	x						0		0
John Foisy Director	2	x						0		0
George Berg Treasurer	12			x				5,000		0
Taylor Newcomb Director	2	x						0		0

Total to Part VII, Section A, line 1c

5,000



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Schuyler Keating Director	2	x						0		0
Thomas Lombardo Director	2	x						0		0
Evan DaSilva Director	2	x						0		0
Joseph Torgerson Director	2	x						0		0
Christopher Desilets Director	2	x						0		0
Justin Woodbury Director	2	x						0		0
Evan Milho Director	2	x						0		0
Erica Melito Director	2	x						0		0
Demitra Marafatsos DECA Advisor	2	X						0		0
JoAnn Best DECA Advisor	2	X						0		0
Leo Garcia Vice President	2	X						0		0
Winifred Winston President	4	X						0		0
William Nottage Treasurer	4	X		X				0		0
Darlene Ajayi Secretary	4	X		X				0		0
Debra Dear DECA State Officer Advisor	4	X						0		0
Hsnnah Park Student State Officer	2	X						0		0
Terence Mayo State Advisor	10			X				0		0
Dr. Annette Mallory-Donawa Board member	2	X						0		0
JoAnn Best Board member	2	X						0		0
Nicole Burgess Board member	2	X						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Rob Carter Board member	2	X						0		0
Andrew Hubner Board member	2	X						0		0
LaRae Siddiqui Board Member	2	X						0		0
Robert Radley Director	1	X						0		0
Wendy Robichaud Director	1	X						0		0
Kristy Dillingham Director	1	X						0		0
Reed Nonken Director	1	X						0		0
Jane Kransow Director	1	X						0		0
Lisa Delampan Director	5			X				4,500		0
David Wait State Director	40			X				0		0
Ann Day Administrative Assistant	32			X				0		0
Brenda Clark CTE Director	1	X						0		0
Jamie Riley Teacher	1	X						0		0
Tim Todd Teacher	1	X						0		0
Kim Guest Teacher	1	X						0		0
David Erlich Teacher	1	X						0		0
Linda Krehbiel State Advisor	40			X				0		0
Matt Magnuson Board President	2	X						0		0
Bryce Bunton Board President-Elect	2	X						0		0
Sherry Pfuhl Board Secretary	2	X						0		0

Total to Part VII, Section A, line 1c

4,500

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Carol Bolin Board Member	2	X						0		0
Grant Jenkins Board Member	2	X						0		0
Sara Whelan Board Member	2	X						0		0
Kathy Parrett Treasurer	20			X				1,633		0
Tammie Brewer Advisor	40			x				0		0
Brittany Campbell Director	1	x						0		0
Kelly Calhoun Director	1	x						0		0
Cody McWilliams Director	1	x						0		0
Tyler Prince Director	1	x						0		0
Mark Scott Director	1	x						0		0
Sarah Brewer Director	1	x						0		0
Chase Collier Director	1	x						0		0
Katelynn Krol Director	1	x						0		0
Jamieon Davis Director	1	x						0		0
Amanda Grieco Director	1	x						0		0
Jamie Reeves Director	1	x						0		0
Tashala Taylor Director	1	x						0		0
Debbie Thompson Director	1	x						0		0
Maggie Rafferty Director	1	x						0		0
Kristi Nielsen Director	1	x						0		0

Total to Part VII, Section A, line 1c

1,633

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Erin Weisgerber State Advisor/Treasurer	20			x				17,250		0
Jeremy Anderson Director	1	x						0		0
Karey Conn Director	1	x						0		0
Keith Hoyer Director	1	x						0		0
Mark Hartman Director	1	x						0		0
John Hollow Director	1	x						0		0
Scott Donisthorpe Director	1	x						0		0
Dave Stukey Director	1	x						0		0
Steve Hurin Director	1	x						0		0
Nicki Roe Director	1	x						0		0
Cindy Farmer Director	1	x						0		0
Josh Munro Director	1	x						0		0
Kim Hall Chair, Board of Directors	2	x						0		0
Tabitha Hudson Board Member	2	x						0		0
Tammy Vail Board Member	2	x						0		0
Greg Murphy Board Member	2	x						0		0
John Fux Board Member	2	x						0		0
Debbie Pardue Board Member	2	x						0		0
Kim Edwards Board Member	2	x						0		0
Elizabeth Poole Board Member	2	x						0		0

Total to Part VII, Section A, line 1c

17,250

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Amy Singletary Board Member	2	x						0		0
Emmy Corn Board Member	2	x						0		0
Delores Ali Board Member	1	x						0		0
Pamela O'Brien State Advisor	30	x		x				60,000		0
Kevin Reisenauer State Advisor	15			X				0		0
Troy Olson President, Board Member	2	X						0		0
Christopher Pederson Secretary, Board Member	2	X		X				0		0
Michelle Hoff Board Member	2	X						0		0
Christa Brodina Board Member	2	X						0		0
Scott Hurlimann Board Member	2	X						0		0
Ed Nickell BPN Chairman	1	X						0		0
Roy Coffman BPN Representative 1	1	X						0		0
Rich Howdle BPN Representative 2	1	X						0		0
Megan Bratetic BPN Representative 3	1	X						0		0
Joey Patterson BPN Representative 4	1	X						0		0
Sarah Schau Member at Large 5	1	X						0		0
Janet Butler Member at Large 1	1	X						0		0
Vicki Wiles Member at Large 2	1	X						0		0
Bubba Penas NAME Rep	1	X						0		0
Derek Deaver Board President, MAL 3	1	X						0		0

Total to Part VII, Section A, line 1c

60,000

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Cody Basch State President	1	X						0		0
Olivia Bond State Secretary	1	X		X				0		0
Kevin Oswald Target Rep	1	X						0		0
Nicole Coffey State Advisor	40			X				0		0
Gordon Nicholson State Advisor	3	X		X				0		0
Kathryn Tremblay Treasurer	3	X		X				0		0
Suzanne Winters Event Coordinator	3	X						0		0
Lesa McQuesten Event Coordinator	3	X						0		0
Mary Hartz Event Coordinator	3	X						2,000		0
Lisa Delampan Event Coordinator	3	X						2,000		0
Kimberly Hooper State Advisor	2			x				0		0
Rowena Gianfredi NJ DECA Advisory Comm	1	x						0		0
Tim Kelly NJ DECA Advisory Comm	1	x						0		0
John Pico NJ DECA Advisory Comm	1	x						0		0
Deborah Stapski NJ DECA Advisory Comm	1	x						0		0
Kathie Malik NJ DECA Advisory Comm	1	x						0		0
Leslie Malec NJ DECA Advisory Comm	1	x						0		0
Hennetta Manfre NJ DECA Advisory Comm	1	x						0		0
Helen Morris NJ DECA Advisory Comm	1	x						0		0
Grace McCloskey NJ DECA Advisory Comm	1	x						0		0

Total to Part VII, Section A, line 1c

4,000

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Crissy Belfatto NJ DECA Advisory Comm	1	x						0		0
Regina Burch NJ DECA Advisory Comm	1	x						0		0
Molly Kervick NJ DECA Advisory Comm	1	x						0		0
Debi Cline Board Chair	2	X						2,100		0
Joyce Armijo Finance Chair	2	X						930		0
Lacee Manus Member	2	X						300		0
Richard Faulkner Member	2	X						800		0
Jan D'Anza Program Chair	2	X						900		0
Larry Walsh Member	2	X						600		0
Tammy Seidel Member	2	X						101		0
Stacy Washington Member	2	X						400		0
Nathan Hymas Student President	2	X						0		0
Christine Phipps State Advisor	10			X				0		0
Jay Chase Business Manager	8			X				0		0
Laurel Cruz-Esau Chair-Elect	1	x						0		0
Crystal Lyon Secretary/Treasurer	1	x						0		0
Jeff Harmon Trustee	1	x						0		0
Tory Teunis Trustee	1	x						0		0
Melissa Scott State Advisor	1	x		x				0		0
Daniela Sanchez Trustee	1	x						0		0

Total to Part VII, Section A, line 1c

6,131

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Terry Ertman Trustee	1	x						0		0
Perry Annett Chair	1	x						0		0
Brycen Woodley Executive Director	10	x		x				0		0
Curtis Haley State Director	15	x		x				0		0
Rhonda Bohall Finance Manager	5			x				0		0
Ryan Underwood Senior Director	5			x				0		0
Cassandra Taylor Trustee	1	x						0		0
Mitchell Beresa Chairperson	40	X						0		0
Nela Hawthorne Vice Chair	20	X						0		0
Dan Greaven Board Representative	2	X						0		0
Michelle Adams Board Representative	1	X						0		0
Darlene Baker Board Representative	1	X						0		0
Melissa Garafola Board Representative	1	X						0		0
Louis DiCeasseare Board Representative	1	X						0		0
Michelle Adams Board Representative	1	X						0		0
Darlene Baker Board Representative	1	X						0		0
Alan Balsdon Board representative	1	X						0		0
Kevin Kot Board Representative	1	X						0		0
Mary Peres State Advisor	40	X		X				0		0
James Casini Board representative	1	X						0		0

Total to Part VII, Section A, line 1c

0



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Lindsay Delucca Board Representative	1	X						0		0
Arlene Mordente Board Representative	1	X						0		0
Phil Como Board Representative	1	X						0		0
Kris Casto Board Representative	1	X						0		0
James Price State Advisor	25			X				0		0
FRANK KOHLHOFER District 1 Rep	1	X						0		0
JASON ZERA District 2 Rep	1	X						0		0
WILLIAM HOLLISTER District 3 Rep	1	X						0		0
JERRY KUHN District 4 Rep	1	X						0		0
ERIC WAGNER District 5 Rep	1	X						0		0
MIKE GOINS District 6 Rep	1	X						0		0
JOE DEANGELO District 7 Rep	1	X						0		0
SARAH PARKER District 8 Rep	1	X						0		0
BRENT PFEIFER District 9 Rep	1	X						0		0
JEAN GETZ District 10 Rep	1	X						0		0
TRISH BARBER District 11 Rep	1	X						0		0
STEVE VARRICCHIO District 12 Rep	1	X						0		0
SUSAN EVERHART District 13 Rep	1	X						0		0
KIT LYNCH District 14 Rep	1	X						0		0
KELLY ROBINSON District 15 Rep	1	X						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
KELLY COOPER District 16 Rep	1	X						0		0
JEFFREY KEITH Bookkeeper	2			X				0		0
MITCH FINKE PROGRAM COORD	2			X				3,900		0
Emma Hutchison President	10	X						0		0
Darien Martin Vice President	8	X						0		0
Misael Martinez Vice President	8	X						0		0
Katie Adams Vice President	8	X						0		0
Kanda Jackson Vice President	8	X						0		0
Lauren Long Vice President	8	X						0		0
Gonzalo Martinez Vice President/President	10	X						0		0
Ryan McMurry Vice President	8	X						0		0
Lisa JoAnn Torres Vice President	8	X						0		0
Drew Wood Vice President	8	X						0		0
Breiahna Moore Vice President	8	X						0		0
Debbie Hamble CTSO Bookkeeper	10			X				0		0
Dustin Devers DECA State Advisor	15			X				0		0
Sherril Daniels Board of Chair	1	x						1,194		0
Kristen Torkelson Board Secretary/Treasurer	1	x						1,194		0
Ron Dodge Trustee	1	x						0		0
Bob Reinhart Trustee	1	x						717		0

Total to Part VII, Section A, line 1c

7,005

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv./ trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Nat Ellis Trustee	1	x						0		0
Brycen Woodley Executive Director	10	x		x				0		0
Austin Damron Trustee	1	x						0		0
Raya Nichols Trustee	1	x						0		0
Rhonda Bohall Finance Manager	3			x				0		0
Ryan Underwood Senior Director	5			x				0		0
Jerry DiGiovanni Executive Director	20			x				32,307		0
Michelle Jackson Board Member	2	x						0		0
Robert Nathan Board Member	1	x						0		0
Emily Smoller Board Member	1	x						0		0
Robin Verbeck Board President	1	x						0		0
Jayne Johnson Board Member	1	x						0		0
Cyndee Barkley Board Member	1	x						0		0
Bryan Burnett Board Member	1	x						0		0
Carol Lill Board Member	1	x						0		0
Chrissy Spoa Board Member	1	x						0		0
Michael Dawson Board Member	1	x						0		0
Marsha Bock State Advisor	13	x		x				0		0
Mary Lou Tupper Board Member	5	x						0		0
Chrys Caffrey Board Member	5	x						0		0

Total to Part VII, Section A, line 1c

32,307

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Patricia Dionne Board Member	5	x						0		0
Tom Gauthier Board Member	5	x						0		0
Ginger Hill Director	40	X		X				5,000		0
Andrew Roof President	3	X						0		0
Brittany Buckner Vice President	3	X						0		0
Hallie Davis Vice President	3	X						0		0
Jamia Edwards Vice President	3	X						0		0
Angelica Chavez Vice President	3	X						0		0
Emily Salonich Vice President	3	X						0		0
Heather Hill State Officer Advisor	30			X				1,500		0
Kirk Beilke Chairperson, Executive Council	3	X						0		0
Stella Magliolo Executive Council	3	X						0		0
Robert Lovejoy Executive Council	3	X						0		0
Norma Brown Executive Council	3	X						0		0
MarySusan Williamson Executive Council	3	X						0		0
Pat Jackson Executive Council	3	X						0		0
Jessica Aydlette Executive Council	3	X						0		0
Lisa Hall Executive Council	3	X						0		0
Elizabeth Ferrato Executive Council	3	X						0		0
Sarah Williams State Advisor	38			x				0		0

Total to Part VII, Section A, line 1c

6,500

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Angel Fowler Teacher	10	x						0		0
Mary Ann Golden Teacher	10	x						0		0
Ti-Juana perryu Teacher	10	x						0		0
Dee Cole Self Employed	10	x						0		0
Harold Bouldin Teacher	10	x						0		0
Emily Bartlett Teacher	10	x						0		0
Sophia Gurley Teacher	10	x						0		0
Robbie Reed Teacher	10	x						0		0
Donna England Teacher	10	x						0		0
Vikki Burns Teacher	10	x						0		0
Ron Howard Teacher	10	x						0		0
John Cagle Education Admin	3	x						0		0
Mechelle Webster Accounting Technician	5			x				0		0
LEO SAENZ DISTRICT 1 DIRECTOR	10	X						0		0
ERICA MARSHALL DISTRICT 2 DIRECTOR	10	X						0		0
MEREDITH WATASSEK DISTRICT 3 DIRECTOR	10	X						0		0
JULIE LOWE DISTRICT 4 DIRECTOR	10	X						0		0
STEWART BURNS DISTRICT 5 DIRECTOR	10	X						0		0
TRACI BUCKNER DISTRICT 6 DIRECTOR	10	X						0		0
JILL BELL DISTRICT 7 DIRECTOR	10	X						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
DONNA CROW DISTRICT 8 DIRECTOR	10	X						0		0
JENNIFER URBANEK DISTRICT 9 DIRECTOR	10	X						0		0
CYNTHIA CROUSE DISTRICT 10 DIRECTOR	10	X						0		0
VANESSA DRY DISTRICT 11 DIRECTOR	10	X						0		0
SANDRA HINESLY EXECUTIVE DIRECTOR	20			X				58,968		0
JUDY EDDLEMAN BOOKKEEPER	20			X				5,840		0
Vince Merrell State Advisor	20	X		X				0		0
Jeremy Brooks Board Chairperson	2	X						0		0
Dale Pollard Director	2	X						0		0
Patrick Paige Director	2	X						0		0
Josh Anderson Northern Vice President	1	X						0		0
Angela Short Director	2	X						0		0
Julie Sutherland Director	2	X						0		0
Camille Duncan Central Vice President	1	X						0		0
Dave Carter Director	2	X						0		0
Jordan Daley Director	2	X						0		0
Dannel Porter Director	2	X						0		0
Makaylee Eggett Southern Vice President	1	X						0		0
Shauna Binkerd Director	2	X						0		0
Carley Herrick State President	3	X						0		0

Total to Part VII, Section A, line 1c

64,808

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Karsten Walker Director	5	X						0		0
Curtis Youngman Director	10	X						0		0
Ryan Witzig Chartered Assoc. Advisor	40			x				0		0
Amy Granahan Board of Trustees	1	x						0		0
Reitha Abed Board of Trustees	1	x						0		0
Donna Celio Board of Trustees	1	x						0		0
Jennifer Hendrickson Board of Trustees	1	x						0		0
Jean Draper Board of Trustees	1	x						0		0
Whitney Ketchledge Board of Trustees	1	x						0		0
Vernon King Board of Trustees	1	x						0		0
Lisa Baynes Board of Trustees	1	x						0		0
Marie Melton PVCC Business Manager	5			x				0		0
JaAnn Rauert State Advisor	20	x		x				0		0
Albert Corey Treasurer	4	x		x				0		0
Jaime Fisher Secretary	3	x		x				0		0
Lynn Amey Advisor	1	x						0		0
Lydia Alexander Advisor	1	x						0		0
James Gregoire Advisor	1	x						0		0
Cherly Niedzweicki Advisor	1	x						0		0
Laun Wright Advisor	1	x						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Melissa Connor Advisor	1	x						0		0
Linda Louzier Advisor	1	x						0		0
Neal Hogan Advisor	1	x						0		0
Jan Stratton Advisor	1	x						0		0
Jerry Sullivan Advisor	1	x						0		0
Joyce Kemp Advisor	1	x						0		0
Susan Brichard Advisor	1	x						0		0
Robert Fredette Advisor	1	x						0		0
Lori Jacobs President	1	x						0		0
Jodi Gali Secretary	1	x		x				0		0
Kandice Herndon Treasurer	1	x		x				0		0
Shanna LaMar Director	70			x				107,744		22,773
Bill Anderson Member	1	x						0		0
George Brush Member	1	x						0		0
Todd Conley Member	1	x						0		0
Paul Glenovich Member	1	x						0		0
Jim Menzies Member	1	x						0		0
Matt Pakians Member	1	x						0		0
Tim Fandek Chartered Assoc. Advisor	10			X				0		0
Sue Linton Chief Financial Officer	2			X				0		0

Total to Part VII, Section A, line 1c

107,744

0

22,773



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Drew Parsons State Officer	2	X						0		0
Madeline Guyette State Officer	2	X						0		0
Claudia Tischer State Officer	2	X						0		0
Madison Klonsinski State Officer	2	X						0		0
Melissa Bahnson President	2	X						0		0
Scott Shriver Vice-President	2	X						0		0
Michelle Kutz Secretary	2	X						0		0
Jason Holter Advisor	2	X						0		0
Micki Volk Advisor	2	X						0		0
Skip Hay Advisor	2	X						0		0
Kim Smessaert Advisor	2	X						0		0
John Webster Advisor	2	X						0		0
Betty Sias Chartered Assoc Advsiar	38			x				0		0
Patty Igo Board Member	1	x						0		0
Stacy Parsons Board Member	1	x						0		0
Glennetta Meadows Board Member	1	x						0		0
Luncinda Nicholson Board Member	1	x						0		0
Mary Hopper Ch Assoc Adv	20			x				0		0
Jill Thompson President	5	x						0		0
Julie Masters Pres Elect	5	x						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Cheryl Cranford Sec/Treas	5	x						0		0
Suzan Newberry Past Pres	5	x						0		0
Brycen Woodley Chairperson, West Reg	1	X						0		0
Oleg Shvets Secretary, West Reg	1	X						0		0
Shanna Lamar Director, West Reg	1	X						0		0
Ev Vaughn Director, West Reg	1	X						0		0
Larry D'Anza Treasurer, West Reg	1	X						0		0
Julie Lyman President	5	X		X				0		0
Sherry Pfuel Secretary	5	X		X				0		0
Brooke Orscheln Treasurer	5	X		X				0		0
Bryce Bunton Board Member	5	X						0		0
Jack J Rose Director	5			X				0		0
Erick Perez Board Chair	1	X						0		0
Carolyn Massiah Board Member	1	X						0		0
Kasey Layton State President	2	X						0		0
Christopher Plasencia State Vice President	1	X						0		0
Matthew Weingard Ssecretary/Treasurer	1	X						0		0
Kristel Baranko Executive Director	3	x		x				0		0
Amy Holloway Director	3	x		x				0		0
Tanya Blehm Interim State Director	5	x		x				0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Dustin Rayburn Director	5	x						0		0
Anne Rayburn Director	2	x						0		0
Elmer Tofteland Finance Director	2	x		x				0		0
Tony Zanger Alumni Director	3	x						0		0
Jeremy Davis Director	2	x						0		0
Jennifer Mann Director	2	x						0		0
Brooke Tomcsik President	1	x						0		0
Tarah Milbank Vice President	1	x						0		0
Rick Olson President	1	x						0		0
Roberta Moorhouse Vice-President	1	x						0		0
Wendy Topp Treasurer	1	x						0		0
Gerry Schewe Secretary	1	x		x				0		0
Terry Greene Board Member	1	x						0		0
Rebecca Shand Board Member	1	x						0		0
Jennifer Malarski Board Member	1	x						0		0
Dylan Olson Board Member	1	x						0		0
Lennard Stoecklen Board Member	1	x						0		0
Craig Wilson Board Member	1	x						0		0
Glenice Hall State Advisor	10			x				32,908		0
Holly Portner Assistant State Advisor	25			x				16,500		0

Total to Part VII, Section A, line 1c

49,408

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Lon Niekamp State Advisor	40			X				0		0
Matt Magnuson Board President	2	X						0		0
Bryce Bunton Board President-Elect	2	X						0		0
Sherry Pfuhl Board Secretary	2	X						0		0
Carol Bolin Board Member	2	X						0		0
Grant Jenkins Board Member	2	X						0		0
Sara Whelan Board Member	2	X						0		0
Kathy Parrett Treasurer	20			X				0		0
Kenneth F. DiSaia RI State Advisor/Treasurer	1	x		x				0		0
Joanne Orabone Advisor	1	x						0		0
JoAnne Warren Advisor	1	x						0		0
Jane McKay-Nesbitt Advisor	1	x						0		0
Leslie Migneault Advisor	1	x						0		0
Erin Wilkinson Advisor	1	x						0		0
Tom Gauthier Advisor	1	x						0		0
Alicia Newton Advisor	1	x						0		0
Michelle Morin Advisor	1	x						0		0
Kathy Walton State Advisor	4	x		x				0		0
Joshua Shankle Advisor	1	x						0		0
Melinda Becker Advisor	1	x						0		0

Total to Part VII, Section A, line 1c

0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Marsella Norwood Advisor	1	x						0		0
Greg Richards State Advisor	2	x		x				0		0
Mary McGuire Advisor	1	x						0		0
Pete Nye Advisor	1	x						0		0
Steve McCloskey Advisor	1	x						0		0
David Starr Advisor	1	x						0		0
Lou Dunham Advisor	1	x						0		0
Mona Starr Advisor	1	x						0		0
Larry Sullivan Advisor	1	x						0		0
Ron Pimentel Advisor	1	x						0		0
Wendy Wilhelm Advisor	1	x						0		0
Mae J Laatsch Exec Director, DECA	30	x		x				10,715		0
Jeff Sterr President	5	x						0		0
Kyria Smith Secretary	5	x						0		0
Andrea Haisler Exec Vice President	5	x						0		0
Joe Gecks Comm Vice President	5	x						0		0
Jenny Sutcliffe Parliamentarian	5	x						0		0
Lacey Martin Western Region Vice Pres	5	x						0		0
Chris Herek Judges Coordinator	5	x						0		0
Jeff Meverden State Chapter Advisor	5	x						0		0

Total to Part VII, Section A, line 1c

10,715

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Nick Bretl Leadership Specialist	5	x						0		0
John Reed (Title, try to abbreviate )	5	x						0		0
Michael Siakpere University Chapter Coord	5	x						0		0
Sandi M Haase Spec Asst to Director	5	x						0		0
Ann A Goers Spec Asst to Director	5	x						0		0
Samantha Ambrosius Spec Asst to Director	5	x						0		0
Dan Harrington Web Site Coordinator	5	x						0		0
Jacklyn J Schiller Executive Director	30			x				35,151		0
Mary Berg Board Member	1	x						0		0
Nicole Rusch Board Member	1	x						0		0
Andrea Mohr Board Member	1	x						0		0
Mike Zweber Board Member	1	x						0		0
Steph Lolich Board Member	1	x						0		0
Julie Cooley Board Member	1	x						0		0
Blake Bodenburg Board Member	1	x						0		0
Sonja Weiler Board Member	1	x						0		0
Mike Delaney Board Member	1	x						0		0
John Rasmussen Board Member	1	x						0		0
Jay Belcastro Board Member	1	x						0		0
Heidi Wolbert Board Member	1	x						0		0

Total to Part VII, Section A, line 1c

35,151

[illegible]

0

**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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....								<b>0</b>	<b>0</b>	<b>0</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....								<b>561,859</b>	<b>0</b>	<b>24,520</b>
<b>d Total (add lines 1b and 1c)</b> .....								<b>561,859</b>	<b>0</b>	<b>24,520</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

- |                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                       |     | ✓  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | ✓  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | ✓  |

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	1,377,392			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	50,893			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	793,390			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	314,233			
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,535,908			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	Conferences . . . . .		900099	17,717,714	17,717,714	
	<b>b</b>	. . . . .					
	<b>c</b>	. . . . .					
	<b>d</b>	. . . . .					
	<b>e</b>	. . . . .					
	<b>f</b>	All other program service revenue . . . . .		900099	168,221	168,221	
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		17,885,935			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			87,327		87,327
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ 50,893 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	7,977			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	7,977			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	. . . . .						
<b>b</b>	. . . . .						
<b>c</b>	. . . . .						
<b>d</b>	All other revenue . . . . .		900099	27,750		27,750	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			27,750			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			20,536,920	17,885,935	0	115,077

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	175,778	175,778		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	112,860	112,860		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	66,000	6,400	58,800	800
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	256,731	218,221	25,673	12,837
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,032	877	103	52
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	24,493	17,242	6,237	1,014
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	796,298	450,725	323,625	21,948
<b>b</b> Legal	8,650		8,650	
<b>c</b> Accounting	87,523	650	86,873	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	5,744	110	5,634	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	81,852	48,383	33,469	
<b>12</b> Advertising and promotion	60,300	31,091	29,208	
<b>13</b> Office expenses	237,647	125,633	111,176	838
<b>14</b> Information technology	57,466	27,821	29,645	
<b>15</b> Royalties				
<b>16</b> Occupancy	65,940	54,432	9,536	1,973
<b>17</b> Travel	565,641	419,767	145,873	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	17,044,463	16,982,981	61,482	
<b>20</b> Interest	1,314	1,185	129	
<b>21</b> Payments to affiliates	111,756	111,756		
<b>22</b> Depreciation, depletion, and amortization	1,980	1,441	539	
<b>23</b> Insurance	85,781	52,904	32,877	
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses	277,525	187,514	79,034	10,977
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,152,357	19,049,518	1,051,121	51,718
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,649,350	<b>1</b>	5,376,973
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	2,715,849	<b>11</b>	3,359,936
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,365,199	<b>16</b>	8,736,909	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,365,199	<b>27</b>	8,736,909
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	8,365,199	<b>33</b>	8,736,909
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	8,365,199	<b>34</b>	8,736,909

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>20,536,920</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>20,152,357</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>384,562</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>8,365,199</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	<b>-12,852</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	<b>8,736,909</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<input checked="" type="checkbox"/>
<b>2b</b>		<input checked="" type="checkbox"/>
<b>2c</b>		
<b>3a</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Distributive Education Clubs of America Inc.

Employer identification number

23-7079474

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,328,867	2,295,092	2,371,714	2,540,814	2,535,908	12,072,395
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	13,979,129	13,649,014	15,907,352	14,840,465	17,885,935	76,261,895
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	16,307,996	15,944,106	18,279,066	17,381,279	20,421,843	88,334,290
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						88,334,290

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .	16,307,996	15,944,106	18,279,066	17,381,279	20,421,843	88,334,290
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	148,796	194,375	291,323	73,083	115,077	822,654
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	148,796	194,375	291,323	73,083	115,077	822,654
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	16,456,792	16,138,481	18,570,389	17,454,362	20,536,920	89,156,944
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	1 %

- 19a 33<sup>1</sup>/<sub>3</sub>% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒
- b 33<sup>1</sup>/<sub>3</sub>% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Distributive Education Clubs of America Inc.

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

23-7079474

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

<b>Part V</b>	<b>Endowment Funds.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
---------------	----------------------------------------------------------------------------------------------------

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	249,134	244,025	211,723	42,783	58,842
<b>b</b> Contributions . . . . .	580	16,226	31,528	165,498	100
<b>c</b> Net investment earnings, gains, and losses . . . . .	37	4,090	14,508	11,113	-12,459
<b>d</b> Grants or scholarships . . . . .	11,230	14,980	13,700	7,700	3,700
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .		227	34	22	0
<b>g</b> End of year balance . . . . .	238,521	249,134	244,025	211,723	42,783

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100%
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .	<b>3a(i)</b>		✓
(ii) related organizations . . . . .	<b>3a(ii)</b>		✓
If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		<b>3b</b>	

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b>	Land . . . . .				
<b>b</b>	Buildings . . . . .				
<b>c</b>	Leasehold improvements . . . . .				
<b>d</b>	Equipment . . . . .				
<b>e</b>	Other . . . . .				

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

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
(11) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

**Part V, line 4 - Use of endowment funds**

--45,703 of the endowment is to be used by the Washington State DECA to provide funds for scholarship awards

--192,818 of the endowment from Missouri DECA Foundation will be used to provide scholarships for graduating seniors

who participated in DECA during their high school years

**Part XIII**   **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

Department of the Treasury  
Internal Revenue Service

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

2012

**Open to Public Inspection**

Employer identification number

23-7079474

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Champ Celebration</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	35,165			35,165
	<b>2</b> Less: Contributions . . . . .	27,188			27,188
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	7,977			7,977
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	6,398			6,398
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,579			1,579
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 7,977 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				0	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

Employer identification number

Distributive Education Clubs of America Inc.

23-7079474

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) ARIZONA STATE UNIVERSITY... PO Box 870412, Tempe, AZ 85287-0412	86-0196696	501 (c) (3)	7,000				Scholarships
(2) DECA Inc..... 1908 Association Drive, VA 20191	53-0215806	501 (c) (3)	7,000				Scholarship Fund Contr
(3) The Cancer Institute of N.J..... 195 Little Albany St, New Brun, NJ 089	20-2959012	501 (c) (3)	20,684				Comm Svc Proi Donation
(4) Community Food Bank of NJ..... 31 Evans Term'l Rd, Hillside, NJ 07205	22-2423882	501 (c) (3)	20,290				Comm Svc Proi Donation
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4
- 3** Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Cat. No. 50055P

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	312	72,960			
2					
3					
4					
5					
6					
7					

**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.

1. Contributing state DECA's or foundation request the grant recipient organizations to provide timely reports on the use of grant funds.

2. About \$39,900 grants and other assistance to individuals (DECA members) plus \$72,960 reported above are generally at \$1,000 or less for each recipient.

There is no tracking mechanism on how the recipients spend the money, although they were all awarded as scholarships.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Distributive Education Clubs of America Inc.

Employer identification number

23-7079474

Form 990, Part IV, Line 12a --- Some of the affiliated offices have their financial statements audited.

Form 990, Part VI, Lines 2 to 3 --- In California, Nevada and Oregon, the state department of education contracts with independent

companies to manage the chapters in those states. The three states have hired the same management company. Company name: TRI

Leadership Resources, LLC; Its employees' positions and relevant compensations: Ryan Underwood, Oregon DECA Senior Director, \$20,000;

Brycen Woodley, California DECA State Director, \$45,000; Curtis Haley, Nevada DECA State Director, \$20,000

Form 990, Part VI, Lines 6 to 7 --- DECA Inc. is a membership organization for secondary and post-secondary students

Student members of a school form a chapter led by their teacher called a "chapter advisor". Most of the state departments

of education manage or facilitate the activities of chapters within their own states. State DECA board members are either

designated by the department or elected by the DECA constituents. The important decisions of the board reflect the

consensus of chapter advisors and department officers.

Form 990, Part VI, Line 11b --- The board of many state DECAs require board review and approval of Form 990 after it is completed.

Form 990, Part VI, Lines 15a to 15b --- Governing bodies of state DECAs annually review salary or compensation using

comparability studies of similarly sized corporations.

Form 990, Part VI, Line 19 --- These documents and statements are available to the public inspection upon request.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

23-7079474

**Distributive Education Clubs of America Inc.**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The DECA Foundation, 1908 Association Dr., Reston, VA 20191 EIN: 52-0788005	Inactive	Virginia	501(c)(3)	11(c)	DECA Inc.		✓
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Cat No. 50135Y

Schedule R (Form 990) 2012

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).





Form 990 Tax Year 2012  
Distributive Education Clubs of America Inc.  
EIN: 23-7079474  
Group Exemption Number: 1151

501 (C) (3) Subsidiary Organizations

Line	Federal ID#	State Organization	Advisor	Address	City	State	Zip
	530215806	DECA Inc Parent Company		1908 Association Drive	Reston	VA	20191
	237079474	DECA Inc -- Group Return	Dr Edward Davis	1908 Association Drive	Reston	VA	20191
1	036012617	VT DECA	Robert Fredette	5 Iroquois Avenue	Essex Jct	VT	05452
2	046139055	MA DECA	Donna McFadden	250 New Rutherford Ave Box 101	Boston	MA	02129
3	050395332	RI Collegiate DECA	Kenneth DiSaia	8 Abbott Park Place	Providence	RI	02903
4	146035822	NY DECA	Mary Peres	285 Hill Road	Goshen	NY	10924
5	201966759	GA Collegiate DECA	Kristel Baranko	1704 S Slappey Blvd, A108A	Albany	GA	31701
6	203546537	FL Collegiate DECA	Jack Rose	10790 NW 14th St, #180	Plantation	FL	33322-6957
7	226066043	NJ DECA	Frank Vento	2600 Woodbridge Ave, BJ200D	Edison	NJ	08818
8	236416579	PA DECA	Jerry DiGiovanni	306 South 13th St, #6	Philadelphia	PA	19107
9	237066211	ME DECA	Lisa Delampan	PO Box 397	Concord	NH	03301
10	237066212	AK DECA	Sharon Ashlock	2195 Mavencamp Circle	North Pole	AK	99705
11	237174475	NH DECA	Gordon Nicholson	592 Pine Street #1	Manchester	NH	03104
12	262739430	Foundation for MO DECA	Julie Lyman	3703 Hunter Valley Drive	Columbia	MO	65203
13	316035469	OH DECA	Jim Price	25 S Front St Mail Stop 604	Columbus	OH	43215-4183
14	356065007	IN DECA	Emily Eaton	PO Box 829	Frankfort	IN	46041
15	376058635	IL DECA	Don Varanauksi	16452 S Westwood Drive	Lockport	IL	60441
16	386119972	MI DECA	Dave Wait	Eastern Michigan University	Ypsilanti	MI	48197
17	396095491	WI DECA	Holly Gregory	1080 Lowell Dr	Oconomowoc	WI	53066
18	416039597	MN Collegiate DECA	Glenice Hall	37962 SW Height of Land Drive	Rochert	MN	56578-9615
19	426093339	IA DECA	Christina L Bohnet	2601 NW 5th	Ankeny	IA	50023
20	436084528	MO DECA-Collegiate DECA	Linda Krehbiel	205 Jefferson St, 5th Floor, PO Box 480	Jefferson City	MO	65102-0480
21	456015497	ND DECA-Collegiate DECA	Kevin Reisenauer	600 East Boulevard Ave, Dept 270	Bismarck	ND	58505-0610
22	466017083	SD DECA	Alex Hofkamp	1501 S Dale Drive	Sioux Falls	SD	57110
23	470794142	NE DECA	Nicole Coffey	301 Centennial Mall South	Lincoln	NE	68509-4987
24	510164028	CT DECA	Dennis Kelly	PO Box 7127	Prospect	CT	06712
25	510164044	ID DECA-Collegiate DECA	Dona Orr	650 West State St, Ste 324	Boise	ID	83720-0095
26	510164058	NM DECA	Christine Phipps	ENMU Cherry St Station 61	Portales	NM	88130
27	516019989	DE DECA	Frank Ingram	35 Commerce Way, Suite 1	Dover	DE	19904
28	526066960	DC DECA	Katie Fregatto	5500 Eads Street NE	Washington	DC	20019
29	526066963	MD DECA	Terence Mayo	200 W Baltimore St MSDE	Baltimore	MD	21201
30	542061807	VA Collegiate DECA	Oscar Chavez	4110 Lees Corner Rd	Chantilly	VA	20151
31	546052332	VA DECA	Ryan Witzig	509 Hamilton Court	Stephens City	VA	22655
32	556028198	WV DECA	Betty Sias	1900 Kanawha Blvd E Bldg 6 Rm 243	Charleston	WV	25305
33	566073305	NC DECA	Pamela O'Brien	6358 Mail Service Center	Raleigh	NC	27699-6358
34	576028893	SC DECA	Ginger Hill	427 Trailsend St	Rock Hill	SC	29732

Line	Federal ID#	State Organization	Advisor	Address	City	State	Zip
35	586053488	GA DECA	Shannon Aaron	110 Maple Leaf Drive	Oxford	GA	30054
36	596173273	FL DECA	Lynore Levenhagen	632 Bonview Lane	Altamonte Springs	FL	32714
37	516033495	KY DECA	Gary Colvin	1256 Dugan Lane	Bloomfield	KY	40008
38	626063230	TN DECA	Sarah Williams	710 James Robertson Pwy, 4th Floor	Nashville	TN	37243
39	636155284	AL DECA	Rochelle Seals	PO Box 302101	Montgomery	AL	36130-2101
40	646028211	MS DECA-Collegiate DECA	Tammie Brewer	3805 Hwy 80 East	Pearl	MS	39205-4295
41	716059985	AR DECA	Jim Brock	3 Capitol Mall Luther Hardin Bldg Rm 502	Little Rock	AR	72201-1083
42	726025338	LA DECA	Paul Grethel	13967 J R Drive	Walker	LA	70785
43	736108722	OK DECA	Dustin Devers	1500 W 7th Ave	Stillwater	OK	74074
44	746052810	TX DECA	Sandra Hinesly	PO Box 50715	Denton	TX	76206
45	816017160	MT DECA	Erin Weisgerber	PO Box 7261	Helena	MT	59604
46	836009360	WY DECA	Mary Hopper	1436 Yorkshire Ave	Casper	WY	82609
47	846044839	CO DECA	Ev Vaughan	9101 E Lowry Blvd	Denver	CO	80230
48	866052333	AZ DECA-Collegiate DECA	Oleg Shvets	1535 W Jefferson St	Phoenix	AZ	85007
49	876123242	UT DECA-Collegiate DECA	Vincent Merrell	8503 McKenzie Lane	West Jordan	UT	84081
50	886006805	NV DECA	Curtis Haley	PO Box 912	Jacksonville	OR	97530
51	900518858	MN DECA	Jacklyn J Schiller	21576 NE Pickerel Lake Drive	Detroit Lakes	MN	56501-7524
52	900518859	MI Collegiate DECA	Shawna Davidson	3831 S Gleaner Rd	Saginaw	MI	48609
53	911308496	WA DECA	Shanna LaMar	200 West Mercer St, #207	Seattle	WA	98119
54	911602361	WA Collegiate DECA	Greg Richards	1810 N Green St MS 2011	Spokane	WA	99217
55	911918358	CA DECA	Brycen Woodley	PO Box 1449	Ridgecrest	CA	93556
56	911918365	RI DECA	Marsha Bock	993 Cowesett Rd	Warwick	RI	02886
57	911918374	WI Collegiate DECA	Mae Laatsch	PO Box 85	Lake Mills	WI	53551-0085
58	911918388	TX Collegiate DECA	Kathy Walton	5930 Middle Fiskville Rd	Austin	TX	78752
59	936037452	OR DECA	Brycen Woodley	PO Box 912	Jacksonville	OR	97530
60	996011098	HI DECA	Iris Mizuguchi	475-22nd Ave, Rm 215	Honolulu	HI	96816

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **1**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **2**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DFCA Inc. --Member States Group Return	23-7079474
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1908 Association Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Reston, VA 20191	

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

- The books are in the care of ► The subordinates

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ **3**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1151. If this is for the whole group, check this box ☒ **4**. If it is for part of the group, check this box ☐ **5** and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 \_\_\_\_ or

► ☒ tax year beginning July 1, 20 12, and ending June 30, 20 13.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Cat No 27916D

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

**Type or print**

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- 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) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **Exec. Director**Date **11-13-2013**