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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or th	e 201	3 calendar year, or tax year beginning	, 201	3, and endii	ng			, 20				
			C Name of organization INFORMATION SYSTEMS	AUDIT AND		- 1	D Employer ide	entificati	on number				
Вс	heck if ap	plicable	CONTROL ASSOCIATION CHAPTERS				94-2919	9522					
	Addre	15.5 10	Doing Business As			1							
	┑ ゙	change	Number and street (or P O box if mail is not delivered to stree	et address)	Room/suite	1	E Telephone number						
	Initial	return	3701 ALGONQUIN ROAD		1010		(847) 253-1545						
	Term		City or town, state or province, country, and ZIP or foreign po	stal code	<u>-</u>								
	Amen	ded	ROLLING MEADOWS, IL 60008	G Gross receip	ts \$	3,917,259.							
$\vdash$	return Applic	ation	F Name and address of principal officer RONALD HA	H(a) Is this a grou		Yes No							
_	_ ∫ pendi	ng	SAME AS C ABOVE			١,	subordinates H(b) Are all subord	7 Inates include	ed? X Yes No				
_	Tax-ex	emot st		4947(a)(1	) or 52				ee instructions) ATCH				
Tax-exempt status   501(c)(3)   X   501(c) ( 6 ) ◀ (insert no )   4947(a)(1) or   527   If *No,* attach a list (see instructions) ATC  Website ► WWW.ISACA.ORG													
	_			Other ►	L Year o	of formation			egal domicile				
	art I		nmary	Silici P	12 10010	or remarks		Ctate or .					
			describe the organization's mission or most significant a	activities PROVI	DE PROFE	ESSTON	AL EDUCA	TION.	<del></del>				
a	i		LLITATE NETWORKING & COMMUNITY THR					=====					
Š			VISIBILITY OF IT GOVERNANCE, SECU			_,							
L	۱ ,		this box I if the organization discontinued its op										
Governance	2							3	806.				
	I .		er of voting members of the governing body (Part VI, line					4	806.				
es	4		er of independent voting members of the governing bod					5	000:				
ž			number of individuals employed in calendar year 2013 (F					<del></del>	1,354.				
Activities &			number of volunteers (estimate if necessary)					6	1,200.				
•	1		unrelated business revenue from Part VIII, column (C), line					7a	1,200.				
	b	Net u	related business taxable income from Form 990-T, line 3	34	<del></del>	<del></del>	Prior Year	7b	Current Year				
							5,02	2	4,753.				
e	8		butions and grants (Part VIII, line 1h)						•				
Revenue	9		am service revenue (Part VIII, line 2g)				3,601,09	-	3,822,547.				
Ŗ	10		ment income (Part VIII, column (A), lines 3, 4, and 7d).			l l	7,12	_	5,577.				
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	1	86,09		84,382.						
	12		evenue - add lines 8 through 11 (must equal Part VIII, co				3,699,34		3,917,259.				
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			ļ	143,00		141,521.				
	14		its paid to or for members (Part IX, column (A), line 4)					0	0				
es	15	Saları	es, other compensation, employee benefits (Part I <mark>X, colur</mark>	10) (A), lines 5 (19)		<u> </u>		0	0				
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			ļ		0	0				
×	b	Total	undraising expenses (Part IX, column (D), line 25)		<b> </b>	*.	* '						
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f	AUG 2.5 2	014 3		3,241,21		3,517,362.				
	18	Total	expenses Add lines 13-17 (must equal Part IX, cduran (/	A), line 25)	······		3,384,22		3,658,883.				
	19	Rever	ue less expenses Subtract line 18 from line 12	1717 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		315,11		258,376.				
Sor	}		assets (Part X, line 16)	OGPLN.		Beginn	ing of Current Y		End of Year				
alar	20	Total	assets (Part X, line 16)				4,191,64		4,449,441.				
Net Asse Fund Bala	21		, , , , , , , , , , , , , , , , , , , ,					0	0				
		Net as	sets or fund balances Subtract line 21 from line 20	<u></u>	<del></del>		4,191,64	9.	4,449,441.				
	irt II		nature Block										
Un	der per	nalties o	f perjury, I declare that I have examined this return, including a complete Declaration of preparer (other than officer) is based on	accompanying sche-	dules and state nich preparer ha	ments, an as anv kno	d to the best of wledae	my kno	wledge and belief, it is				
	(	5.10	Property (contraction)			,			2 11/				
e:-			1000					12	. 2014				
Sig He			Signature of officer				Date		•				
пе	16		RONALD HALE	CKO/AC	CTING SEC	& CE	:0						
			Type or print name and title						·				
Dair	4	Print/	Type preparer's name	e - 12 /	Date	,	Check	If PTIN					
Paid	a parer	BRI	OGET T ROCHE Dudge	- I Koch	self-employed P00666837								
	only	Firm's	name ▶GRANT THORNTON LLP		· · ·	F	Firm's EIN ► 3						
	-		address ▶175 W JACKSON BLVD STE 2000 CHICAGO,			F	Phone no 3		66-0200				
May	the II	RS dis	cuss this return with the preparer shown above? (see inst	ructions)	<u></u>	<u></u>	<u>.</u>		X Yes No				
For	Paper	work	Reduction Act Notice, see the separate instructions.						Form <b>990</b> (2013)				

	of Program Service A chedule O contains a re	esponse or note to any line in this Part		
	organization's mission			
ATTACHMENT	1			
<u> </u>	<del></del>		·	
prior Form 990 or 9		cant program services during the year control of the year control		
services?		or make significant changes in		
Describe the organies of the expenses Section	501(c)(3) and 501(c)(	ule O.  vice accomplishments for each of a  4) organizations are required to repleach program service reported.		
a (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
ATTACHMENT	2			
		· · · · · · · · · · · · · · · · · · ·		
1 (0 1	\/F			
b (Code	_) (Expenses \$	including grants of \$	) (Revenue \$	)
<del></del>				
				<del></del>
c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
-				
_				
			<del></del>	
	rices (Describe in Sched			-
(Expenses \$	including gra	nts of \$ ) (Revenue	)	
e Total program servi	ce expenses >			<del> </del>
89364J 649R			1447160	Form <b>990</b> (

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l _		
_	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6	<del></del> -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
0	complete Schedule D, Part III	-		
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<del>-</del>		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		127	7 E
••	VII, VIII, IX, or X as applicable	77.		76
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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	446	:	v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<del></del> -		- 11
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	13		41
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_ †	

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		l	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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?	l .		1
	If "Yes," complete Schedule L. Part L	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
۲.	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<u> ۲</u>	/4
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	• • • • • • • • • • • • • • • • • • • •	28a		×
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	I		x
	Schedule L, Part IV.	28b		├^-
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	l		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_ <u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<del></del>	. X
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	X	
2-	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	├
2 d	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   Statements, filed for the calendar year ending with or within the year covered by this return   2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0	fs (	
23	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	<del></del>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
ь	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		\$ 3	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	4	#	,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		¥. 4	<u> </u>
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	54,20		8). %
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	W Min Date a	ļ.,
}	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			4) 4 (3)
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	74.3		
	organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		_
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	4 88 4 20 7 3	
0	Section 501(c)(7) organizations. Enter			* .
	Initiation fees and capital contributions included on Part VIII, line 12	1 1		Ŗ,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	;	34	>
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	*,	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	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			
	Enter the amount of reserves on hand	44-		77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
4 a		444		
14 a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	,oo · ·

Form 990 (2013) 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. Section A. Governing Body and Management No Yes 806 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ 8a 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 . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. × . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. ألثنيت 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 13 Did the organization have a written whistleblower policy?........ Х 14 Did the organization have a written document retention and destruction policy?...... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_NONE 17 1

8	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	X	Upon request		Other	(explain in S	Schedule	O)
--	-------------	--	-------------------	---	--------------	--	-------	---------------	----------	----

20	State the name, physical address,	and telephone nu	umber of the person who	possesses	the books and records of the
	Organization ► ROBERT MICEK 3701 #	ALGONOLITH ROAD SUT	TE 1010 ROLLING MEADOWS.	TT. 60008	(847)253-1545

Form 990 (2013)

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

Part VII	3) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete organization	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 's tax year
	ll of the organization's <mark>current</mark> officers, directors, trustees (whether individuals or organizations), regardless of amount of on. Enter -0- in columns (D), (E), and (F) if no compensation was paid
<ul> <li>List all</li> </ul>	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	lorga	nıza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than control or trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MATTHEW ALTMAN PAST PRESIDENT	1.00	X		х				C	0	0
(2)MACK AVERY	1.00	Ī								
PRESIDENT (3)DANA GONDERZIK	1.00	X		X			$\vdash$	C	0	0
SECRETARY	<del></del>	х		х				c	О	0
(4)JACY PETERESEN VICE PRESIDENT	2.00	Х		х					0	0
(5)GARY SHOLLY TREASURER	2.00	Х		Х				0	0	0
(6)MUKESH ARORA PRESIDENT	10.00	Х		Х				0	0	0
	.50	Х						0	0	0
	.50	Х						0	0	0
(9)REID EASTBURN DIRECTOR	1.00	х						0	0	0
(10)NIHAT GUVEN TREASURER	5.00	Х		х				0	0	0
(11)ANGELA JACKSON DIRECTOR	2.00	Х						0	0	0
(12)TODD MARCINIK DIRECTOR	2.00	Х						0	0	0
(13)VICKI MAXWELL-BUSTILLOS_ VICE PRESIDENT OF GOVERNANCE	5.00	Х		х				0	0	0
(14)RAJEEV MENON SECRETARY	5.00	Х		х				0	0	0

Part VII Section A. Officers, Directors, Tru		y ⊆ !!	ibio			alių F	ng	(D)	1	
(A) Name and title	Average hours per week (list any hours for related	box,	unles r and	s pei	ition more rson irect	than on state of the state of t	an	Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
15) JEFFREY PALGON DIRECTOR	.50	х						0	0	
6) KIMBERLY BRADLEY PAST PRESIDENT	.10	Х						0	0	
7) CARLOS CONTRERAS IMMEDIATE PAST PRESIDENT	.10	х						0	0	
8) RICARDO DAVILA TREASURER	2.00	Х		х				0	0	
9) GARY LEACH PRESIDENT	2.00	Х		Х				0	0	
0) NANCY WALDEN SECRETARY	.50	Х		х				0	0	
1) DAVE WOOD VICE PRESIDENT 2) RACHELLE WOOD	2.00	Х		х				0	0	
MEMBERSHIP DIRECTOR  3) TOME FRAZIER	10.00	х						0	0	
PRESIDENT 4) RICHARD HARRIS	5.00	Х		Х				0	0	
PUBLICITY DIRECTOR & WEBMASTER 5) NARGIZ IBAHIM	5.00	Х						0	0	
CERTIFICATION DIRECTOR  1b Sub-total		Х					<b>—</b>	0	0	
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	-						<b>^</b>	0	0	
2 Total number of individuals (including but not reportable compensation from the organization		hose I		d ab	ove	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes N
For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	00ว์	If	"Yes,	," (	complete Schedu	le J for such	4
Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	satic	on fi	rom	any	unr	elated organization	on or individual	5
Section B. Independent Contractors										

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0 JSA 3E1055 1 000 89364J 649R

Form **990** (2013)

year

	Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do box, office	not cl unles	Pos heck ss pe	C) sition more	e than o	one an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated om amount of other compensation
		related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) from the organization and related organizations
(	26) TERRI KOLB VICE PRESIDENT	5.00	х		х				0		0 0
(	27) ROCHANA LAHIRI	5.00									
(	SECRETARY 28) STACY MANNING	5.00	X		X	-			0		0 0
	ACADEMIC DIRECTOR		Х						0		0 0
(	29) DENEEN RICHARD MARKETING DIRECTOR	5.00	x	li							0 0
(	30) MARY SAPORITO	5.00	<del></del>								0
,	CERTIFICATION DIRECTOR 31) MICHELLE SEELING	5.00	X	$\vdash$				_	0	-	0 0
'	MEMBERSHIP COORDINATOR	3.00	Х						O		0 0
(	32) NATALIE WARE	5.00									
(	TREASURER  33) ROBERT JEFFREY BRATTON	2.00	Х		X				0		0 0
	PAST PRESIDENT & AUDIT & NOM.		Х						0		0 0
(	34) RUSTY COLLINS MEMBERSHIP DIRECTOR	2.00	х								0
(	35) DAVID HALL	2.00	^								
,	PROGRAM & MEETINGS DIRECTOR	2 00	Х						0		0 0
(	36) AMANDA MARTIN  ACADEMIC & RESEARCH DIRECTOR	2.00	х						o		0
	1b Sub-total							<b>&gt;</b>			
	c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	•		·			<i>.</i>	<b>▶</b>			
	Total number of individuals (including but not reportable compensation from the organization)	imited to the		liste				re	ceived more than	\$100,000 of	
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No 3 X
	4 For any individual listed on line 1a, is the sorganization and related organizations greandividual	eater than	\$15	0,00	00?	lf.	"Yes	," (	complete Schedul	e J for such	لقتا لنفا
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor es," complet	mpen e Sch	satic iedui	on f le J	rom for	any such	unr pers	related organizatio son	n or individual	5 X
	Section B. Independent Contractors  1 Complete this table for your five highest com	noncated in	ndone	ndo	nt c		rooto	ro ti	hat received more	than \$100 000	) of
	compensation from the organization Report coyear										
	(A) Name and business add	ress	_						(B) Description of ser	vices	(C) Compensation
					_			1			
								1			
								+-			
	Total number of independent contractors (in more than \$100,000 in compensation from the				ıted	l to	thos	e lis	sted above) who	received	
	JSA 3E1055 1 000								1.475.50		Form 990 (2013)
	89364J 649R								1447160		PAGE 9

8)	(A) Name and title  YAN-YAN NG PRESIDENT TAMMY RANDLE PROGRAM & MEETINGS DIRECTOR AARON SINGLETON TREASURER NANETTE TAYLOR SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL VICE PRESIDENT	(B) Average hours per week (list any hours for related organizations below dotted line)  2.00  2.00	box,	ot ch unless r a Institutional trustee	s per I a di	tion more son is	the both structure of the structure of t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organization
8)	PRESIDENT IAMMY RANDLE PROGRAM & MEETINGS DIRECTOR AARON SINGLETON FREASURER NANETTE TAYLOR SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL	organizations below dotted line)  2.00  1.00  2.00	dividual trustee X	ional trustee		Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	organizatior and related
8)	PRESIDENT IAMMY RANDLE PROGRAM & MEETINGS DIRECTOR AARON SINGLETON FREASURER NANETTE TAYLOR SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL	2.00			х						
9) 4	PROGRAM & MEETINGS DIRECTOR AARON SINGLETON FREASURER NANETTE TAYLOR SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL	2.00	Х			- 1			0	0	
0) 1	FREASURER NANETTE TAYLOR SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL								0	0	
1)	SECRETARY & CERT. DIRECTOR DR. JAMES WORRELL	2.00	X		х				0	0	
2) _			Х		х				0	0	
- <del>-</del> -		2.00	х		х				0	0	
2 \ '	BRADLEY NEIL YOUNG WEBMASTER & COMMUNICATIONS	2.00	Х		_	_			0	0	
	BRANT BORCHERT TREASURER DANIEL DECLOSS	2.00	Х		х				0	0	
	VICE PRESIDENT ANDERS ERICKSON	.50	Х		х	-			. 0	0	
	PROGRAM CHAIR CHRISTINE MARIMAN	.50	х		+	-			0	0	
7)	AUDIT AND NOMINATIONS CHAIR JO MCCARTHY	.50	Х	_	$\dashv$				0	0	
lb S c T d T	ub-total otal from continuation sheets to Part VII, Se otal (add lines 1b and 1c) otal number of individuals (including but not I	imited to th				<u> </u>		<b>▶ ▶</b> re	ceived more than	\$100,000 of	
B D e	id the organization list any former office imployee on line 1a? If "Yes," complete Schedulor any individual listed on line 1a, is the seganization and related organizations greduidual	er, directo ule J for suc sum of rep eater than	ch indi ortab \$15	ividua le co 0,00	<i>al</i> omp 00?	 ens <i>If</i>	ation	an ar	nd other compens	ation from the	Yes 3
fo Secti	id any person listed on line 1a receive or it services rendered to the organization? If "Ye on B. Independent Contractors	es," complet	te Sch	edul	le J i	for s	such <sub>i</sub>	pers	son	· · · · · · · · · · · · · · · · · · ·	5
C	omplete this table for your five highest components on Report of the organization Report of the components.								nding with or with		n's tax
	(A) Name and business addi	ress							(B) Description of se	rvices C	(C) compensation
	otal number of independent contractors (in										

Р	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson Irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	ISC)	from the organization and related organizations
( 48	) DENNIS MCLAUGHLIN SECRETARY	2.00	Х		x				0		0	0
( 49	) ANDREW RICHTER RESEARCH CHAIR	1.00	X						0	<del></del>	0	0
( 50	) THOR ROSTOCK WEBMASTER	.50	X						0	,	o	0
( 51	) AMY SHAW MEMBERSHIP CHAIR	.50	X						0			0
52	) VINCE SKINNER	.50							0			0
53	ACADEMIC CHAIR ) DAWN TEPLY PAST PRESIDENT	.75	X								0	0
( 54	) TROY TORRES	.50							0		0	
( 55	NEWSLETTER CHAIR ) PATRICIA WATSON	.75	X		,,				0			0
( 56	PRESIDENT ) SHON AUSTIN	.75	X		Х				0			0
57	<u></u>	1.50	X		х				0		0	0
( 58	VICE PRESIDENT ) IVANA COJBASIC BOARD MEMBER	.50	X		^				0		0	0
	Sub-total							<b>•</b>				
	Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Imited to t	hose					re	ceived more than	\$100,000 of		Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	lf	"Yes	," (	complete Schedul			4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
	ection B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year											
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompensation
_		<u> </u>						-				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	e lı	sted above) who	received	ji i	1 <b>11</b>
JSA 3E1	055 1 000 8 9 3 6 4 J 6 4 9 R								1447160			Form <b>990</b> (2013) PAGE 11

		stees, Ke									
(A) Name and title	e	(B) Average hours per week (list any			Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other
		hours for related organizations below dotted line)					or Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
9) CLAUDE HARVISON PRESIDENT		3.50	х		х			_	C		
0) KISH IVEY		.25	v								
BOARD MEMBER  1) STEVEN KELLER		.50	X	-							<u></u>
BOARD MEMBER			Х						0	(	)
2) TANYA MONTROSE SECRETARY		1.00	x		х				0		
3) AMANDA PRINCE		2.50							_		
TREASURER 4) TERRI WILLIAMS	·-	.50	X		Х				0		)
SECRETARY			Х		х				0	(	)
5) SHARON ACTON BOARD MEMBER		2.00	x						0		
6) KATHERINE ALLEN		4.00	<u> </u>								
PRESIDENT			Х		Х				0	(	)
7) GEORGE GRACHIS BOARD MEMBER		2.00	х						0		
8) SHERRY HILLEY TREASURER		2.00	х		х						ļ
9) JACQUELINE HOLDER		3.00									1
SECRETARY			X		Х			L	0	(	,
b Sub-total	heets to Part VII. Se	ection A			• • •	• •					
d Total (add lines 1b and 1c	)	<u></u>	<u></u>	· ·	• • •	<u> </u>		▶		, =, .	
2 Total number of individuals reportable compensation fr	, •		hose (	liste )	d at	oove	e) who	re	ceived more than	\$100,000 of	
B Did the organization list employee on line 1a? If "Ye											Yes 3
For any individual listed organization and related individual	organizations gre	ater than	\$15	0,0	00°		"Yes	," (	complete Schedu	le J for such	4
Did any person listed on for services rendered to the											5
Section B. Independent Contr		s, complet	6 30	leau	16 3	101	Sucii	pers	so <i>ii</i>		] ]
Complete this table for you compensation from the org year.											
N	(A) lame and business addi	race.	-						(B) Description of se	Duces	(C) Compensation
	and business addi							$\perp$	Description of Se	1 1,063	zompensation
								$\vdash$			
					-						
								1			
? Total number of independ					nted	l to	thos	e li	sted above) who	received	<del></del>
Total number of independ more than \$100,000 in con					ntec	l to	thos	e li	sted above) who	received	Form <b>990</b> (2

P	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	oye	es,	and I	Hig	hest Compensat	ed Employees (	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
70	) ROSEMARIE MCPARLAND	2.00									
_	BOARD MEMBER		X	_	<u> </u>	<u> </u>	<u> </u>	ļ	C	(	
71	) ANTHONY VALENTINO	2.00	4						_		
_	PAST PRESIDENT	2 22	X	_	<u> </u>		<u> </u>		0	)(	0
72	MICHAEL WALSH	2.00	٠					ŀ			
_	PAST PRESIDENT	1 00	X		$\vdash$	<u> </u>	<u> </u>		U	)	
73	NANCY BLACKWELL	1.00	ł								
_	PAST PRESIDENT	0 00	X			<u> </u>	├──	ļ	0	)	
74	) HOLLY COX	2.00			١		1		1		
	SECRETARY	4 00	X	_	X	<u> </u>	├─	-	0	,	
75	DECIDENT	4.00			l,				,		
7/	PRESIDENT	1.00	X		X		₩		0		) (
76	5) NITHIN KOTLA	<del>1.00</del>						ł			
77	DIRECTOR	4.00	X	_	<u> </u>	<u> </u>	├─	$\vdash$			1 '
77	/) FRANK NEVERS TREASURER	<del>4</del> .00	×		x					,	
78	CAROL RILEY	1.00	<u> </u>		<u> </u>	<del>                                     </del>	<del></del>		ļ		1
	VICE PRESIDENT	1	×		x				1 0		
70	S) SHARON RILEY	1.00		-	<u>^</u>		<del>                                     </del>		· ·	`	1
	DIRECTOR	†	X			ł			1 0	,	
80	) KELLI ARBAUGH	2.00	<u> </u>		<del>                                     </del>	-			<u> </u>		1
	CO-ACADEMIC OUTREACH	† <del></del>	x		]				i o		
1	h Cub sessi	1		1	<u></u>	٠	L	_			1
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	  <u></u>				 	<b>&gt;</b>			
2	Total number of individuals (including but not reportable compensation from the organization		hose (	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	003	) If	"Yes	5,"	complete Schedu	le J for such	4 X
5	for services rendered to the organization? If "Ye										5 X
_	ection B. Independent Contractors							<del></del>			
_	Complete this table for your five highest comcompensation from the organization. Report cyear										
_	(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
_		·						+			
								_			

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

	(A) Name and title	(B)  Average hours per week (list any hours for	box office	unles	s pe	ntion more rson irect	than cost both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations		(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from the organization and related organizations
81	) DAVID BENNETT CO-PROGRAM	2.00	Х						0		o	
82	2) STEFANO CAIOLA	2.00	v						0			
8.	TRI-MARKETING  ) PATRICIA HAMILTON	4.00	X									(
84	ARRANGEMENTS ) SCOTT HIGGINS	.50	Х						0		0	
_	TRI-MARKETING		х						0		0	(
85	DAVID HORVATH VICE PRESIDENT	2.00	Х		х				0		0	(
8.6	) AIJAZ HUSSAIN WEBMASTER	2.00	Х						0			(
87	) JIM KALBAC	1.00			$\dashv$							·
8 8	REGISTRATION  ) MAHAMED KONFROU	1.00	Х		$\dashv$				0		0	(
2.0	ASSISTANT TREASURER ) RYAN KROPFF	1.00	Х		x	_			0		0	(
_	MEMBERSHIP		Х						0		0	
90	PRESIDENT	3.00	Х		x				0		0	(
91	) JOAN MILLER CO-EDUCATION CHAIR	3.00	х									(
1	b Sub-total				ـــــــــــــــــــــــــــــــــــــ	 		•				
	c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)							<b>V</b>		,		
2	Total number of individuals (including but not l reportable compensation from the organization	imited to th		iste				re	ceived more than	\$100,000 of		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										ı	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	)O?	lf	"Yes	," (	complete Schedu	le J for such	, ]	<b>4</b> X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
S	ection B. Independent Contractors								•			
_	Complete this table for your five highest com compensation from the organization. Report of year											tax
	(A) Name and business add	ress							(B) Description of se	rvices	Com	(C)
_												
_										-		
								-				
	·							ч—				<del></del>
	Total number of independent contractors (in more than \$100,000 in compensation from the	_			ıted	to	thos	e li	sted above) who	received	4.15	Form <b>990</b> (2013

Par	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B)  Average hours per week (list any hours for	box office	unle:	Pos heck ss pe	erson firec	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
92)	JOSEPH NEWELL	2.00			_						
021	CERTIFICATION COORDINATOR LISA SCHENK	.50	X		<u> </u>	<b>-</b>	_	-	C	0	0
93)	PAST TREASURER		x	İ	l					0	0
94)	RAY SCURR	3.00									
	CO-EDUCATION CHAIR		Х		İ				C	o	0
95)	JOHN SHUEY	2.00									
	SECRETARY		Х		Х				0	0	0
96)	SHEELA THIRUVADI	.50									
071	CO-ACADEMIC OUTREACH	0.00	X			_			0	0	0
97)	JAMILLA WILLIAMS TRI-MARKETING	2.00	x								0
98)	EJAZ YOUNAS	3.00							· · · · · · · · · · · · · · · · · · ·		0
201.	TREASURER		x		x					0	0
99)	DAN ZIMERMAN	3.00	<u> </u>		<u> </u>						Ţ.
	ADVERTISING & RESEARCH		x						0	0	0
100)	AMY ZIMMERMAN	2.00									
	CO-PROGRAM		X						0	0	0
101)	GLORIA GIBBON	2.00									
1 001	BOARD MEMBER	1 00	X						0	0	0
102)	PATRICK LYNCH	1.00	x		Х					_	0
1b.	The state of the s		^	L	_^		L	<u> </u>		<u></u>	
c.	Sub-total  Total from continuation sheets to Part VII, So  Total (add lines 1b and 1c)						 	<b>A</b>			_
	Total number of individuals (including but not learners) eportable compensation from the organization		hose I		d al	bov	e) who	re	eceived more than	\$100,000 of	
	Old the organization list any <b>former</b> office employee on line 1a? <i>If "</i> Yes," <i>complete Schedu</i>										Yes No 3 X
(	For any individual listed on line 1a, is the sorganization and related organizations greated organizations.	eater than	\$15	0,0	00?	<sup>i</sup> If	"Yes	,"	complete Schedu	le J for such	4 X
1	Old any person listed on line 1a receive or or services rendered to the organization? If "Ye										5 X
	tion B. Independent Contractors						<del></del>				
	Complete this table for your five highest com										

•	complete this table for your five highest compensated independent contractors compensation from the organization. Report compensation for the calendar year year.	•	,
	(A)	(B)	(C)

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

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation fre related organizations (W-2/1099-MIS)		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)			from the organization and related organizations
103) JAMES MACLACHLAN	2.00	4									
TREASURER 104) CAROL MORGAN	1.00	Х	<u> </u>	Х	╁					0	
BOARD MEMBER	<del> </del> <del>1:</del>	×								0	1
105) SHAWN O'REILLY	2.00	+			╁──	<u> </u>		<del></del> -			<u>'</u>
SECRETARY		1 x	ŀ	х						0	,
106) RICHARD SHUTTS	2.00										
PRESIDENT		X		Х				0		0	
107) GREGORY WAITE	1.00							•			
VICE PRESIDENT		Х		Х		ļ		0		0	
108) JASON WOOD	1.00		1								
BOARD MEMBER		X	Ļ		<u> </u>			0	1	0	
109) ALYSSA AHMANN	1.00	١.,								0	
BOARD MEMBER 110) MICHAEL BRADY	1.00	X	<del> </del>	-				<u> </u>		- 0	
BOARD MEMBER	<del></del> -	×								0	
111) RUBY BROWN	1.00	<u> </u>		$\vdash$							
BOARD MEMBER		x					ļ	0		0	
112) KHOZEMA DOCTOR	1.50	<del>                                     </del>								<u>_</u>	,
TREASURER		x		x				0		0	
113) VINCENT JACOMINI	1.50	<del>                                     </del>			<u> </u>						
VICE PRESIDENT	<del></del> -	x		Х				0		0	
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	ot limited to t	hose	liste				► ► o re	ceived more than	\$100,000	of	
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch.	ficer, directo	or, or									Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15 • • •	50,0 • •	00? • •	)	"Yes 	s," (	complete Schedu 	le J for :	such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If											5 X
Section B. Independent Contractors	<del></del>							<del> </del>			
<ol> <li>Complete this table for your five highest or compensation from the organization Report year</li> </ol>											
(A) Name and business	address							(B) Description of se	rvices	C	(C) Compensation
						-	<u> </u>				
	<del> </del>						-				
Total number of independent contractors more than \$100,000 in compensation from				nited	d to	thos	e li	sted above) who	received		

(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours per week (list any	1 '				than one is both		compensation from	compensation from	amount of other
	hours for		r and	ad		or/trus	ee)	the	related organizations	compensation
	related	음료	Inst	Officer	Көу	Highest employe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	l d	럁	e	ет	nest bloye	mer	(W-2/1099-MISC)		organization and related
	line)	학회	onal		Көу етріоуее	èe ee				organizations
		Individual trustee or director	Institutional trustee		86	pen				
		"	8			compensated ee				
14) MICHAEL KIRK	1.00		$\Box$							
BOARD MEMBER		X	$\sqcup$					0	(	)
15) ANNIE KOWALSKI	1.00									1
BOARD MEMBER		Х						0	(	
16) MATTHEW SCHONDEL BOARD MEMBER	1.00	Į ,								
.7) JOHN SNEDEKER	1.00	X	-	$\dashv$				<u> </u>		<u>'</u>
BOARD MEMBER		x							,	
8) CHRISTOPHER WATSON	1.50	<u> </u>								<u> </u>
PRESIDENT		х		х				ا	(	
9) DANA YEE	1.50	<u> </u>		-						-
SECRETARY		x		x				l ol	(	) )
0) ERIC COLLINS	1.00			一						
IMMEDIATE PAST PRESIDENT		х						0	(	)
1) CODY EIDSON	1.00									-
MEMBERSHIP DIRECTOR		Х						0	(	
2) ARBEN LAMI	2.00								-	
TREASURER		Х		Х				0	(	
3) LISA MOORER	1.00			ļ						
SECRETARY		Х		Х	_			0		
24) JOHN PEIRCE	1.00									
WEBMASTER		Х	1					0		
1b Sub-total			· · ·							
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	~							_		
Total number of individuals (including but no							re	ceived more than 9	\$100 000 of	
reportable compensation from the organizati		(				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7.00,000 0	
										Yes N
3 Did the organization list any former off	icer, directo	r, or	trus	stee	e, k	ey e	mp	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Sche	dule J for suc	th ind	vidu	al.	• •	• •	•		· · · · · · · · · · · · · · · · · · ·	3 2
4 For any individual listed on line 1a, is the										
organization and related organizations of										4
Individual										4
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	Yes " complet	npen: e Sch	edul	n n e./	for .	any such	unr ners	reiateo organizatio son	n or individual	5
Section B. Independent Contractors	rea, compret	0 00//	CGGA		701	Suoi i	00/0	3011		3 1 1 7
1 Complete this table for your five highest co	mpensated in	ndepe	nder	nt c	onti	racto	's th	hat received more	than \$100 000 c	of
compensation from the organization Report year	compensation	on for	the	cale	end	ar yea	ar e	nding with or with	in the organization	n's tax
(A)	·						Τ	(B)		(C)
Name and business a	ddress						ĺ	Description of ser	vices (	compensation
							$\perp$			
							_			
										<u></u>
2 Total number of independent contractors (				ted	to	thos	e lis	sted above) who	received	3
more than \$100,000 in compensation from t	he organizat	on 🕨								
SA E1055 1 000										Form <b>990</b> (20
89364J 649R								1447160		PAGE :

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box.	unles er and	Pos heck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportation compensation related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
125) JOHN STANFIELD SPAID, JR.	1.00	-									
CERTIFICATION DIRECTOR		Х						0		0	
126) JAYASEKAR THIRUMALAI	2.00										
PRESIDENT		X		Х			ļ	0		0	
.27) JAY BADAR	5.00									•	
WEBMASTER	F 00	X	$\vdash$				<u> </u>	0		U	
.28) JACKIE CALDWELL	5.00	l .		v						0	
SECRETARY 29) STEFANIE CLAY	5.00	X	$\vdash$	Х				<del> </del>		U	-
ACADEMIC RELATIONS DIRECTOR	+	X								Λ	
30) JOHN CONNELL	5.00	_^						0		- 0	
CISM COORDINATOR	+	X						0		Λ	
31) CHAD COURIER	5.00		$\vdash$		_						
ACADEMIC RELATIONS COMMITTEE	† <del></del>	X						l 0		0	
32) RODNEY DAVIS	5.00		$\vdash$							Ū	
CRISC COORDINATOR		х						l 0		0	
33) PAM ERINAKIS	5.00	<del></del>									
CISA COORDINATOR	t	х						0		0	
34) CHAD GAMBRELL	5.00										
PROGRAMS COMMITTEE	† <i>-</i>	х						0		0	
35) MARTHA GERRICK	5.00										
VICE PRESIDENT		X		Х				0		0	
to Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	<u></u>	· · ·	• • •	· ·			<b>&gt; &gt;</b>		0.100.000		
Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	n ▶ cer, directo	r, or	tru	ste	e, I	key e	emp	loyee, or highest	compensa	ted	Yes N
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	0,00	00?		"Yes 	s," (	complete Schedu	le J for si	uch • •	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5
Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) compensation
											<del></del>
2 Total number of independent contractors (iii more than \$100,000 in compensation from the				itec	l to	thos	e li	sted above) who	received		

(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
136) VAUGHN HERLONG MEMBESHIP COMMITTEE	5.00	X			-	-			0	
137) TRAVIS JENKINS	5.00				-					
MEMBERSHIP DIRECTOR		X	_	<u> </u>				0	0	(
138) JAMES KIDWELL PROGRAMS DIRECTOR	5.00	X							_	
139) RICHARD LARSEN	5.00				-		-		Ĭ	
TREASURER		X		Х	<u>L</u> .			0	0	
140) JACKIE LIMMER MARKETING DIRECTOR	5.00	X							_	
141) JOSH MCDERMOTT	5.00	Λ						, , ,		
AUDIT DIRECTOR		Х						0	0	
142) SHAHAB NAYYER GENERAL DIRECTOR	5.00	X						0	_	
143) VICTOR ROBINSON	5.00									
EVENTS MANAGER		Х						0	0	
144) MARK SAGE  COMMUNICATIONS DIRECTOR	5.00	X						0	_	
145) CHERYL SMITH	5.00						_	<u> </u>	Š	
PRESIDENT		Х		Х				0	0	
146) SUSAN YOUNG	5.00	x						,	,	
1b Sub-total	1		J I				<b></b>			
c Total from continuation sheets to Part VII,							•			
d Total (add lines 1b and 1c)							<u>►</u>	ceived more than	\$100,000 of	
reportable compensation from the organization			)			·, ·····				
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheol										Yes No
4 For any individual listed on line 1a, is the organization and related organizations gi individual	eater than	\$15	50,0	00?	. If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If ")										5 X
Section B. Independent Contractors	co, compre	10 00,	1000	70 0	701	50011	per.			1 3 1 1 1.
1 Complete this table for your five highest cor compensation from the organization Report year										
(A)	dross							(B)	2,1200	(C)
Name and business ad	u. 533						╁╴	Description of se	I VICES C	Compensation
2. Total number of independent contraction /	noludina bi	ut po-	line		1 10	than		stad shove) wh-	rocowed	
2 Total number of independent contractors ( more than \$100,000 in compensation from tl				шес	טו נ	mos	e II	sieu above) wno	received	
JSA 3E1055 1 000							•			Form <b>990</b> (201
89364J 649R								1447160		PAGE 19

Name and title	(B)			(C)			(D)	(E)	(F)
	Average		į	Positio	n		Reportable	Reportable	Estimated
	hours per				re than o		compensation	compensation from	
	week (list any				n is both ctor/trus		from	related	other
	hours for related		$\overline{}$	$\overline{}$	_		the	organizations	compensation from the
	organizations	r dir	nstat	Officer	Highest	Former	organization	(W-2/1099-MISC)	organization
	below dotted	ecto	盲	۳   ä	est co	đ	(W-2/1099-MISC)		and related
	line)	¥ =	na l	Officer	[				organizations
		Individual trustee or director	Institutional truste	•	compensated				
			°	_	ated				
17) NATHAN ANDERSON PROGRAM DIRECTOR	5.00	x					0	,	
18) DAVID BAKER	3.00		┝┿	-+-		-	J		1
CERTIFICATION DIRECTOR	·	X					0	(	
9) MADHAV GOGAWALE	1.00	<u> </u>	┝╌┼	+		$\vdash$			<u> </u>
MEETINGS DIRECTOR		×				]	0	,	
00) MATT GOLDBERG	1.00	<u>  ^</u>	$\vdash$	+	- <del> </del>		0		<del>-</del>
- <del>-</del>		X						,	,
MEETINGS DIRECTOR	2.00	_ ^		+	+				<del>-</del>
1) BILL HARDIN		.,						,	
PROGRAM DIRECTOR	1 2 22	Х	$\vdash$	+	-		0	(	<u></u>
2) HOWARD HARVEY	3.00								
MEDIA DIRECTOR		X					0	(	)
3) BERNARD KIENSTRA	3.00								
TREASURER		Х		X			0	(	)
4) FRANCINE MCKENNA	1.00				ľ				
IMMEDIATE PAST PRESIDENT		Х					O	(	
5) DOUG OCHAB	3.00								
MEDIA DIRECTOR		Х					0	C	
6) ROBERT PARDON	2.00				1				
SEMINAR DIRECTOR		Х					o	(	).
7) AARON PARKS	8.00				+			-	<u></u>
PRESIDENT	·	х	.	x			0		,
· · · · · · · · · · · · · · · · · · ·					_t	_	Ĭ		<u> </u>
1b Sub-total									
c Total from continuation sheets to Part VII,	•								
d Total (add lines 1b and 1c)								1400 000 1	
2 Total number of individuals (including but no reportable compensation from the organizat		nose i	ıstea	abov	e) wn	o re	ceived more than t	\$100,000 of	
reportable compensation from the organization			<u>'                                      </u>						Yes N
3 Did the organization list any former of	ficer directo	r or	truc	too	kou c	mn	lavos or highoet	componented	STAR STAR
									3
employee on line 197 if "Vee " complete Sche	saute 5 for 3ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>"</i>			. <i></i> .		
employee on line 1a? If "Yes," complete Sche									
4 For any individual listed on line 1a, is the			le co	mpe	nsatioi				
For any individual listed on line 1a, is the organization and related organizations of	greater than	\$15	le co 0,00	mpe	nsatioi f "Yes	s," (	complete Schedul	e J for such	
For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15 	le co 0,00	mpe 02 /	nsatioi f "Yes	s," (	complete Schedul	e J for such	4
For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con	\$15  mpen:	le co 0,00 · · · ·	ompe 0? / 	nsatioi f "Yes · · · m any	s," (	complete Schedul	e J for such	4
<ul> <li>For any individual listed on line 1a, is the organization and related organizations of individual</li> <li>Did any person listed on line 1a receive of for services rendered to the organization? If</li> </ul>	greater than or accrue con	\$15  mpen:	le co 0,00 · · · ·	ompe 0? / 	nsatioi f "Yes · · · m any	s," (	complete Schedul	e J for such	4
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations of individual</li></ul>	greater than or accrue cor "Yes," complet	\$15 mpens e Sch	le co 0,00 · · · sation	ompe 0? /  n from	nsation f "Yes · · · m any r such	unr pers	complete Schedul	e J for such	4
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul	e J for such on or individual than \$100,000	4 5
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul	e J for such on or individual than \$100,000	4 5
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations of individual</li></ul>	greater than or accrue con "Yes," complete	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul	e J for such on or individual than \$100,000	4 5
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul related organization son hat received more inding with or with	e J for such on or individual than \$100,000	4 5 of on's tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul	than \$100,000 coin the organization	4 5
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul considerated organization con contract received more inding with or with	than \$100,000 coin the organization	4 5 of on's tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul considerated organization con contract received more inding with or with	than \$100,000 coin the organization	4 5 oris tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul considerated organization con contract received more inding with or with	than \$100,000 coin the organization	4 5 oris tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul considerated organization con contract received more inding with or with	than \$100,000 coin the organization	4 5 oris tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete empensated in t compensation	\$15 mpens e Sch	le co 0,00 sation edule	ompe 0? / n from De J fo	nsation  f "Yes   m any  r such	unr unr pers	complete Schedul considerated organization con contract received more inding with or with	than \$100,000 coin the organization	4 5 of on's tax
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete impensated in t compensation	\$15  mpens te Sch	le co 0,000  sation edule	ompe 0? // n from p J fo	nsation  f "Yes m any r such  ntracto dar ye	unr pers rs thar e	related organization of series of the series	than \$100,000 count the organization	4 5 5 Configure 1 Compensation
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete impensated in t compensation iddress  (including bu	\$15  mpende Sch	le co 0,000  sation edule	ompe 0? // n from p J fo	nsation  f "Yes m any r such  ntracto dar ye	unr pers rs thar e	related organization of series of the series	than \$100,000 con the organization	4 5 5 Confine tax
For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete impensated in t compensation iddress  (including bu	\$15  mpende Sch	le co 0,000  sation edule	ompe 0? // n from p J fo	nsation  f "Yes m any r such  ntracto dar ye	unr pers rs thar e	related organization of series of the series	than \$100,000 con the organization	4 5 5 Compensation
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than or accrue con "Yes," complete impensated in t compensation iddress  (including bu	\$15  mpende Sch	le co 0,000  sation edule	ompe 0? // n from p J fo	nsation  f "Yes m any r such  ntracto dar ye	unr pers rs thar e	related organization of series of the series	than \$100,000 con the organization	4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

	(B) Average hours per week (list any hours for	box,	not che unless er and	a dire	ore than on is both ctor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensati
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization
) TRAK PATEL MEDIA DIRECTOR	3.00	х					(	) (	)
) MICHAEL PODEMSKI PROGRAM DIRECTOR	8.00	Х					(	)	
) NIKITA REVA VICE PRESIDENT	8.00	Х		x				)	
) KENNETH SCHMIDT MEMBERSHIP DIRECTOR	3.00	X					C	)	)
) NORMAN SPIELMAN SEMINAR DIRECTOR	2.00	Х					C	)	
) LISA VILLANUEVA AUDIT DIRECTOR	2.00	Х					C	)	)
) DEBBIE WASEMANN MEETINGS DIRECTOR	1.00	х					C	) (	)
) VESELA ZLATEVA SECRETARY	1.00	Х		x			C	C	
) BRENNAN BAYBECK PAST PRESIDENT	2.00	Х					C	)	)
) MARK GENGOZIAN VICE PRESIDENT OF MEMBERSHIP	4.00	Х		x			C	C	)
) RICHARD LUCY VICE PRESIDENT OF EDUCATION	5.00	Х		x			C	C	
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)			sted	<u> </u>		o re	ceived more than	\$100,000 of	
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(A)	ress					-	(B) Description of se	rvices (	(C) Compensation
Name and business addi						+-	· · · · · · · · · · · · · · · · · · ·		
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck	erson	n of the st highest compensated the story of the mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensation related organizat (W-2/1099-	on from d ions	(F) Estimated amount of other compensation from the organization and related organizations
69) DONALD MAPES	6.00					٥					
EXECUTIVE VICE PRESIDENT	2 00	Х		Х				0		0	
70) KEITH MARCHAND	3.00	l v									
RESEARCH DIRECTOR 71) MATTHEW RANDOLPH	6.00	X	$\vdash$					9		٠ -	
PRESIDENT		X		Х				1		٥	
72) DOUGLAS SMITH	8.00	<del>                                     </del>	$\vdash$	÷			-				
TREASURER	· <del>  </del>	Х	ĺ	х				o		0	
73) DAVID VOS	3.00										
CERTIFICATIONS DIRECTOR		Х						0		0	
74) RHONDA WILLERT	3.00										_
ACADEMIC RELATIONS DIRECTOR		Х						0		0	
75) BRIAN WILLIAMS	5.00										
SECRETARY		X	$\square$	X				0		0	
76) BRAD BARTON	2.00	,		v						0	
VICE PRESIDENT 77) GREGORY BOEHMER	2.00	X		Х						- 4	
DIRECTOR		X						_		٥	
78) DERRICK BUCKINGHAM	2.00							· · · · · · · · · · · · · · · · · · ·	******		
DIRECTOR	12:00	x						٥ ا		0	
79) JUMAN DOLEH-ALOMARY	2.00	<u> </u>								$\dashv$	
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compensation from the organization. Report year											
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2 Total number of independent contractors (		-									

(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations	i	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from the organization and related organizations
(180) MICHAEL FORREST	2.00	,,							-		
DIRECTOR (181) MICHELE HAROON	2.00	X			-	<del>                                     </del>				4	0
DIRECTOR & PAST PRESIDENT		Х						0		o	0
(182) RYAN HODGES	2.00							_			
DIRECTOR	2 00	X		_				0		9	0
(183) M. SIOBHAN JORDAN DIRECTOR & PAST PRESIDENT	2.00	X								٨	0
(184) BRENDA KARL  DIRECTOR	2.00	x						0		0	0
(185) LINDA KEARNEY TREASURER	3.00	x		х				0		0	0
(186) ROBERT OKOPNY	2.00				<del>                                     </del>			7		Ť	
DIRECTOR		Х					L	0		0	0
(187) RAJESH PATEL	2.00	,,									0
DIRECTOR (188) BRANDY PFEIFFER	2.00	X	-				$\vdash$	0		4	0
DIRECTOR	1200	X						0		d	0
(189) SAJAY RAI	3.00									$\dashv$	
PRESIDENT		Х		Х				0		0	0
(190) CARRIE SCHRADER	2.00	,,						0			0
DIRECTOR & PAST PRESIDENT  1b Sub-total	J	<u> </u>	L	L	l	L	<u> </u>	<u> </u>		9	0
c Total from continuation sheets to Part VII, S	ection A						-		-	_	
d Total (add lines 1b and 1c)							▶				
2 Total number of individuals (including but not reportable compensation from the organizatio		hose (		d al	bove	e) who	o re	ceived more than	\$100,000 of		
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2 Total number of independent contractors (iii	ncluding hi	ıt not	lım	nter	t to	thos	را ج	sted above) who	received 🦓	" . "	¥*2***
more than \$100,000 in compensation from th				cc			· · · ·		,	0.3	- 000
3E1055 1 000								1 4 4 7 1 6 0			Form <b>990</b> (2013)
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Name and title    Name	Part VII Section A. Officers, Directors, Tru		<i>y ⊑</i>	ipic			anu	ilig	1		COMM		_
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191) JASON SIST			tee	ustee			ensate						
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196) JESSE HANFORD  PRESIDENT  2.00  DIRECTOR  197) THOMAS HARROW  2.00  NUMBERIAL KRICK  2.00  SERVERTARY  2.00  JOSEPH LAIRSON  VP OF PROFESSIONAL DEVELOPMENT  X X X 0 0 0  SECRETARY  2.00  DIRECTOR  VP OF PROFESSIONAL DEVELOPMENT  X X X 0 0 0  SECRETARY  2.00  DIRECTOR  10 0 0  SECRETARY  10 0		5.00	l x		x				0		0		
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Name and title	(B)			_ (C	•			(D)	(E)	(F)
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	below dotted	dua	합	۹	mg	est c	₽ .	(W-2/1099-MISC)		and related
	line)	, <u>\$</u>	nal tr		Key employee	ğmö				organizations
		Individual trustee or director	Institutional trustee		_ ا	Highest compensated employee				
02) MICHARL ONITH	F 00					<u>e</u>	_		·	ļ
02) MICHAEL SMITH  VICE PRESIDENT OF MEMBERSHIP	5.00	x		х	ľ			,		
03) OLUBUKOLA THORPE	5.00							ď		
VP OF COMMUNICATIONS	+	Х		$_{\rm X}$				l 0		0
04) JONATHAN TUDOR	5.00				T					
TREASURER		Х		Х				0		o d
05) JOHN ADAMS	5.00									
PAST PRESIDENT, GOVERNANCE		Х						0		0
06) SOKCHAN CHOUN	.50									
BOARD MEMBER	ļ	Х		_	_			0	· · · · · · · · · · · · · · · · · · ·	0
07) MATTHEW CONBOY	1.00									
BOARD MEMBER, MARKETING	1 00	Х		_				0		0
08) DEBRA DUNNE	1.00	v			- 1					
BOARD MEMBER, MBRSHP, WEB 09) JAYSON FERRON	5.00	Х	$\vdash$	$\dashv$	$\dashv$		$\vdash$	0		J
PRESIDENT		Х		$_{\rm x}$	Ī					
10) UMANG KHAMBHOLJA	5.00		$\vdash$	^						J
VICE PRESIDENT FOR PROGRAMS	<del></del>	х		$_{\rm X}$				0	ı	
11) DR. CONSTANCE LEHMANN	4.00		H						-	
BOARD MEMBER AT LARGE	.+	Х		ĺ				lo		ol
12) THOMAS MCGRATH	1.00									
BOARD MEMBER	·	Х						0		
1h Sub total							<b></b>			
1b Sub-total							_			
c Total from continuation sheets to Part VII, S	Section A									<del></del>
	•						<b>&gt;</b>			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the	nose l	ıste				o re	ceived more than	\$100,000 of	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the	· · ·	ıste				o re	ceived more than	\$100,000 of	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the	nose I	iste	d ab	ove	e) who				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the limit	nose l	isted	d ab	oove e, k	e) who	emp	loyee, or highest		and like Is
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Imited to the constant of the	nose l	tru	d ab	e, k	e) who	emp	loyee, or highest	compensated	3 X
<ul> <li>c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheet</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	limited to the cer, directo dule J for successum of rep	r, or	tru	stee	e, k	e) who	emp	loyee, or highest	compensated	3 X
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to the cer, directo dule J for successum of representations.	r, or ch ind	tru	stee	e, k	e) who	emp	oloyee, or highest	compensated compensated compensated compensated	3 X
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo	r, or chunds	tru	stee	e, k	e) who	emp  n ar s," (	oloyee, or highest	compensated compensate compensated compens	3 X
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c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	imited to the cer, directo dule J for successum of represented than	r, or ch ind	tru ividu le c 0,00	stee	e, k	e) who	emp · · n ar c," (	oloyee, or highesing of the complete of the co	compensated cation from the le J for such con or individual	3 X 4 X
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo fulle J for such sum of represented than accrue confes," complete	r, or cortab	tru ividu le c 0,00	stee	e, k oens If rom for	e) who	emp ar .," (  uni pers	oloyee, or highest	compensated compensate compensated compens	3 X 4 X 5 X
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	imited to the control of the control	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp ar s," (  uni pers	oloyee, or highest	compensated compensate compensated compens	3 X 4 X 5 X
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	imited to the control of the control	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp ar s," (  uni pers	oloyee, or highest	compensated compensate compensated compens	3 X 4 X 5 X
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c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo fulle J for such sum of representer than accrue confes," complete the compensated in compensated in compensated in compensation.	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp ar s," (  uni pers	oloyee, or highest and other compens complete Schedule	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X
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c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo fulle J for such sum of representer than accrue confes," complete the compensated in compensated in compensated in compensation.	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp  n ar s," (  uni pers	oloyee, or highest and other compens complete Schedule	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X  of on's tax
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo fulle J for such sum of representer than accrue confes," complete the compensated in compensated in compensated in compensation.	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp  n ar s," (  uni pers	oloyee, or highest and other compens complete Schedule	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X of on's tax
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	cer, directo fulle J for such sum of representer than accrue confes," complete the compensated in compensated in compensated in compensation.	r, or chund \$15	tru vividu le c 0,00 ssatic edui	stee	oove e, k  oens If 	e) who	emp  n ar s," (  uni pers	oloyee, or highest and other compens complete Schedule	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X  of on's tax
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Ilmited to the cer, directo dule J for successum of represent than accrue conves," complete the compensated in compensation dress	nose I	truuvidu.ele coo,oo	stee	oovee, k	e) who	emp n ar uni pers	oloyee, or highesicomplete Scheduction Sch	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X  of on's tax  (C) Compensation
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Ilmited to the cer, directo dule J for such sum of represented in complete incompensation dress	nose I	truuvidulle coo,oo	stee	oovee, k	e) who	emp n ar uni pers	oloyee, or highesicomplete Scheduction Sch	compensated sation from the e J for such on or individual than \$100,000 iin the organization	3 X 4 X 5 X  of on's tax  (C) Compensation
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Ilmited to the cer, directo dule J for such sum of represented in complete incompensation dress	nose I	truuvidulle coo,oo	stee	oovee, k	e) who	emp n ar uni pers	oloyee, or highesicomplete Scheduction Sch	compensated cation from the le J for such con or individual than \$100,000 in the organization	3 X 4 X 5 X  of on's tax  (C) Compensation

(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
	hours for related organizations below dotted line)	of or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıor (W-2/1099-M	isc)	ompensation from the organization and related organizations
213) PETER ROSARIO	1.00										
BOARD MEMBER	F 00	Х	$\vdash$					0		0	
214) KARL SCHOEN-RENE TREASURER, CERTIFICATION CHAIR	5.00	X		v				1			ı
215) PENETTE VAN MENXEL	5.00		$\vdash$	X				U		4	
SECRETARY		Х		х			ŀ	0		٥	,
216) SARAH WILLIAMS	1.00	_ ^						0		<u> </u>	
BOARD MEMBER		х						0			
217) NORMAN COMSTOCK	6.00			-						<u> </u>	
PRESIDENT		X		x			İ	0		0	
218) ASHISH GUPTA	4.00									<u> </u>	
BOARD MEMBER AT LARGE		x						l o		0	
219) MARY HALL	6.00										
SECRETARY		x		$\mathbf{x}$				lo		o	
220) GLENN MCQUEARY	6.00										~~~
TREASURER	†	х		х				0		ol	
221) CHARLES MERRIFIELD	4.00										
BOARD MEMBER AT LARGE	t	x						l o		o	
222) HARVEY NUSZ	6.00										
VICE PRESIDENT		x		x				0		o	
223) MUHAMMAD SIRAJ	4.00									1-	
PAST PRESIDENT		Х						l o		ol	
1b Sub-total	•			•			•				
c Total from continuation sheets to Part VII, S	ection A		 	• •		• •	•				
d Total (add lines 1b and 1c)							$\blacktriangleright$				
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of		
reportable compensation from the organization		(				′			,		
								·			Yes No
3 Did the organization list any former offic	er. directo	r. or	trus	stee	e. k	ev e	emp	lovee, or highest	compensate	ed 🗔	, , , , , , , , , , , , , , , , , , , ,
employee on line 1a? If "Yes," complete Schedu										. 3	X
4 For any individual listed on line 1a, is the	sum of ren	ortab	le c	omi	nen-	sation	n ar	nd other compens	ation from th	<b>.</b>	
organization and related organizations gre											
ındıvıdual											_ X
5 Did any person listed on line 1a receive or											11 67
for services rendered to the organization? If "Ye	es," complet	e Sch	edul	le J	for	such	pers	son	<u> </u>	. 5	X
Section B. Independent Contractors											
1 Complete this table for your five highest com compensation from the organization. Report c year											×
(A)			-				Т	(B)			 C)
Name and business add	ress							Description of se	vices		ensation
							†	•			
			_				t	_	-		
							T				
							T				
							t			<u>.</u>	
2 Total number of independent contractors (in	cluding bu	ıt not	limi	ıtod	to	thos	ال ما م	sted above) who	received	<del>.</del>	<del></del>
more than \$100,000 in compensation from the	e organizat	ion 🕨	•	neu	.0	11105	G 113	sicu above) will	i cocived		
JSA								<del></del>		For	m <b>990</b> (201:
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0,000.0 01,011								111/100			INGE Z

_	rt VII Section A. Officers, Directors, Tru		<del>,</del>					9	T		<del>'                                    </del>
	(A)	(B)			_ (C				(D)	(E)	(F)
	Name and title	Average	/do.		Posi		than o	200	Reportable	Reportable	Estimated
		hours per week (list any					ıs both		compensation from	compensation fron related	n amount of other
		hours for	office				or/trust	ee)	the	organizations	compensation
		related	Individual trustee or director	'n	오	쥰	en Hig	Former	organization	(W-2/1099-MISC)	
		organizations	호호	Institutional	Officer	y ei	흥글	Ì	(W-2/1099-MISC)	(11 2/1000-10100)	organization
		below dotted	ctc	<del>ਨ</del> ੂੰ	~	Idu	st c	=	( =,		and related
		line)	~ <del>2</del>	藍		Key employee	9				organizations
			ste	truste	1	е	pen				
			"	8	ı		Highest compensated employee				
					$\dashv$		ă	_			
(224)	TARONDA WILLIAMS	4.00									
	BOARD MEMBER AT LARGE		Х		$\Box$				0		0
(225)	ANTHONY CANNING	3.00			- 1					-	
	TREASURER	†	Х		x				l o		ol
(226)	MOLLY COPLEN	1.00			$\neg$					<del></del>	
(222	DIRECTOR		х								
	· · · · · · · · · · · · · · · · · · ·	1 00			$\dashv$			<u> </u>			0
(221)	STEVE KERNS	1.00									1
	VICE PRESIDENT		Х		Х				0		0
(228)	BENJAMIN SMITH	1.00			- 1						
	DIRECTOR	T	Х		- 1				l o	•	ol
(229)	DANIEL STERBA	2.00									
(222)	PRESIDENT	<del></del>	v	l	υl						
			Х	$\vdash$	Х				0		0
(230)	KIMBERLY STULL	1.00						١.,			1
	SECRETARY		Х		Х				0		0
(231)	DAVID ALEXANDER	4.00			7						"[
	VICE PRESIDENT		Х		$_{\rm X}$				l ol		ol
(232)	AMY BENIOT	1.00		+				-	i i	<u>`</u>	<u> </u>
(232)			.,		ı						
	RESEARCH DIRECTOR		X			_			0		0
(233)	LUIS ESTRADA	1.00				- 1					
	SOCIAL MEDIA		Х						0	(	o
(234)	LAURA KENNEDY	1.00		一	$\neg$						
:	SECRETARY		х		$_{\rm X}$				٥		ol
16											<u> </u>
	Sub-total						• •		· · · · · · · · · · · · · · · · · · ·		<del>-</del>
	Total from continuation sheets to Part VII, S										ļ
	Total (add lines 1b and 1c)							<b>•</b>			
2	Total number of individuals (including but not		nose	ısted	lab	ove	e) who	re	ceived more than S	\$100,000 of	
	reportable compensation from the organization	1 <b>►</b>	С	l							
	-									<del></del>	Yes No
3	Did the organization list any former offic	er directo	r or	truc	etoo	. L	·0\/ 0	mn	lavee or highest	componented	3453 K. Salid
J	employee on line 1a? If "Yes," complete Schedu	ile I for suc	h indi	vidu	al	, r	cy c	шр	loyee, or flighest	compensated	3 X
											3 1 (1) 43 1 1 N
4	For any individual listed on line 1a, is the s										
	organization and related organizations gre	eater than	\$15	0,00	0?	lf	"Yes	," c	complete Schedul	e J for such	
	ındıvıdual										4   X
5	Did any person listed on line 1a receive or	accrue cor	nnen	satio	n fr	om	anv	unr	elated organizatio	n or individual	
•	for services rendered to the organization? If "Ye										5 X
So	ction B. Independent Contractors	,c, comp.c.	0 00//				00011	<i>p</i> 0. 0		<u></u>	<u> </u>
			.1.								
1	Complete this table for your five highest com										
	compensation from the organization Report c	ompensatio	n tor	tne	cale	ena	ar yea	ar e	nding with or with	in the organization	on's tax
	year			_							
	(A)								(B)		(C)
	Name and business add	ress							Description of ser	vices	Compensation
								+			p
								$\vdash$			
								_			
	<u> </u>							L			
	_								·		
2	Total number of independent contractors (in	cluding by	t not	lım.	+04	+0	ther		eted abovo) whe	received	,
۷.	more than \$100,000 in compensation from the				rea	w	แเบร	G 115	sted above) wild	received	
JSA	more than \$100,000 in compensation from the	Jugariizati	ווט 🕨					_			
3510	55 1 000										Form <b>990</b> (2013
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(A) Name and title	Average hours per week (list any hours for related	box. office	not che unless r and	perso a dire	ore than n is both ctor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
5) LYDIA LOURBACOS CERTIFICATION COORDINATOR	1.00	х		+						
6) VINCENT MAGGIORE MARKETING COORDINATOR	1.00	X					<u> </u>			
7) ERIC PALMER EDUCATION CHAIR	1.00	X			<u> </u>					
8) JOHN POUEY  MEMBERSHIP DIRECTOR	1.00	X			-		0			
9) DANIEL STOCKER	1.00			_			0			
WEBMASTER 0) TONI VERRET	2.00	Х			-		0		) 	
TREASURER  1) JEFFREY WAGAR	4.00	X		х		<u> </u>	0		)	
PRESIDENT  2) LACEY HALLOWELL (1/13 - 6/13)  ARRANGEMENTS DIRECTOR	2.00	X		X			0		)	
3) JAMES KAYLOR (7/13 - 12/13) ACADEMIC RELATIONS	1.00	x		$\dagger$			0			
4) MEGAN KEYS (1/13 - 6/13) WEBMASTER	1.00	X		$\dagger$			0		)	
5) ASHLEY KIDO TREASURER	2.00	х	1	x						
b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not	<u> </u>					► ► • re	ceived more than	\$100,000 of		
B Did the organization list any former office employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the organization and related organizations greaters.	er, directo ule J for suc	<i>h ındı</i> ortab	trus vidua	al mpe	 nsatio	 nar	nd other compens	ation from the	Yes 3	
individual	accrue cor	npens	 satıor	 1 fro	 m any	uni		n or individual	5	
Complete this table for your five highest com compensation from the organization Report c year.										
(A) Name and business add	ress						(B) Description of se	vices (	(C) Compensation	
			_							
! Total number of independent contractors (in	oludine L		1,	٠ ام	. 414 ~		atad abaus\b		•	

	Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than one the than the than the than the than the the the the the the the the the the	an	Reportable compensation from	Reportable compensation related	n from	Estimated amount of other compensation
		related organizations below dotted line)	individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		from the organization and related organizations
(246)	KARL KROHN EDUCATION DIRECTOR	2.00	х						0		0	0
(247)	PATTI LOCKE SECRETARY	.50	х		x							0
(248)	AUDREY MAGENNIS	1.00										
(249)	MEMBERSHIP DIRECTOR SCOTT MOODY	2.00	Х						0		0	C
(250)	CHAPTER PRESIDENT JON MYERS (7/13 - 12/13)	1.00	Х	_	X				0	<del></del>	0	C
	WEBMASTER		X						0		0	C
(251)	CHRISTINE RODGERS CERTIFICATIONS DIRECTOR	.50	X						0		0	C
(252)	VINCE CHAN SECRETARY	.50	х		х				0		0	0
(253)	SHINO FONG	.25			<u> </u>	<b></b> -						
(254)	MEMBERSHIP DIRECTOR  JOSEF FUKANO	.25	X						0			0
(255)	VICE PRESIDENT GARY KAHN	.25	X		Х				0		0	0
(256)	ACADEMIC RELATIONS CHAIR ZHOU LU	.25	X			<u></u>		_	0		0	0
	PROGRAM DIRECTOR		Х						0	·	0	0
	Sub-total	ection A			 			<b>&gt;</b>				
	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000 of		
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ınd	ıvıdı	ual							Yes No 3 X
	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15 • • •	0,0	 00?	' <i>If</i> 	"Yes • • •	s," ·	complete Schedul	e J for su	ıch 	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
	ction B. Independent Contractors	-										
1	Complete this table for your five highest com compensation from the organization Report c year.											
	(A) Name and business add	iress							(B) Description of se	rvices	С	(C) Compensation
								F				
												<del></del>
	Total number of independent contractors (in more than \$100,000 in compensation from the	_			ntec	d to	thos	e li	sted above) who	received	John Jones	***************************************
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(B)

Part VII Section A. Officers, Directors, Tri (A) Name and title	(B) Average hours per week (list any	(do box,	not ci	Pos heck ss pe	C) sition more	e than o	one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations
(257) ADDIE LUI	1.00									
PRESIDENT	25	Х		Х		_	<u> </u>	0		0 0
(258) MICHAEL MARCUM GOVERNMENT/REGULATORY ADVOCACY	.25	X						,		
(259) SANG YONG PAE	.25	Λ.			-		<del> </del>	· · · · · · · · · · · · · · · · · · ·		9
PROGRAM DIRECTOR		Х						0		0 0
(260) ROBIN PRESSLY CISA/CISM COORDINATOR	.50	Х						0		0 0
(261) SAM SOK WEBMASTER	.25	х						0		0 0
(262) MATTHEW TSUTSUMI TREASURER	.50	х		х				0		0 0
(263) HOWARD VANDEVAARST	.50									1
NEWSLETTER EDITOR		х						0		0 0
(264) DEBRA VELA	1.00							_		
HOSPITALITY DIRECTOR	4 00	X			_			0		0 0
(265) JAMES DAVIDSON PAST PRESIDENT	4.00	X						0		
(266) ADAM DODGE	4.00									9
VICE PRESIDENT OF PROGRAMS	<u> </u>	х		Х		:		o		o
(267) KELLY GARDINEER	4.00									
WEBMASTER		X						0		0 0
1b Sub-total	oction A			• •			_			-
d Total (add lines 1b and 1c)							•	- n 1		
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		liste				re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	. If	"Yes	," (	complete Schedui	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue coi	mpen	satio	on f	rom	any	unr	elated organization	on or individual	5 X
Section B. Independent Contractors									-	
Complete this table for your five highest com- compensation from the organization. Report of year.										
(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compensation
							L			
2 Total number of independent contractors (in				itec	l to	thos	e li	sted above) who	received	
more than \$100,000 in compensation from th	e organizat	ion Þ					_			Form <b>990</b> (2013)
89364J 649R								1447160		PAGE 30

Part VII Section A. Officers, Directors, Tr	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	Pos neck ss pe	ition more	e than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
268) REGINALD HARNISH PRESIDENT	4.00	х		X				0	C	
269) LEWIS MARSICANO DIRECTOR OF AWARDS	4.00	х						0	C	
270) BERNARD MCHUGH CERTIFICATION COORDINATION	4.00	Х						0	0	
271) KATIE MCINTOSH NEWSLETTER EDITOR	4.00	X						0		
272) WENDY NELSON	4.00									
TCTC COORDINATOR 273) WILLIAM PETERSON	4.00	X	H					. 0	0	
VICE PRESIDENT OF PUBLICITY 274) THEODORE PHELPS	4.00	Х		Х		·		0	0	
PRESIDENT ELECT 275) NANCY QUAY	4.00	X		Х				0	0	
STUDENT LIAISON 276) BRENDAN SCHAEFER	4.00	Х						0	0	
VICE PRESIDENT OF MEMBERSHIP 277) ROBERT SCHWIND	4.00	Х		Х				0	0	
TREASURER 278) DEBORAH SNYDER	4.00	Х		Х				0	0	
VICE PRESIDENT OF EDUCATION  1b Sub-total		Х		X			<b>▶</b>	0	0	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						<b>*</b>			
2 Total number of individuals (including but not reportable compensation from the organization)	limited to the		listed				re	ceived more than !	\$100,000 of	
3 Did the organization list any former office	er, directo	r, or	trus	ste	e, I	кеу е	emp	loyee, or highest	compensated	Yes No
<ul> <li>employee on line 1a? If "Yes," complete Sched</li> <li>For any individual listed on line 1a, is the organization and related organizations grandividual</li></ul>	sum of rep eater than	ortab \$15	le c	omi	pen <i>If</i>	satioi "Yes	nar s," o	nd other compens	ation from the	3 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	satio	n f	rom	any	unr	related organization	n or individual	
Section B. Independent Contractors	es, comple	e 3011	eaui	<del>e</del> 5	101	Sucri	pers	5011	· · · · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest com- compensation from the organization Report of year.										
(A) Name and business add	dress							(B) Description of ser	rvices C	(C) compensation
2 Total number of independent contractors (in				ıted	l to	thos	e li:	sted above) who	received	
more than \$100,000 in compensation from th	e organizat	ion 🕨	•		_			·		Form <b>990</b> (201
3E1055 1 000 8 9 3 6 4 J 6 4 9 R								1447160		PAGE 31

(A) Name and title	(B) Average hours per week (list any hours for related  (C) Position (do not check more than box, unless person is both officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensatio from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organization
) JULIANN WILSON SECRETARY	4.00	Х	×				0		0
) DON CHIRI	.50								
VICE PRESIDENT		Х	X	1			С		0
) JEFFREY KRAMER TREASURER & DIRECTOR AT LARGE	.50	Х	Х	_			C		0
) JEFF LUKINS	.50	v							
DIRECTOR AT LARGE ) CHRISTOPHER PIZZANO	5.00	Х		+-	<del> </del>	-	<u></u>	,	<u> </u>
PRESIDENT		х	×					)	o
) ANDREW ROSWAL	.50								
SECRETARY		Х	X	┸			<u></u>		0
) BRADLEY BENSON	3.00						_		_]
VICE PRESIDENT	1 00	Х	X	╄					0
) ANDREW CRIST	1.00	v							
BOARD MEMBER ) MARY FAULKNER	3.00	Х	+	+					9
PRESIDENT	3.00	х	l <sub>x</sub>		ļ		_		
) DOUGLAS HATHHORN	1.00			+-	<del>                                     </del>				
BOARD MEMBER		х					1		
) MATTHEW LEE	3.00	•••	$\dashv$	+					<del>\</del>
TREASURER		Х	x				1 0		o
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u></u>	· · ·		<u> </u>		► • re	ceived more than	\$100,000 of	
reportable compensation from the organization		0		1001	C) *****				
Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Schedi</i> . For any individual listed on line 1a, is the organization and related organizations graindividual	ule J for suc sum of rep eater than	<i>h indi</i> ortab \$15	<i>viduai</i> le cor 0,000	 nper ? <i>II</i>	 nsatioi "Yes	 n ar ," (	nd other compens	sation from the	Yes 3
Did any person listed on line 1a receive or									4
for services rendered to the organization? If "Ye									5
ection B. Independent Contractors									
Complete this table for your five highest com- compensation from the organization Report of year.									
(A)							(B)		(C)
Name and business add	lress					-	Description of se	rvices	Compensation
<del></del>						+			<del></del>
						+			
								1	
						Ļ			
losal allegae of indopondant contractors /	actudina hu	t not	limite	nd to	thos	e li	sted above) who	received	
Total number of independent contractors (in more than \$100,000 in compensation from the									

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than of the tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	JARED ROSS	3.00				<del>                                     </del>					
	PAST PRESIDENT		X	_		_			0		0
	ROD SIMPSON	3.00					}				
	SECRETARY		X	L.	X		ļ		0		O C
	DOUGLAS TINCH	1.00									
	BOARD MEMBER		X			_			0		0
	DANIEL CRANNY	2.00									
	TREASURER		X		X		<u> </u>	<u> </u>	0		0 (
(294)	JULIE HUPP	2.00					i				
	PRESIDENT		Х		Х				0		0 0
	KELLE KUCHARSKI	2.00									
	VICE PRESIDENT		Х	L	Х				0		o <u></u> c
(296)	AMY NEMMERS	2.00									
	COMMUNICATIONS CHAIR		Х						0		0 0
(297)	WENDY BATCHELDER	1.00									
	ACADEMIC RELATIONS	[	Х					l	0		
(298)	TANYA ANN DESMOND	1.00									
	SECRETARY		Х		Х				O		ol d
(299)	KIRK DORMAN	1.00									
	MEMBERSHIP		х						l o		
(300)	EVAN KERN FAHEY	1.00									
	PRESIDENT		х		x				0		
<u>d T</u> 2 T	otal from continuation sheets to Part VII, Sotal (add lines 1b and 1c)	limited to the				<u> </u>		► ► o re	ceived more than	\$100,000 of	
3 D e 4 F oi	old the organization list any former office imployee on line 1a? If "Yes," complete Schedutor any individual listed on line 1a, is the streamization and related organizations greatividual	er, directo ile J for suc sum of rep eater than	r, or ch ind ortab \$15 	tru ividu le c	ual com 00? 	pen If	satioi Yes a any	 n ar s," (  uni	nd other compens complete Schedul	sation from the le J for such	Yes No
	ion B. Independent Contractors	,c, compre	0 00			<del></del>	00077	<i>p</i> 0, 0	3077	• • • • • • • •	3 1 1
1 C	complete this table for your five highest compensation from the organization Report cear	pensated ir ompensatio	ndepe on for	nde the	ent o	cont	racto lar ye	rs tl ar e	hat received more anding with or with	than \$100,000 iin the organization	of on's tax
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
							-				
	otal number of independent contractors (in				ııtec	d to	thos	e li	sted above) who	received	
JSA 3E 1055	1 000							_			Form <b>990</b> (2013

Part VII Section A. Officers, Directors,	Trustoes Ke	v En	nlo			and I	Hia	heet Company	ed Employee	<u></u>	Page {
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box,	not ch unles er and	Pos eck s pe	c) sition more	than of highest compensated	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organization (W-2/1099-MI	from s	(F) Estimated amount of other compensation from the organization and related organizations
(301) BREANNE FISHER TREASURER	1.00	х		х							
(302) EMILY FISHER	1.00	^		^				<del>                                     </del>		-	
COMMUNICATIONS		х						0		0	(
(303) GEORGE GAGOV	1.00		П								
NOMINATIONS		Х	$\sqcup$				_	0		0	(
304) ALEK ISMAYILOV EDUCATION	1.00	х						0		0	(
305) MATTHEW KLEIN	1.00										
VICE PRESIDENT 306) SAM KOLLATH	1.00	X	├─┼	Х	_			0		_0	(
PROGRAMS		x								0	(
307) SHIRLEY WEUVE	1.00			$\dashv$				· · · · · · · · · · · · · · · · · · ·		$\dashv$	
AUDITOR		х						0		o	(
308) MONICA BECKWORTH	.50										
SECRETARY		Х		Х				0		o	(
309) JAMES CALVERT	.25										
MARKETING CO-DIRECTOR		Х		_				0		0	(
310) RUSSELL COOLEY	.25										
NEWSLETTER DIRECTOR		X	<u> </u>					0		0	
311) WILLIAM CROWE	2.00			,,							,
PRESIDENT		Х	Ш	Х			L	0		-4	(
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	<u> </u>	· · ·	<u></u>	•			<b>&gt;</b>				
2 Total number of individuals (including but reportable compensation from the organization)		nose I		d ab	00V6	e) who	o re	ceived more than	\$100,000 of 		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch											Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,00	00?	lf	"Yes	3," (	complete Schedu	le J for suc	h	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? It											5 X
Section B. Independent Contractors	res, complet	e our	euur	<del></del>	101	Sucri	per.	30//		<u> </u>	<u> </u>
Complete this table for your five highest of compensation from the organization Repo year											
(A) Name and business	address							(B) Description of se	rvices	Co	(C) ompensation
							-				
2 Total number of independent contractors more than \$100,000 in compensation from				ited	i to	thos	e li	sted above) who	received		(2.2)

(A) Name and title		(C) Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
12) MATTHEW DAVIS	.25	4								
WEBMASTER	0.00	Х	$\sqcup$					0	0	
HOSPITALITY DIRECTOR	2.00	x						0	,	
314) SHERRY DOUB	1.00		$\vdash$	-					0	
VICE PRESIDENT		x		x				l	0	
315) VICKI GATEWOOD	1.00									
PROGRAM/EDUCATION DIRECTOR	· †	Х						0	0	
16) ANDREW HOUT	.25									
CERTIFICATION DIRECTOR		Х	$\square$					0	0	
17) HIRAM MARTINEZ JR.	.40									
MEMBERSHIP DIRECTOR		Х		_	_			0	. 0	
18) KENNETH PROUDFOOT	.25	ļ		ł						
IT GOVERNANCE INSTITUTE REP.	1 00	Х						0		
19) MARTHA SMYK TREASURER	1.00	X		х				_	_	
20) CARL TERRY	.25	<b>├</b> ^		$\stackrel{\wedge}{\longrightarrow}$				0	0	
COMMUNICATIONS DIRECTOR	.+2-	x						0	0	
21) LUNCINDA VAN ZANDT	.25							<u>_</u>		
MARKETING CO-DIRECTOR		x						0	0	
22) MICHELLE BLANDFORD	4.00									
TREASURER		Х		Х				0	0	
1b Sub-total							▶			
c Total from continuation sheets to Part VII,	Section A						▶			
d Total (add lines 1b and 1c)							<u> </u>		£400.000f	
	limited to t		liste				► re	ceived more than	\$100,000 of	
d Total (add lines 1b and 1c)	cer, director sum of rep	or, or	tru ividu	stee	e, k	e) who	emp	loyee, or highest	compensated	
d Total (add lines 1b and 1c)	cer, directordule J for successum of representations.	or, or chind portab	tru ividu ile c	stee	e, k	e) who	emp	loyee, or highest	compensated compensated compensated compensated compensated compensated compensated compensated compensated compensated	3 X 4 X
d Total (add lines 1b and 1c)	cer, directordule J for successum of represented than	or, or ch ind sortab	tru ividu ile c i0,00	stee	e, k	e) who	emp · · n ar i," (	loyee, or highest	compensated compen	3 X
d Total (add lines 1b and 1c)	cer, directordule J for successum of represented than	or, or ch ind sortab	tru ividu ile c i0,00	stee	e, k	e) who	emp · · n ar i," (	loyee, or highest	compensated compen	3 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of representer than accrue convers," complete	or, or ch ind sortab	tru ividu ile c io,00 satic nedui	stee	e, k	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of representer than accrue convers," complete	or, or ch ind sortab	tru ividu ile c io,00 satic nedui	stee	e, k	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of repreter than accrue con es," complete compensated in compe	or, or ch ind sortab	tru ividu ile c io,00 satic nedui	stee	e, k	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of repreter than accrue con es," complete compensated in compe	or, or ch ind sortab	tru ividu ile c io,00 satic nedui	stee	e, k	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of repreter than accrue con es," complete compensated in compe	or, or ch ind sortab	tru ividu ile c io,00 satic nedui	stee	e, k	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of representer than converge, complete the compensated in comp	or, or ch ind sortab	truidulle condition of the condition of	stee	pens If	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X
d Total (add lines 1b and 1c)	cer, director dule J for such sum of representer than accrue convers," complete compensation of the compen	or, or ch independent on for	truurindu ceedaa ka ka ka ka ka ka ka ka ka ka ka ka k	stee	pens If	e) who	emp	loyee, or highest	compensated compen	3 X 4 X 5 X

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employ	rees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
323) NANCY BURNS	4.00										
SECRETARY 324) ROBERT DARWIN	4.00	X	Н	Х			_	0		0	
VP OF MEMBERSHIP & MARKETING	4.00	x		х				0		O	
325) OMAR EDWARDS	4.00							-			
VP - EDUCATION & CERTIFICATION		X		Х				0		0	
326) MIKE GARR	4.00			v						0	
VP OF COMMUNICATIONS 327) CHRISTOPHER GIDA	4.00	X		X							
VP - PROF & ACADEMIC RELATIONS		x		х				ĺ 0		0	
328) ALLYSON GRANT	4.00	- <u></u> -					<del>                                     </del>				
VP OF PROGRAMMING		Х		Х				0		0	
329) MITCHELL GREENFIELD	4.00										
VP OF PROGRAMMING	4.00	X		Х			_	0		0	
330) LISA HOLDEN  VP OF MEMBERSHIP & MARKETING	4.00	х		Х				0		0	
331) SCOTT MACARTHUR	8.00	<b>-</b> ^ `		- 21						$\dashv$	
PRESIDENT		Х		Х				0		0	
332) RACHEL RICHARDS	4.00										
VP - EDUCATION & CERTIFICATION		X		Χ			_	0		0	
333) CHARLIE SNYDER  VP - PROF & ACADEMIC RELATIONS	4.00	X		х							
1b Sub-total	<u> </u>			Λ			_	<u> </u>		-	
c Total from continuation sheets to Part VII, S							•				
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but not reportable compensation from the organization		hose (		d at	oove	e) who	o re	ceived more than	\$100,000 c	)f	
- reportable compensation from the organization						-		<del></del>	<del></del>		Yes No
3 Did the organization list any former office	er directo	or or	tru	ister	e 1	CEV E	mn	lovee or highest	compens	ated	Tes Ite
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satioi	n ai	nd other compens	ation from	the	
organization and related organizations gro							5," (	complete Schedu	le J for s	uch	
individual							• •				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5 X
Section B. Independent Contractors	,										- 1 1
1 Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compensation
							L				
	<del></del>						_				
							+				
							+			<del>- · · · ·</del>	
2 Total number of independent contractors (in	ncludina bi	ıt not	lım	utec	l to	thos	e li	sted above) who	received	,	
more than \$100,000 in compensation from th					-	_		-,	I	Q.	>

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye.	es,	and l	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	rson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations
(334) TIM STRAUB	4.00										
VP OF COMMUNICATIONS	1 00	X	_	Х			<u> </u>	0		0	
335) GEORGE BELMONTES	1.00	-1						,		0	
MEMBERSHIP DIRECTOR  336) RICHARD CHANG	3.00	X			-	<del> </del> -	<del> </del>				
V. PRESIDENT		x		x				0		0	
337) ADAM DINY	1.00	+									
LOGISTICS COORDINATOR		x						0		0	
338) MATT JOHNSON	1.00									-	
IMMEDIATE PAST PRESIDENT		Х					<u> </u>	0		0	
339) JOHN MAZUREK EDUCATION DIRECTOR	1.00	X						0		0	
340) ASIF RIAZ	2.00	-1					l				
SECRETARY		X		X			<u> </u>	0		0	
341) ZUZANA ROBERTSON MARKETING DIRECTOR	1.00	X		<u></u>				0		0	
342) KAREN SCHLIDT CERTIFICATION DIRECTOR	2.00	×						0		0	
343) JONATHAN STERNBERG	1.00	-									
RESEARCH DIRECTOR 344) TARA WISDORF	2.00	X		_		-	<u> </u>			0	
TREASURER	2.00	Х		x		<u> </u>		0		0	
1b Sub-total											
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	•						<b>&gt;</b>				
Total number of individuals (including but no reportable compensation from the organization)	t limited to t						o re	eceived more than	\$100,000 c	of	
3 Did the organization list any former off	icer. directo	or. or	tru	uste	е.	kev e	emp	olovee, or highes	compensa	ated	Yes N
employee on line 1a? If "Yes," complete Sche-											3 X
4 For any individual listed on line 1a, is the organization and related organizations g											
<ul><li>individual</li></ul>	r accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individ	dual	4 ×
for services rendered to the organization? If "	Yes," comple	te Scl	nedu	ıle J	for	such	per	son	<u></u>	<u> </u>	5 X
Section B. Independent Contractors     Complete this table for your five highest concompensation from the organization. Report year.											
(A) Name and business a	ddress							(B) Description of se	rvices		(C) Compensation
							+				
-72-		-			_		+				
2 Table number of selections			1.				<u> </u>				
2 Total number of independent contractors (				nited	ı to	tnos	se li	isted above) who	received		

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than on the than of the than the than the than the the the the the the the the the the	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(345) CAMERON YAZDANI	3.00									
PRESIDENT (346) REGINA CONCEPCION	3.00	X		Х				U		0
SECRETARY	† <del></del>	x		Х				o	c	o
(347) TUG GROYDKIN	3.00									
EDUCATIONAL DIRECTOR	2 00	X					ļ	0	0	0
(348) CRAIG MCCORMICK PRESIDENT	3.00	X		х					0	o
(349) GEORGE SCHNEIDER MEDIA DIRECTOR	5.00	X		Λ				0	0	0
(350) AMBER SCHROCK	3.00									
MEMBERSHIP DIRECTOR	2 22	X					_	0	0	0
(351) ASPEN SHIMAMOTO TREASURER	3.00	Х		х			İ	0	0	0
(352) JOHN SOUZA	3.00			$\hat{}$				0	0	0
VICE PRESIDENT / PRESIDENT	†	Х		х				o	0	0
(353) DAVID ALEXANDER	7.00									
VICE PRESIDENT	7.00	Х		Х			_	0	0	0
(354) ANNA CARLIN DIRECTOR	7.00	X						0	0	0
(355) JONATHAN CHAN	7.00	Λ								0
DIRECTOR		Х		l				0	0	0
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S	-									
d Total (add lines 1b and 1c)	limited to the		ıste				o re	ceived more than s	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,00	ر 200م	If	"Yes	;" (	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue cor	mpen	satio	on f	rom	any	unr	related organizatio	n or individual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>										
(A) Name and business add	Iress					-		(B) Description of ser	vices C	(C) compensation
							+			
						·	$\vdash$			
2 Total number of independent contractors (in				ıted	to	thos	e li	sted above) who	received	· · · · · · · · · · · · · · · · · · ·
more than \$100,000 in compensation from the	e organizat	ion 🕨	•					<del>-</del>		, , ,
3E1055 1 000 89364J 649R								1447160		Form <b>990</b> (2013) PAGE 38

(A) Name and title	Average hours per week (list any hours for	box,	not ch unles r and	s pe	ntion more rson irect	e than o	an ee)	(D) Reportable compensation from the	related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		from the organizatior and related organization
5) PRASAD KODUKULLA	7.00								_	
DIRECTOR	7.00	X		$\dashv$				0	<u>C</u>	
7) GENEMAR LAZO DIRECTOR	/	x						,	,	
B) KAREN NORTON	7.00	_^					<del> </del>	<del> </del>		
SECRETARY	1	х		$_{\rm X}$					o	
) THOMAS PHELPS IV	7.00							-		
DIRECTOR	†	Х		ĺ				0	0	
)) KENDRICK TSE	7.00									
PRESIDENT		Х		Х				0	0	
l) MIGUEL VILLEGAS	7.00				]					
DIRECTOR		Х	$\sqcup$				<u> </u>	0	0	
2) AMANDA XU	7.00			Ì				_	_	
DIRECTOR	7.00	X						0	0	<u>-</u>
3) KELLY LIN	7.00	v		х						
TREASURER  1) JIMMY ALBAREZ	3.00	Х	$\dashv$	^				0	0	
PROGRAMS		х						0	0	
5) JEFFREY BASKIN	.25	Λ	+	1						
FACILITIES		х						0	0	
S) MATETA BROOKS	.25									
MEMBERSHIP		Х						0	0	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Imited to the		isted				▶ o re	eceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the	er, directo ule J for suc	r, or ch indi	tru:	ıal .						Yes 3
organization and related organizations grandvidual	eater than	\$15 	0,00	00?	If	"Yes	," ·	complete Schedu	le J for such	4
for services rendered to the organization? If "You section B. Independent Contractors										5
Complete this table for your five highest com compensation from the organization. Report of year										
(A) Name and business add	fress							(B) Description of se	rvices C	(C) Compensation

	VII Section A. Officers, Directors, Tru (A)	(B)	ſ <u> </u>			C)			(D)			
	Name and title				-	رر ition			Reportable	(E) Reportable	(F Estim	
	Name and the	Average hours per	(do i	not ch			e than o	ne	compensation	compensation fi		
		week (list any	box,	unles	ss pe	rson	ıs both	an	from	related	oth	
		hours for	office				or/trust		the	organizations		
		related	nd n	nst	Officer	<b>₹</b>	취호	Forme	organization	(W-2/1099-MIS		
		organizations below dotted	dividual t	흫	er	em	toy est	eq	(W-2/1099-MISC)		organi and re	
		line)	Individual trustee or director	Institutional trustee		employee	# S				organiz	
			ust.	ā		ee	ng					
			8	stee			Highest compensated emptoyee					
-7\	DEN MOULDED	2 50					a.					
	BEN MOULDER VICE PRESIDENT	2.50	Ų		х				,			
	KEITH RICHARDSON	1.00	X		^						<del>-</del>	
		1.00	,,	ii	\ ,							
	SECRETARY		X	├┈┤	Х						<del></del>	
	SUSAN ROSS	5.00	٠,,		١,,							
	PRESIDENT & TREASURER	0.00	X		Х				U		<u> </u>	
	TIMOTHY AGEE	2.00	ļ								_	
	VICE PRESIDENT		X		Х				0		_0	
1)	SCOTT CREWS	2.00										
	CERTIFICATION DIRECTOR		Х	$\sqcup$					0		0	_
2)	KENNETH DESOUZA	2.00										
	TREASURER		x		Х				0		o	
3)	MATTHEW EDMAN	2.00										
	PAST PRESIDENT		X						0		ol	
	PAUL GREENE	2.00		$\vdash$							<del>-  </del>	
	WEBMASTER		x						0		٨	
	KEVIN GROOM	2.00			$\dashv$				<u> </u>		4	
			v		v				_			
	PRESIDENT	2 00	Х		Х				0			
	JOSHUA LEWIS	2.00										
	PROGRAMS DIRECTOR		X	L	_				0		0	
<u>7)</u> _	FRANK PLATT	2.00			i							
	MEMBERSHIP DIRECTOR		Х						0		0	
16 S	Sub-total							$\blacktriangleright$				
c T	otal from continuation sheets to Part VII, Se	ection A						$\blacktriangleright$				
d T	otal (add lines 1b and 1c)							<b>&gt;</b>				
	otal number of individuals (including but not l							re	ceived more than	\$100,000 of		
re	eportable compensation from the organization	ı <b>-</b>		)								
										-	Y	es
С	old the organization list any former office	er. directo	r. or	tru	stee	e. k	cev e	ame	lovee, or highest	compensated	1 18/25	٤٤٠
	employee on line 1a? If "Yes," complete Schedu											
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	for any individual listed on line 1a, is the s organization and related organizations gre											
	ndividual									e 3 ioi suci	4	
	Old any person listed on line 1a receive or										17 200 7 2000	5 %
	lid any nereon listed on line 1a receive or								related organizatio	on or individua		
D												إضنة
i D	or services rendered to the organization? If "Ye									<del></del>	. 5	اخداه
fo Secti	or services rendered to the organization? If "Ye ion B. Independent Contractors	es," complet	e Sch	edu	le J	for	such	per	son			<u> </u>
fo Secti	or services rendered to the organization? If "Ye ion B. Independent Contractors Complete this table for your five highest com	es," complete	e Sch	edui ende	nt c	<i>for</i>	such racto	<i>pers</i>	hat received more	than \$100,00	0 of	<u> </u>
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5 D fo	or services rendered to the organization? If "Ye ion B. Independent Contractors  Complete this table for your five highest componentation from the organization Report coear  (A)  Name and business add	pensated in pensated in ompensation	ndepe	ende	nt c cal	cont	racto ar yea	pers	hat received more inding with or with (B)  Description of se	than \$100,00 iin the organiza	0 of ation's tax	on
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C C C Y	or services rendered to the organization? If "Ye ion B. Independent Contractors  Complete this table for your five highest componensation from the organization Report clear  (A)  Name and business add  Total number of independent contractors (in	pensated in pensat	ndepe	ende the	nt c cal	cont	racto ar yea	pers	hat received more inding with or with (B)  Description of se	than \$100,00 in the organization the organization the organization that is the organization of the organization that is the organization of the organization that is the organization of the organization that is the organization of the organization	0 of ation's tax	00

	(B) Average hours per week (list any	box, office	not che unless er and	persor	n re than o n is both ctor/trus	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee Officer	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
3) LAURA SHIVER	2.00					$\vdash$			
RESEARCH DIRECTOR		Х		$\perp$	ļ	ļ	C		)
ASHLEY SPANGLER MARKETING DIRECTOR	2.00	X					_	!	
CATHERINE WILSON	2.00	^		+	<del> </del>			<u> </u>	1
SECRETARY		X	;	x l			0		
l) REGINALD ABRAHAM	5.00								
PRESIDENT		Х	7	Х			0	(	
) KIMBERLY ANDERSON	2.00								
VP OF CLIENT RELATIONS		Х		X _	<u> </u>		0	(	
3) STEPHEN CASPER	5.00								
IMMEDIATE PAST PRESIDENT  1) JAY CHINTARAM	2.00	X			+		0		) <del> </del>
VP OF COMMUNICATIONS		x	Ι,	x			_	,	1
b) JODY COLLIS	5.00			+	<del>                                     </del>	H			1
PRESIDENT ELECT		X	2	x l			0	(	
5) TERRENCE DELAHUNT	3.00								
VP OF MEMBERSHIP		Х	2	x			0	(	
) THOMAS DOLAN	1.00								
VP OF CERTIFICATION		Х	2	<u> </u>			0	(	)
3) STEEN FJALSTAD	5.00	i l	١.	.	ļ				
CHIEF ADMINISTRATIVE OFFICER		X		X	L		0		1
b Sub-total	Section A				• • •		-		
d Total (add lines 1b and 1c)						•			
Total number of individuals (including but no	ot limited to th					o re	ceived more than	\$100,000 of	•
reportable compensation from the organizat	ion ►	0							
5.1.1				_					Yes
Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ticer, directo edule I for suc	r, or hundi	trus vidua	tee, ./	key e	mp	loyee, or highest	compensated	3
ciripioyee off fine ra. If res, complete some		ar mu	viuua						Nai 3b
For any reduced heard on the de-									
For any individual listed on line 1a, is the							complete Schedu	A I for such	
organization and related organizations of	greater than	\$15	0,000	02 11	"Yes	," c			4
organization and related organizations of individual	greater than or accrue cor	\$15  mpens	0,000  sation	)? <i>Ii</i>  n fron	"Yes · · · n any	unr	elated organization	on or individual	
organization and related organizations of individual	greater than or accrue cor	\$15  mpens	0,000  sation	)? <i>Ii</i>  n fron	"Yes · · · n any	unr	elated organization	on or individual	
organization and related organizations of individual	greater than or accrue cor "Yes," complet	\$15 mpens	0,000 satior edule	)? If  n from o J for	Yes · · · n any such	unr	elated organization	n or individual	5
organization and related organizations of individual	greater than or accrue cor "Yes," complet	\$150 mpens te Sch	0,000 satior edule	from J for	yes  n any such tracto	unr pers	related organization	on or individual	5 of
organization and related organizations of individual	greater than or accrue cor "Yes," complet	\$150 mpens te Sch	0,000 satior edule	from J for	yes  n any such tracto	unr pers	related organization of the contract received more anding with or with	on or individual	5 of on's tax
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organization and related organizations of individual	greater than or accrue cor "Yes," complet ompensated in t compensation address  (including bu	\$150 compensed School andepeation for	o,000 satior edule nden the o	o? II	f "Yes  n any such tracto dar yea	unn pers rs thar e	related organization  and received more inding with or with the control of second to the control	than \$100,000 countries	5 of on's tax

Name and title    Accessed with low part   Accessed where than one both united periods of controlled compensation from related organizations of the properties of the part of		(B)	1		(C)			(D)	(E)	(F)
Name and business address   Compensation   Compen	Name and title	Average hours per		not ch	Positi eck m	on ore than		Reportable compensation	Reportable compensation from	Estimated
9) JOIN JASTINSKI 4, 00		hours for	office	r and	a dire	ector/trus	stee)	the organization	organizations	compensation from the organization and related organization
D) BLL KANE	9) JOHN JASINSKI	4.00		0	-	ed.				
VP OF INFORMATION TECHNOLOGY			X		X		-	C	(	)
DIRECTOR/UMSA BOARD MEMBER DIRECTOR/UMSA BOARD M		3.00	×		x					
TREASURER  TREASURER		1.00	<del></del>				1	1		
TREASURER    THOMAS TISTHAMMER   1,000   0			X	Ш				С	(	
DEFERENCE   SECRETARY   SECR		2.00	,,		,	İ				
SECRETARY  JEFFREY VERSTEEG  3.00  VP OF EDUCATION  X X X  0  0  MULLIAM WEBB  AUDIT CHAIR  X 0  DIRECTOR/UMSA BOARD MEMBER  1.00  DIRECTOR/UMSA BOARD MEMBER  X X 0  0  0  O  TREASUBER  X X X 0  0  0  TREASUBER  X X X 0  0  0  TREASUBER  X X X 0  0  0  TREASUBER  X X X 0  0  TREASUBER  C Total from continuation sheets to Part VII, Section A  DI Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization being any person listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization Report compensation from any unrelated organization or individual for services rendered to the organization Report compensation from the organization or individual for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual for such indiv		1.00		-	^		╁			,
VF OF EDUCATION			Х		х			c		
AUDIT CHAIR  AUDIT CHAIR  DIRECTOR/UMSA BOARD MEMBER  1.00  DIRECTOR/UMSA BOARD MEMBER  X X X 0 0 0  ROARD  ROARD  RON BURFORD  TREASURER  X X X 0 0 0  RON BURFORD  TREASURER  X X X 0 0 0  NARK DUPUIS  SECRETARY  X X X 0 0 0  Discrete and the second member of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization or individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  O O O O O O O O O O O O O O O O O O	) JEFFREY VERSTEEG	3.00								
AUDIT CHAIR    MICHAEL WILM		1 00	X	-	X	_	-	C		)
MICHAEL WILM   1.00			l <sub>v</sub>						(	)
TODD BISHOPP		1.00			$\dashv$	<del></del>	<del> </del>			/
BOARD    RON BURFORD   2.00   X   X   X   0   0     TREASURER   X   X   X   0   0     MARK DUPUIS   1.00       SECRETARY   X   X   X   0   0     SUb-total   C Total from continuation sheets to Part VII, Section A	DIRECTOR/UMSA BOARD MEMBER		Х					C	(	)
RON BURFORD   2.00   X   X   X   0   0		1.00								
TREASURER    MARK DUPUIS   1.00		2 00	X		X		+-	0	(	)
MARK DUPUIS   SECRETARY   N   X   X   N   N   N   N   N   N   N			×		$_{\rm x}$				(	)
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   > 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation		1.00			+	<del></del>	<del> </del>			
Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	SECRETARY		X		Х	•		0	(	)
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	d Total (add lines 1b and 1c)						► o re	eceived more than	\$100,000 of	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Did the organization list any former officemployee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations gi	cer, directo dule J for suc sum of rep reater than	or, or ch ind portab	trus ividua ile co	<i>al</i> ompo 00?	 ensatio <i>If "Ye</i>	 on a s,"	nd other compens	sation from the	3
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation	Did any person listed on line 1a receive or for services rendered to the organization? If "\)	accrue coi	mpen	satıo	n fro	om any	y un	related organization	on or individual	
Name and business address Description of services Compensation	Complete this table for your five highest concompensation from the organization Report									
		<u> </u>								
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	Name and business ad	dress					+-	Description of se	rvices (	Compensation
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶							-			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶							$\neg$			
					_		+			

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	related organizations (W-2/1099-MISC	n from ons	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-F	AISC)	from the organization and related organizations
400) DC GRANT	2.00										
PRESIDENT	1000	X	ļ	X	<u> </u>		<u> </u>	0		0	
401) SARAH ABEDIN	10.00	١.,		١.,							
PRESIDENT	1 00	X		X	-	i i		U		0	
402) ANTHONY AVENS	1.00	.,				1					
AUDIT DIRECTOR	4.00	X				<del>                                     </del>	-	ļ			-
403) MELODY BALCET				v				,			
SECRETARY	3.00	Х		X		<del> </del>	-	ļ			
404) PHILIP CROSBY		} ,,									1
MARKETING DIRECTOR	2 00	X	$\vdash$				H				
405) KYLE FOLEY	2.00	.,		٠,						إ	I
PAST PRESIDENT	1 00	X	$\vdash$	Х	-		<u> </u>	U		9	
406) UJWAL GANDHI	1.00							1			
CGEIT REVIEW DIRECTOR		X		_	-	-		0		9	<u> </u>
407) ROSEY GREER	.50										1
DOD LIAISON		Х			_			0		0	<u> </u>
408) DANIEL HILL	1.00						ļ	_		_	I
CRISC REVIEW DIRECTOR		Х				<u> </u>	L	0		0	
409) MIKE HOWARD	5.00						l				
INTERNET DIRECTOR		X					_	0		0	
410) BENJAMIN HSIAO	5.00									_	
SPECIAL SEMINARS DIRECTOR		Х						0		0	ļ
to Sub-total  c Total from continuation sheets to Part VII, S  d Total (add lines 1b and 1c)	Section A .				<u></u>		<b>&gt;</b>	annual mare then	\$100,000		
Total number of individuals (including but not reportable compensation from the organization)			)	o a	DOV	e) who	o re	eceived more than	\$ 100,000 of		TvIn
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo											Yes No.
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	lf If	"Yes	s," (	complete Schedu	le J for si	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")											5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest concompensation from the organization Report year.</li> </ol>											
(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) Compensation
							1				
Total number of independent contractors (in more than \$100,000 in compensation from the state of the sta				nited	d to	thos	se li	sted above) who	received		台。郑澄

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more	e than o	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(411) DEBBIE HUNTER	10.00										
TREASURER	<del> </del>	Х		Х				. 0		0	·
(412) ALOK KAKKER REGISTRATION DIRECTOR	2.00	х						0		0	
(413) AMANDEEP LAMBA	.50									- 1	
CO-DIRECTOR CONFERENCES	<u></u>	Х						0		0	
(414) MARK LAVERY	1.00	1									
CISM REVIEW DIRECTOR		X						0		0	
(415) GLADYS LEONARD	3.00							_			
VOLUNTEER COORDINATOR		Х						0		0	
(416) FERNANDO NIKITIN	.50										
EDUCATION & RESEARCH		Х						0		o	
(417) CLIFTON PERSAUD	6.00										
CISA REVIEW DIRECTOR		x						l o		0	
(418) CHARLES ROBERTS	3.00							·			
MEMBERSHIP DIRECTOR		x						0		o	
(419) YEHUDA SCHMIDT	1.00	<del></del>		$\neg$			-			<del>- 1</del>	
ANNUAL MEETING DIRECTOR		x						0		٨	
(420) SUSAN SHARP	2.00			$\dashv$	-					- 4	
	.+2.00			-							
LIAISON TO PROFESSIONAL ORG.	<del>                                     </del>	X	<del>  </del>					U		4	
(421) TERESA SKEHAN	1.00	.,		ı							
CO-DIRECTOR CONFERENCES		Х								- 4	<del>.</del>
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not	limited to the	 hose I	ıste				▶ o re	ceived more than	\$100,000 d	of	
Treportable compensation from the organization     Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	cer, directo		tru						compens	ated	Yes No
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations grandividual</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	eater than	\$15 • • •	0,00	00?	If	"Yes	," (	complete Schedui	le J for s	such • •	4 X
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors											
Complete this table for your five highest concompensation from the organization Report year											
(A) Name and business ad	dress							(B) Description of se	rvices	C	(C) ompensation
							-		-		
							-				
							+-		-	_	

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos neck s pe	rson	than on the thick that the thick the	an lee)	(D) Reportable compensation from the	(E)  Reportable compensation fro related organizations	other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations	
422) BRIAN CASTAGNA PRESIDENT	8.00	x		Х				0		0	
423) MARK DUDAS ADMINISTRATIVE VICE PRESIDENT	4.00	Х		х				0			
424) VICTORIA GRAVES	4.00	_^		^							
EXECUTIVE VICE PRESIDENT 425) KATHARINE HAYES	4.00	X		Х				0		0	
IMMEDIATE PAST PRESIDENT 426) RACHEL HU	8.00	X						0		0	
SEC, AUDIT COM DIRC, & WEBMSTR 427) MIKE MACCINI	4.00	Х		Х				0		0	
PROGRAM DIRECTOR 128) LAURIE MCDONALD	2.00	Х						0		0	
MARKETING DIRECTOR 29) KELLY MCVEY	2.00	Х						0		0	
MEMBERSHIP DIRECTOR 30) KRYSTAL PEDERSEN	4.00	Х						0		0	
WEBMASTER 31) ROBERT SNYDER	2.00	х	_					0	-	0	
RESEARCH DIRECTOR 32) JULIANNE TESSIER	2.00	Х						0		0	
ACADEMIC LIAISON DIRECTOR	2.00	Х						0		0	
to Sub-total continuation sheets to Part VII, So	•						<b>&gt;</b>				
d Total (add lines 1b and 1c)	limited to the		ısted				re	ceived more than	l \$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the second control of the second contro	er, directo ule J for suc	r, or chind	tru: ıvıdu	al.		• • •				Yes N	
organization and related organizations gre	eater than	\$15	0,00	)O?		"Yes	," (	complete Schedui	le J for such	4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	mpen:	satio	n f	rom	any	uni	elated organization	on or individual	5 X	
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report c- year.											
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	
Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e li	sted above) who	received	4 %	

(A) Name and title	(B) Average hours per week (list any hours for related	box,	not ch unless er and	s per a d	ition more rson irect	than or trus	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation frelated organizations (W-2/1099-MIS		(F Estim amou oth comper from	ated nt of er nsation
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiz	lated
433) JUSTIN THERIAULT	4.00					_				_		
TREASURER 434) LARRY WILSON	2.00	X	$\vdash$	Х				0		-0		
CERTIFICATION DIRECTOR		Х						0		0		
435) BEVERLY AUSTIN	5.00	,,										
DIRECTOR 436) YOLANDA BAKER	5.00	X	$\vdash$			_		0		0		
PRESIDENT		Х		х				0		o		
437) DUSTIN BRADLEY	5.00											
DIRECTOR	5.00	Х						0		<u> </u>		
438) CARY BROWN VICE PRESIDENT	5.00	X		х				0		٥		
439) NICHOLAS BUSSANICH	5.00			*						┪		
DIRECTOR		Х						0		0		
440) WILLIAM D'ALIA	5.00	ļ <u></u>										
DIRECTOR 441) KARL E. DAHLBERG	5.00	Х	$\square$		_			0		4		
TREASURER		Х		$_{\rm X}$				0		o		
442) ANDREW ELLSWEIG	5.00								•			
DIRECTOR		Х						0		0		
443) RUSS FAIRCHILD	5.00											
DIRECTOR	<u>_</u>	Х					_	U		4		
1b Sub-total			• • •	• •	• •		<b>&gt;</b>			+	-	
d Total (add lines 1b and 1c)	-	<u> </u>	<u></u>	<u> </u>			<b></b>					
2 Total number of individuals (including but i				ab	ove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organiza	ation >	(									I v	es No
3 Did the organization list any former of	officer directo	r or	trus	stee	ء ا	CEV 6	mn	llovee or highest	compensated	, 1		55 NC
employee on line 1a? If "Yes," complete Sci											3	Х
4 For any individual listed on line 1a, is the	ne sum of rep	ortab	le co	omp	pen	satio	n ar	nd other compens	ation from the			
organization and related organizations												
<ul><li>Individual</li></ul>											4	X
5 Did any person listed on line 1a receive for services rendered to the organization? I.											5	X
Section B. Independent Contractors	•											
<ol> <li>Complete this table for your five highest of compensation from the organization. Report year</li> </ol>											s tax	
(A)							Т	(B)			(C)	
Name and business	address							Description of se	rvices	Co	mpensati	חכ
							-					
							+			—		
	_						+					
	··-						1		<u> </u>			
2 Total number of independent contractors				ited	l to	thos	e li	sted above) who	received			-
more than \$100,000 in compensation from	the organizat	ion 🕨	•									<u> </u>
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(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box.	unle	heck ss pe	erson	e than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
44) BETH FLORES-MANLAPIG DIRECTOR	5.00	х	-					0	(	)
45) DANIEL GALLIGAN DIRECTOR	5.00	х						0		
46) DOROTHY GUO	5.00		<u> </u>							
DIRECTOR 47) DONALD LIAO	5.00	X				<del></del>	<u> </u>	0	(	
SECRETARY 48) THOMAS MCDERMOTT	5.00	Х		X			_	0		
DIRECTOR 49) ANUP MODY	5.00	Х						0	(	
DIRECTOR 50) PRIYA PERUMAL	5.00	х			<u> </u>			0	(	
DIRECTOR		х						0		
51) ALBERTO QUEZADA DIRECTOR	5.00	х				_		0	0	
52) NAVED REHMAN DIRECTOR	5.00	x						0	C	
53) JEFFREY S. SAFFER DIRECTOR	5.00	х						0		
54) JENNIFER LYNN SPIEWAK DIRECTOR	5.00	Х						0		
1b Sub-total c Total from continuation sheets to Part VII, S			• • •		• •		<b>•</b>			-
d Total (add lines 1b and 1c)	limited to the	· · ·			<u> </u>		re	ceived more than \$	100,000 of	Yes N
<ul> <li>Did the organization list any former officemployee on line 1a? If "Yes," complete Schede</li> <li>For any individual listed on line 1a, is the organization and related organizations grants.</li> </ul>	lule J for suc sum of rep	<i>h ind</i> ortab	<i>ividu</i> ile c	<i>ial</i> om	 pen	sation	an ar		ation from the	3
<ul><li><i>individual</i></li></ul>	accrue cor	 npen	 satio	on f	rom	any	unr		or individual	4
for services rendered to the organization? If "Y Section B. Independent Contractors	es," complet	e Sch	edu	le J	for	such	pers	son	<u> </u>	5 >
Complete this table for your five highest concompensation from the organization Report year										
(A) Name and business ad	dress							(B) Description of serv	vices C	(C) Compensation
2 Total number of independent contractors (i	ncluding bu	t not	lım	iited	l to	thos	e lis	sted above) who r	received	
more than \$100,000 in compensation from th										**. Form <b>990</b> (201
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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employe	es (c	ontinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	n from	(F) Estimated amount of other compensation	'n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	from the organization and related organizations	
(455)	MIZBA TAWA DIRECTOR	5.00	х						0		o		0
(456)	THOMAS ZACHARIAH DIRECTOR	5.00	х						0	<u> </u>	o	-	0
(457)	GUS GALVES SECRETARY & MEMBER DIRECTOR	.50	х		х				0		0		0
(458)	DAVID GRISHAM  ACADEMIC RELATIONS COORDINATOR	.50	Х						0		0		0
(459)	ALAN GUTOWSKI MEMBER AT LARGE	.50	Х						0		0	-	0
(4 <u>60)</u>	MICHAEL HANSEN RESEARCH DIRECTOR	.50	x						0		0		0
(461)	CARMEN KAVELMAN MEMBER AT LARGE	.50	x						0		0		0
(462)	LIZA KERR MEMBER AT LARGE	.50	x						0		0		0
(463)	ALLEN LEATHERWOOD IMMEDIATE PAST PRESIDENT	1.00	Х						0		0		0
(4 <u>64)</u>	CHRISTINA MACGREGOR VICE PRESIDENT	.50	Х		х				0		0		0
(465)	JAIME RUMBAOA TREASURER	1.00	Х		х				0		0		0
	Sub-total	ection A						<b>▶</b>					
d	Total (add lines 1b and 1c)	<i>.</i>						<b>▶</b> ore	eceived more than	\$100,000 of			
	reportable compensation from the organization			)								Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	X
4	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15	0,0	00ა	. If	"Yes	s," (	complete Schedul	e J for su		4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	, јз Х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization Report of year												
	(A) Name and business add	lress							(B) Description of se	vices	С	(C) ompensation	
								F					
2	Total number of independent contractors (in				nited	d to	thos	e li	sted above) who	received	8	» » »	
JSA	more than \$100,000 in compensation from the	e organizat	ion 🕨	<u> </u>							Ť.	Form <b>990</b> (2	2042
	55 1 000 89364J 649R								1447160			PAGE	

Name and title	(B)			(0	<b>(</b> 2			(D)	(E)	(F)
	Average hours per week (list any	box.	unle	Pos heck ss pe	ition more	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	individual trustee or director	institutional trustee	a Officer		Highest compensated	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
6) RAJA SAMBANDAM GOVERNMENT AUDIT LIASON	.50	x						0	0	
7) LEW WITZ PRESIDENT	1.00	х		х				0		
8) ALEX ABRAMOV	5.00		<b> </b>							
2ND VICE PRESIDENT  3) JAMES AMBROSINI	2.00	X		Х				0	0	
PAST PRESIDENT  )) EMMA ARAKELYAN	5.00	х			$\dashv$			0	0	
BOARD MEMBER		х						0	0	
) ROCHELLE BRENNER BOARD MEMBER	5.00	Х						0	0	
) SAMMI CAI BOARD MEMBER	5.00	X		$\exists$						·
) JULIA CHING	5.00							-		
BOARD MEMBER ) ANTHONY D'AMATO	5.00	Х			-			0	0	
BOARD MEMBER		Х						0	0	
) KEVIN FULLER BOARD MEMBER	5.00	Х						0	C	
) NIGEL JAMES BOARD MEMBER	5.00	Х			İ			0		
		- 1			- 1				Ч	
b Sub-total							▶			
b Sub-total					• •		<b>A A</b>			
b Sub-total c Total from continuation sheets to Part VII, 9 d Total (add lines 1b and 1c)	limited to the	nose I	iste	d ab	ove	  	▶ ▶	ceived more than	\$100,000 of	
b Sub-total c Total from continuation sheets to Part VII, 8 d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	cer, directo	r, or ch indi	tru	d ab stee	e, k	ey e	mpl	loyee, or highest	compensated	Yes 3
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for suc sum of rep reater than	r, or character or tab	tru vidu le c 0,00	stee	e, k	ey e	mpl an," o	loyee, or highest	compensated ation from the J for such	4
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for suc sum of rep reater than	r, or character or tab	tru vidu le c 0,00	stee	e, k	ey e	mpl an," o	loyee, or highest	compensated ation from the J for such	3
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for sud sum of repreater than accrue corres," complete	r, or shirt indicate the shirt i	tru vidu le c 0,00 csatio	stee	e, k oens If rom ontr	ey e sation "Yes any such	mpl an " o unr pers	loyee, or highest	compensated ation from the by J for such or individual than \$100,000 o	3 4 5
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization  Did the organization list any former office employee on line 1a? If "Yes," complete Scheous For any individual listed on line 1a, is the organization and related organizations grandividual.  Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors  Complete this table for your five highest concompensation from the organization Report	cer, directo dule J for suc sum of repreater than accrue corres," complete	r, or shirt indicate the shirt i	tru vidu le c 0,00 csatio	stee	e, k oens If rom ontr	ey e sation "Yes any such	mpl an " o unr pers	loyee, or highest	ation from the e J for such or individual than \$100,000 or in the organization	3 4 5
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for suc sum of repreater than accrue corres," complete	r, or shirt indicate the shirt i	tru vidu le c 0,00 c satic	stee	e, k oens If rom ontr	ey e sation "Yes any such	mpl an " o unr pers	loyee, or highest	ation from the e J for such or individual than \$100,000 or in the organization	3 4 5 f n's tax
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for suc sum of repreater than accrue corres," complete	r, or shirt indicate the shirt i	tru vidu le c 0,00 c satic	stee	e, k oens If rom ontr	ey e sation "Yes any such	mpl an " o unr pers	loyee, or highest	ation from the e J for such or individual than \$100,000 or in the organization	3 4 5 f n's tax
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for suc sum of repreater than accrue corres," complete	r, or shirt indicate the shirt i	tru vidu le c 0,00 c satic	stee	e, k oens If rom ontr	ey e sation "Yes any such	mpl an " o unr pers	loyee, or highest	ation from the e J for such or individual than \$100,000 or in the organization	3 4 4 5 f n's tax
b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)	cer, directo dule J for sud sum of repreter than accrue cor/es," complet incompensation dress	r, or find ortab \$15mpense Sch	tru vvidu le c 0,00 ssatic edui	stee eal . comp on fr e J  nt c cale	oove oens If ontre	ey e e e e e e e e e e e e e e e e e e	mplinanianianianianianianianianianianianian	loyee, or highest	compensated ation from the e J for such n or individual than \$100,000 or in the organization vices	3 4 4 5 f n's tax

(A) Name and title	Average hours per week (list any hours for	box,	not ch unles er and	s pe la d	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization
) ALEXANDER JOSEPHITE CHAPTER PRESIDENT	20.00	Х		х				0	0	
) PHIL LERNER BOARD MEMBER	5.00	Х						0	0	
) MARGUERITE MCCARTHY 1ST VICE PRESIDENT	20.00	Х		х				O	C	
) JAMES POWERS BOARD MEMBER	5.00	Х						0	C	
) KAREN RAWLS CORREPONDING SECRETARY	10.00	Х		х				0	C	
) BARRY ALLEN SEARS RECORDING SECRETARY	5.00	х		х				0	C	
) RAISA SEREBRENIK BOARD MEMBER	5.00	Х						0	C	
) DR. MARIA SETTE BOARD MEMBER	5.00	х						0	0	
) KWONGMEI TO BOARD MEMBER	5.00	х						. 0	0	
) WEI TSCHANG BOARD MEMBER	5.00	Х						0	0	
) JULIANNE WU CHAPTER TREASURER	5.00	Х		х				0	0	
c Total from continuation sheets to Part VII, and Total (add lines 1b and 1c)	t limited to the		ıstec				▶ ► re	ceived more than	\$100,000 of	
Did the organization list any former officemployee on line 1a? If "Yes," complete Scheel For any individual listed on line 1a, is the organization and related organizations gundividual	icer, directo dule J for sud sum of rep reater than	r, or th indi ortab \$15	trus ividud le co 0,00	<i>al</i> . omp 00?	ens	sation "Yes,	an ar	ond other compens	sation from the	Yes 3
Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue cor	npens	satio	n fr	rom	any	unr	elated organization	n or individual	5
Complete this table for your five highest cor compensation from the organization Report year.	npensated in compensation	idepe on for	nder the	nt c cale	onti	ractor ar yea	rs th	hat received more nding with or with	than \$100,000 c in the organizatio	of n's tax
(A) Name and business ac	ldress							(B) Description of se	rvices C	(C) compensation
		-								

Part VII Section A. Officers, Directors, Tr	(B)	ĺ	•		C)			(D)	(E)		(F)
Name and title	Average hours per week (list any			heck		e than o		Reportable compensation	Reporta	on from	Estimated amount of other
	hours for related organizations below dotted line)			•		Highest compensated employee		from the organization (W-2/1099-MISC)	relate organizal (W-2/1099	tions	compensation from the organization and related organizations
88) FELIX RAMIREZ	2.00	.,									
PAST PRESIDENT  89) MICHELLE CREER  BOARD MEMBER	1.00	X						0		0	
90) JAMES DEDAD BOARD MEMBER	1.00	х						0		0	
91) KAREN DOUBRAVA SECRETARY	1.00	Х		х				0		0	
92) DAMON HACKER BOARD MEMBER	1.00	Х						0		0	
93) IMAN JOSHUA BOARD MEMBER AND PROGRAMS	2.00	Х						0		0	
94) JENNIFER MORGAN BOARD MEMBER	1.00	Х						0		0	
95) TRAVIS MOSER VICE PRESIDENT	1.00	Х		х			_	0		0	
96) JEFFERY PERSHING PRESIDENT	2.50	Х		х				0		0	
97) LISA PETERSON TREASURER	2.00	Х		х				0		0	
98) ANTHONY AGUILAR WEBSITE ADMINISTRATOR I	1.00	Х						0		0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Imited to the	ose l					► ► • re	ceived more than	\$100,000 c	of	· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo	r, or	tru	stee	e, I	кеу є 	emp	loyee, or highest	compens	ated	Yes N
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 	0,00	00? 	lf •	"Yes	;," ( • •	complete Schedu	le J for s	such •••	4 2
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5
Complete this table for your five highest com- compensation from the organization Report of year											
(A) Name and business add	Iress		_					(B) Description of se	rvices	C	(C) ompensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e li	sted above) who	received		

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o	an tee)	Reportable compensation from the	Reportable compensation fro related organizations	Estimated om amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	from the organization and related organizations
499) CAROL BARKE SECRETARY	3.00	,		v		_				
500) LISA BARTSCH	2.00	X	Н	Х				0		0
CPE COMPLIANCE COORDINATOR 501) PHILIP CHUKWUMA	1.00	Х	H				-	0		0
PROGRAM COORDINATOR I 502) IAN CONNORS	1.00	X						0		0
NEWSLETTER COORDINATOR 503) BRIAN EVANS	2.00	Х				-		0		0
ASST. TREASURER 504) LAURIE FLANDRAU	3.00	X						0		0
VP COMMUNICATIONS		х		х				0		0
505) DOUGLAS GORRIE TREASURER	3.00	Х		х				0		0
506) LESLIE NORWOOD HOPKINS RESERVATIONS COORDINATOR	2.00	х						0		0
507) AUSTIN HUTTON PROGRAM COORDINATOR III	2.00	Х						0		0
508) ANGEL JONES  MARKETING COORDINATOR	1.00	х						0	<del></del>	0
509) CHRISTOPHER JORDAN  VP MEMBERSHIP	3.00	X		х						0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	hose l	liste				> >	ceived more than	\$100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo	r, or ch ind	tru	iste	 е, I 	key e	emp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,00	00?	lf 	"Yes 	s," (	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," complet	mpen: te Sch	satio i <u>edui</u>	on f le J	rom for	any such	uni per	related organizations on	on or individual	5 X
Section B. Independent Contractors     Complete this table for your five highest communication from the organization. Report compensation from the organization.										
(A) Name and business add	iress						T	(B) Description of se	rvices	(C) Compensation
							ļ			
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ııtec	d to	thos	e lı	sted above) who	received	

	(B) Average	(da	not c	Posi	ition	a than -	one	(D) Reportable	(E) Reportable	l l	(F) Estimated
	hours per week (list any hours for	box,	unles	s pe	rson	e than one than of the second the	an tee)	compensation from the	compensation f related organizations	co	other mpensation
	related organizations below dotted line)	ndıvıdual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	o	from the rganization and related ganizations
0) JEFFREY KROMER	1.00					_					
WEBSITE WEBMASTER	<u> </u>	Х						0		0	
1) JOSE LINEROS	2.00										
DIR. OF ACADEMIC RELATIONS 2) RICKY LINK	3.00	X		$\dashv$	$\dashv$			0		0	
3RD PAST PRESIDENT		×						0			
3) SEAN MCALOON	1.00	<u> </u>		$\dashv$	$\dashv$					7	
NEWSLETTER COORDINATOR	+	х		ł				0		0	
4) JOE MCKERNAN, JR.	1.00										
JOBS COORDINATOR		х			]			0		0	
5) ANDREW NEAL	3.00										
VP PROGRAMS		Х		Х	$\Box$			0		0	
6) ROBERT NEBEL	3.00										
CERTIFICATIONS COORDINATOR II		Х						0		0	
7) SUSAN PAGEL	3.00			ı							
2ND PAST PRESIDENT	3 00	X						0		9	
B) BARRY RAVEN VP CERTIFICATIONS	3.00	х		х							
O) MARVIN READER	3.00			$\stackrel{\wedge}{\longrightarrow}$	$\dashv$			0		4	
1ST PAST PRESIDENT	† <del></del>	х		- 1				0			
D) JD SMITH	1.00			$\dashv$	$\dashv$					1	
	L			- 1	- 1	1	1	ĺ			
EDUCATION COORDINATOR II	1	Х			- 1			[ 0		q	
			L  				•	0	-	0	
EDUCATION COORDINATOR II    b Sub-total	-						<b>*</b>	0		0	
EDUCATION COORDINATOR II	limited to t		iste				<b>▶ ▶ o</b> re		\$100,000 of	0	
b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization bid the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the substitution of the scheduler in the substitution is the substitution of the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the substitution is the substitution of the substitution in the substitution is the substitution of the substitution is the substitution of the substitution in the substitution is the substitution of the substitution is the substitution of the substitution in the substitution is the substitution of the substitution in the substitution is the substitution of the substitution is the substitution of the substitution in the substitution is the substitution of the substitution of the substitution is the substitution of the substitution is the substitution of the substitution of the substitution is the substitution of the substituti	limited to the limit	hose l	tru	d ab	e, k	e) who	emp	ceived more than	compensated	3	Yes
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual.	limited to the cer, directo dule J for such sum of repeater than	r, or ch ind	tru	stee	e, k	e) who	emp · · n ar ;" (	loyee, or highest	compensated ation from the J for such	3 ************************************	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandvidual.	limited to the cer, directorule J for successum of represented than accrue con	r, or ch ind	tru	stee	e, k	e) who	emp	loyee, or highest	compensated ation from the construction from the construction or individual	4	
EDUCATION COORDINATOR II  Ib Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization)  B Did the organization list any former office employee on line 1a? If "Yes," complete Scheools For any individual listed on line 1a, is the organization and related organizations grandividual  Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors	imited to the cer, directorule J for such sum of repeater than accrue confes," complete	r, or ship ship ship ship ship ship ship ship	tru ividu le c 0,00	stee	e, k	eey eessation "Yessany such	emp ar ;," (  unr	loyee, or highest	compensated ation from the angle of the such at the such and or individual angle of the such and or individual angle of the such and such angle of the such and such angle of the such angle of	4	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization  Did the organization list any former office employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual  Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors	imited to the cer, directo fule J for such sum of repeater than accrue confes," complete repensated in	r, ortab	tru vividu le c 0,00	stee	oove e, k e, k oons for	eey essation "Yes any such	emp  . ar ;" o  unr pers	loyee, or highest	compensated ation from the e J for such an or individual	3 4 5	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Scheet For any individual listed on line 1a, is the organization and related organizations grandividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors  Complete this table for your five highest components of the organization Report of year  (A)	limited to the correction of t	r, ortab	tru vividu le c 0,00	stee	oove e, k e, k oons for	eey essation "Yes any such	emp  . ar ;" o  unr pers	loyee, or highest and other compens complete. Scheduling son	compensated attorn from the e J for such an or individual than \$100,00 in the organiza	3 4 5 0 of ation's tax	(
EDUCATION COORDINATOR II  b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Scheet Epor any individual listed on line 1a, is the organization and related organizations grandividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors  Complete this table for your five highest components of the organization Report of year	limited to the correction of t	r, ortab	tru vividu le c 0,00	stee	oove e, k e, k oons for	eey essation "Yes any such	emp  . ar ;" o  unr pers	loyee, or highest and other compens complete Schedul complete schedul complete son	compensated attorn from the e J for such an or individual than \$100,00 in the organiza	4 5 0 of ation's tax	(
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Scheet For any individual listed on line 1a, is the organization and related organizations grandividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors  Complete this table for your five highest components of the organization Report of year  (A)	limited to the correction of t	r, ortab	tru vividu le c 0,00	stee	oove e, k e, k oons for	eey essation "Yes any such	emp  . ar ;" o  unr pers	loyee, or highest and other compens complete. Scheduling son	compensated attorn from the e J for such an or individual than \$100,00 in the organization.	3 4 5 0 of ation's tax	(
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Scheet For any individual listed on line 1a, is the organization and related organizations grandividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yesection B. Independent Contractors  Complete this table for your five highest components of the organization Report of year  (A)	limited to the correction of t	r, ortab	tru vividu le c 0,00	stee	oove e, k e, k oons for	eey essation "Yes any such	emp  . ar ;" o  unr pers	loyee, or highest and other compens complete. Scheduling son	compensated attorn from the e J for such an or individual than \$100,00 in the organization.	3 4 5 0 of ation's tax	(
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization  Did the organization list any former office employee on line 1a? If "Yes," complete Scheet  For any individual listed on line 1a, is the organization and related organizations granization and related organizations granization and related organizations granization and person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors  Complete this table for your five highest components of the organization Report of year  (A)	limited to the cer, director dule J for such sum of repeater than accrue confes," complete the compensated in compensated in compensation dress	r, or ch independent on for	tru vividu le c 0,00 ssatic edui	stee	oovee, k	sey exey exested and set of the s	emp	ceived more than a loyee, or highest and other compens complete. Schedul arelated organization and the compens of the complete organization and the compens of the compens	ation from the e J for such an or individual than \$100,00 in the organizations.	3 4 5 0 of ation's tax	(

(A) Name and title	(B) Average hours per week (list any hours for related	box,	not ch unles er and	s per la di	tion more son rect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations (W-2/1099-MIS	on from d ions	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organization and related organizations
521) MATTHEW SMITH  VP EDUCATION	3.00	Х		х				(	)	O)	
522) GREGORY STREDER PRESIDENT	6.00	X		x				(	)	0	
523) BRITTANY TEARE  VP FACILITIES	3.00	Х		x						0	
524) SHIRLEY WALKER WEBSITE ADMINISTRATOR II	1.00	Х						0		0	
525) IDDAH WANGONDU EDUCATION COORDINATOR I	1.00	Х						C	)	0	
526) KYLE WESS CERTIFICATIONS COORDINATOR I	3.00	Х						C	)	0	
527) PASCAL BIZARRO TREASURER	2.00	х		х				C	)	0	
528) GLEN BRASS BOARD MEMBER	1.00	Х						C	)	0	
529) DAVID CUTRI BOARD MEMBER	1.00	X						C	)	0	
530) MIKE GALLAGHER BOARD MEMBER	1.00	Х						C		0	
531) MICHAEL GERBER PRESIDENT	2.00	Х		х				C	)	0	
1b Sub-total  c Total from continuation sheets to Part VII, S	-				-		<b>&gt;</b>				
d Total (add lines 1b and 1c)	limited to t		liste				re	ceived more than	\$100,000 c	of	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheet 4 For any individual listed on line 1a, is the	lule J for suc sum of rep	ch ind oortab	ividu le c	<i>ial</i> . omp	oen	 satior	 nam		sation from	 the	Yes No
organization and related organizations grandvidual	accrue co	 mpen	 satıc	on fi	rom	 any	uni	related organization	on or individual	 dual	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors	'es," comple	te Sch	edu	le J	for	such	per.	son		••	5 X
1 Complete this table for your five highest concompensation from the organization. Report year											
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the second contractors).				ıted	to	thos	e lı	sted above) who	received		
JSA 3E1055 1 000 89364J 649R								1447160			Form <b>990</b> (2013 PAGE 54

(A)		1						hest Compensat		1
	(B)			(0	•			(D)	(E)	(F)
Name and title	Average	١		Pos				Reportable	Reportable	Estimated
	hours per					than c		compensation	compensation from	amount of
	week (list any hours for					is both or/trust		from	related	other compensation
	related							the	organizations	from the
	organizations	d M	stit	Officer	e Ye	Highest employe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	ect	Jt to	4	mp	st cor	막	(***2/1033***********************************		and related
	(ine)	₹	nalt		Key employee	υ m m				organizations
		Individual trustee or director	nstitutional trustee		9	mpensated				
32) GREG HUSSEY	1.00	}				ä				
BOARD MEMBER		Х						0	C	
33) KEVIN MICHAEL KELLEY	1.00									
BOARD MEMBER	[	_ X						0	C	
34) ZACHERY KRAMP	1.00									
BOARD MEMBER	<del> </del>	X						0	C	
35) JIM KRIEGER	2.00							-		
VICE PRESIDENT	† <del></del>	X		х				0	_	
36) PAUL NELSON	1.00	Α	Н	^				0	<u> </u>	
	ļ <del>-</del> 1.00	١.,								
BOARD MEMBER		X	$\vdash \vdash$					0	<u>_</u>	
37) LAURIE RYAN	1.00									
IMMEDIATE PAST PRESIDENT	ļ	Х		Х				0	C	
38) KATHERINE VAN JURA	2.00		f							
SECRETARY		Х		Х				0	C	
39) JOSEPH THOMAS GLAB	10.00									
COMM. CHAIR & WEBMASTER	†	x						0	n	
40) JENNIFER HUNT	5.00									
				., l						
VICE PRESIDENT	7.00	X	$\vdash$	Х				0		
41) MCKENZIE KICHLER	7.00									
SECRETARY		X		Χ				0	0	
12) DAVID FRANCIS MEDEIROS, JR.	12.00									
PROGRAM CHAIR & PAST PRESIDENT		_ X		Х				0	0	
1b Sub-total							$\blacktriangleright$			
c Total from continuation sheets to Part VII, S							$\blacktriangleright$			
•	<del>-</del>									
d Total (add lines 1b and 1c)							-			
d Total (add lines 1b and 1c)							► re	ceived more than	\$100,000 of	
d Total (add lines 1b and 1c)	limited to the						► re	ceived more than	\$100,000 of	<u> </u>
<ul> <li>Total number of individuals (including but not reportable compensation from the organization)</li> <li>Did the organization list any former office employee on line 1a? If "Yes," complete Schedeling in the school of the scho</li></ul>	er, directo	hose ( or, or ch ind	tru ividu	d at	e, I	e) who	mp	loyee, or highest	compensated	3 X
<ul> <li>Total number of individuals (including but not reportable compensation from the organization)</li> <li>Did the organization list any former offic employee on line 1a? If "Yes," complete Schede</li> <li>For any individual listed on line 1a, is the organization and related organizations graindividual</li></ul>	er, directoule J for suc	or, or chind portab \$15	tru  vidu  le c	stee	e, l	e) who	mp ar	loyee, or highest	compensated	3 X
<ul> <li>Total number of individuals (including but not reportable compensation from the organization)</li> <li>Did the organization list any former office employee on line 1a? If "Yes," complete Schedulation organization and related organizations greater than the second organization and related organizations.</li> </ul>	er, directo ule J for suc sum of rep eater than accrue cor	hose ( or, or ch ind portab \$15	tru  ividu  ile c  i0,00  satio	stee	e, le pen	e) who	mp ar ," (	loyee, or highest	compensated cation from the grace J for such	3 X
<ul> <li>Total number of individuals (including but not reportable compensation from the organization)</li> <li>Did the organization list any former office employee on line 1a? If "Yes," complete Schedel</li> <li>For any individual listed on line 1a, is the organization and related organizations graindividual.</li> <li>Did any person listed on line 1a receive or</li> </ul>	er, directo ule J for suc sum of rep eater than accrue cor	hose ( or, or ch ind portab \$15	tru  ividu  ile c  i0,00  satio	stee	e, le pen	e) who	mp ar ," (	loyee, or highest	compensated cation from the grace J for such	3 X
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the organization and related organizations graindividual</li> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes"</li> </ul>	er, directo ule J for suc sum of rep eater than accrue cor es," complet	or, or chind sortab	tru  ividu  ile c  io,00  satic  ende	stee	pen If for cont	sey essation "Yes any such	mp an ar "" (	loyee, or highest	compensated cation from the e J for such on or individual	3 X 4 X 5 X
2 Total number of individuals (including but not reportable compensation from the organization) 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedue 4 For any individual listed on line 1a, is the organization and related organizations graindividual	er, directo ule J for suc sum of repeater than accrue cores," complete pensated in ompensation	or, or chind sortab	tru  ividu  ile c  io,00  satic  ende	stee	pen If for cont	sey essation "Yes any such	mp an ar "" (	loyee, or highest	compensated cation from the legal for such construction or individual than \$100,000 construction the organization	3 X 4 X 5 X
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the organization and related organizations graindividual</li></ul>	er, directo ule J for suc sum of repeater than accrue cores," complete pensated in ompensation	or, or chind sortab	tru  ividu  ile c  io,00  satic  ende	stee	pen If for cont	sey essation "Yes any such	mp an ar "" (	loyee, or highest	compensated cation from the legal for such construction or individual than \$100,000 construction the organization	3 X 4 X 5 X
2 Total number of individuals (including but not reportable compensation from the organization) 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedue 4 For any individual listed on line 1a, is the organization and related organizations graindividual	er, directo ule J for suc sum of repeater than accrue cores," complete pensated in ompensation	or, or chind sortab	tru ividu ile c io,00	stee	pen If for cont	sey essation "Yes any such	mp an ar "" (	loyee, or highest	compensated cation from the legal for such construction or individual than \$100,000 construction the organization	3 X 4 X 5 X
2 Total number of individuals (including but not reportable compensation from the organization) 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedue 4 For any individual listed on line 1a, is the organization and related organizations graindividual	er, directo ule J for suc sum of repeater than accrue cores," complete pensated in ompensation	or, or chind sortab	tru ividu ile c io,00	stee	pen If for cont	sey essation "Yes any such	mp an ar "" (	loyee, or highest	compensated cation from the legal for such construction or individual than \$100,000 construction the organization	3 X 4 X 5 X
Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Schede organization and related organizations great individual	er, directo ule J for suc sum of rep eater than accrue cor es," complet pensated ir ompensatio	or, or ch ind sortab \$15 mpen te Sch	truuvidulle coo,00	steedal	pen If control of the	e) who	mp n ar " ( unr pers	loyee, or highest	compensated  cation from the e J for such con or individual  than \$100,000 con the organization  received	3 X 4 X 5 X
Total number of individuals (including but not reportable compensation from the organization)  Did the organization list any former office employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the organization and related organizations graindividual	er, directo ule J for suc sum of rep eater than accrue cor es," complet pensated ir ompensatio	or, or ch ind sortab \$15 mpen te Sch	truuvidulle coo,00	steedal	pen If control of the	e) who	mp n ar " ( unr pers	loyee, or highest	compensated  cation from the e J for such con or individual  than \$100,000 con the organization	3 X 4 X 5 X of n's tax (C) compensation
2 Total number of individuals (including but not reportable compensation from the organization) 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede organization and related organizations greated individual	er, directo ule J for suc sum of rep eater than accrue cor es," complet pensated ir ompensatio	or, or ch ind sortab \$15 mpen te Sch	truuvidulle coo,00	steedal	pen If control of the	e) who	mp n ar " ( unr pers	loyee, or highest	compensated  cation from the e J for such con or individual  than \$100,000 con the organization  received	3 X 4 X 5 X

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees	s (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe d a d	rson Irect	e than one is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensatio
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) from the organization and related organizations
543) STEVEN PEET	10.00									
TREASURER		Х		Х			L	C	)	0
544) JOHN VYHLIDAL	7.00									
PRESIDENT		Х		Х			L.	C		0
545) DAVID BARTON	2.00									
PRESIDENT (1/13-6/13)	1	X		Х				C		0
546) DAVID BARTON	1.00									
PAST PRESIDENT (6/13-12/13)		X		Х				C		0
547) JOHN BROOKS	1.00									
SECRETARY (1/13-6/13)	T	Х		Х				C		o
548) PATRICK DEMSKI	1.00									
TREASURER	+	Х		Х						0
549) JASON JAMES	2.00									
VICE PRESIDENT (6/13-12/13)	+	Х	ĺ	х				ĺ		0
550) JASON UHLMAN	10.00	- 11	Н			-		· · · · · · · ·		<del></del>
VICE PRESIDENT (1/13-6/13)	+	v		v						
	10.00	X	Ш	Х				0		
551) JASON UHLMAN	10.00									
PRESIDENT (6/13-12/13)	<u> </u>	X	L	Х	Ĺ			0		0
552) LAUREN WHITE	1.00									
SECRETARY (6/13-12/13)		Х		Х			L	0		0
553) GIRARD SMITH	2.00	Į					]			
IMMEDIATE PAST PRESIDENT		Х						0		o
1b Sub-total continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	Section A .						<b>*</b> * *			
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	C	)							
										Yes
3 Did the organization list any former office	cer, directo	r, or	tru	ıste	e, I	кеу е	emp	loyee, or highest	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for suc	in ina	ivial	ıaı .	• •		• •		· · · · · · · · ·	3
4 For any individual listed on line 1a, is the										
organization and related organizations gr								complete Schedu	le J for such	
indıvıdual										4
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	rom	any	uni	related organization	on or individual	
for services rendered to the organization? If "Y	es," complet	te Sch	edu	le J	for	such	per	son	<u></u> .	5
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization Report of year										
(A)							T	(B)		(C)
Name and business add	dress							Description of se	rvices	Compensation
				_					-	
							+			
2 Total number of independent contractors (i.	ncludina bi	ıt not	lım	uted	l to	thos	e li	sted above) who	received	**(***********************************
more than \$100,000 in compensation from th										

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (	continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
554) WILLIAM BAILEY	1.00										
DIRECTOR	1 00	Х		├				0	C		
555) MARK BRENNAN DIRECTOR	1.00	X							_		
556) RICHARD CASTRO	1.00					l				-	
DIRECTOR		Х						0	o		
557) DEREK DANILSON	7.00									-	
COMMUNICATIONS CHAIR		Х	<u> </u>					0	0		
558) PAULA D'ORAZIO	5.00							_			
SECRETARY	1.00	X		X				0	0		
DIRECTOR		X						_	0		
560) ALEX HABRE	1.00	<u> </u>									
DIRECTOR		x					ļ	0	0		
61) ANTHONY HERNANDEZ	1.00	-			_						
DIRECTOR		Х						0	0		
62) LAURA HITCHCOCK	1.00										
DIRECTOR		X	ļ	ļ				0	0		
663) MARK KEPPLER	.50										
DIRECTOR 564) ZACHARY LEAHAN	1.00	X				<u> </u>		0	0		
DIRECTOR & ARC COMMITTEE CHAI	+	X							0		
1b Sub-total				ı	· · ·		▶				
c Total from continuation sheets to Part VII	, Section A						<b>&gt;</b>				
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but n				d al	bove	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organiza	tion >	(	)		-					Yes N	
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch	fficer, directo edule J for suc	r, or ch ind	tru <i>ividi</i>	uste ual	e, I	key e	mp • •	loyee, or highest	compensated	3 X	
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	lf.	"Yes	," (	complete Schedui		4	
5 Did any person listed on line 1a receive	or accrue coi	mpen	satio	on f	ron	any	unr	elated organization	on or individual		
for services rendered to the organization? If	"Yes," complet	te Sch	nedu	ıle J	for	such	pers	son		5 X	
Section B. Independent Contractors	· · ·										
<ol> <li>Complete this table for your five highest or compensation from the organization. Report year</li> </ol>											
(A) Name and business	address							(B) Description of se	rvices C	(C) compensation	
							<u> </u>				
			_								
2 Total number of independent contractors more than \$100,000 in compensation from				nited	to	thos	e li	sted above) who	received		
JSA 3E1055 1 000			_							Form <b>990</b> (20	

(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations (W-2/1099-MISI		other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations	
55) ATUL MALHOTRA	5.00										<u>,                                    </u>	
1ST VP & EDCUCATION CHAIR	1 00	X	ļ	X	ļ		-	0		0		
56) THU NGUYEN	1.00	.,								0		
DIRECTOR 57) AGNES PERAINO	1.00	Х	<del> </del>	ļ			ļ	U		0		
PAST PRESIDENT & DIRECTOR	<del>-</del>	X										
58) CLARENCE RINDGEN	7.00											
2ND VP & PROGRAM CHAIR		X		Х				0		o		
59) GAVIN ROBINSON	1.00											
DIRECTOR	T	Х				[		0		0		
0) ALAN SHEPPARD	10.00											
PRESIDENT		Х		Х			L	0		0		
1) WARREN ROBERT SIMMONS	3.00											
DIRECTOR & CVENT COORDINATOR		Х						0	,.,	0		
(2) AMIT VARIA	1.00								ļ			
DIRECTOR & MEMBERSHIP DIRECTOR		X					ļ	0		0		
3) TORPEY WHITE	7.00											
TREASURER	0.00	X		Х				0		0		
4) AARON CARPENTER	2.00											
DIRECTOR	2.00	X	-					0		- 0		
75) JON CHANDLER DIRECTOR	2.00	x						_				
1b Sub-total	L	I	<u></u>				_					
c Total from continuation sheets to Part VII, So	 ection A	• • •	• • •				-					
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including but not							o re	ceived more than	\$100,000	of		
reportable compensation from the organization		(							· ,			
											Yes N	
3 Did the organization list any former offic	er, directo	r, or	tru	ıste	e, I	key e	emp	loyee, or highest	compens	ated		
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividi	ual							3	
4 For any individual listed on line 1a, is the s	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	ation from	the		
organization and related organizations gre											4	
Individual											4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen te Sch	satio	on i de l	ron I for	ı any	uni	reiated organizatio	on or inaiv	louai	5	
Section B. Independent Contractors	o, somplet	5 001	.cuu	,,,,,		34011	، ان م		· · · · · ·	• • •		
Complete this table for your five highest com	pensated ii	ndepe	ende	ent o	cont	racto	rs t	hat received more	than \$100	0.000 o	f	
compensation from the organization Report c year												
(A) Name and business add	ress							(B) Description of se	rvices	c	(C) ompensation	
							$\perp$					
<del></del>												
						-	-					
						-						

Compensation   Com	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
DIRECTOR   COK   10,00   Compensation   Compensa		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	organization		from the organization and related organizations
(578) TIMOTHY COX 2.00 X X X C C C C C C C C C C C C C C C C	`	2.00									
PRESIDENT   X		10.00	X						0	- 0	
STEP   TIMOTHY COX			l v		x					0	
OTRECTOR  DIRECTOR  SOUNTC HARRISON  SOUNTC HARRISON  SOUNTC HARRISON  TEASOURER  SOUNTC HARRISON  SOUNTC HARRISON  TEASOURER  SOUNTC HARRISON  SOUNTCH HARRISON  SOUNTCH HA		2.00		H						0	
Section   Sect	·		4						l 0	0	
S80) NIC HARRISON  TREASURER  X X X 0 0 0  TREASURER  S1) BRIAN IRISH  S25  FORMER TREASURER  X 0 0 0  S82) KIM JONES  DIRECTOR  X 0 0 0  S83) BENISE LECLAIRE  DIRECTOR  X 0 0 0  S84) ADAM REMIS  PAST PRESIDENT  X 0 0 0  S85) GAIL RICKETTS  IMMEDIATE PAST PRESIDENT  X X 0 0 0  S86) JOHN SIMONS  S86) JOHN SIMONS  S86) JOHN SIMONS  S10 JOHN SIMONS  TOTAL from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total from continuation is tent to reganization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  for services rendered to the organization greater than \$150,000? If "Yes," complete Schedule J for such preson  Section B. Independent Contractors  (A)  Name and business address  Compensation from the calendar year ending with or within the organization's tax year		2.00									
TREASURER  \$1 BRIAN IRISH FORMER TREASURER  \$2 X	DIRECTOR		x						0	О	
581) BRIAN IRISH FORMER TREASURER   582) KIM JONES DIRECTOR  583) DENIES LECLAIRE DIRECTOR  584) ADAM REMIS PAST PRESIDENT  X  0  0  0  585) GAIL RICKETTS IMMEDIATE PAST PRESIDENT  586) JOHN SIMONS  586) JOHN SIMONS  586) JOHN SIMONS  5 0  10 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the calendar year ending with or within the organization's tax year  (A) Name and business address  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 Report compensation from the calendar year ending with or within the organization's tax year	580) NIC HARRISON	5.00				i				- <del></del>	
FORMER TREASURER  582) KIM JONES  DIRECTOR  X  0  0  0  583) DENISE LECLAIRE  DIRECTOR  X  0  0  0  584) ADAM REMIS	TREASURER	-	Х		х				0	o	
DIRECTOR  DIRECTOR  DIRECTOR  S83) DENISE LECLAIRE DIRECTOR  S84) ADAM REMIS PAST PRESIDENT  S85) GAIL RICKETTS PAST PRESIDENT  S86) JOHN SIMONS VICE PRESIDENT  TIMEDIATE PAST PRESIDENT  S86) JOHN SIMONS VICE PRESIDENT  S87) VICE PRESIDENT  S88) JOHN SIMONS  VICE PRESIDENT  S88) JOHN SIMONS  TOtal from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule I for such individual.  Total individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Total properties and the properties Schedule J for such person  Total individual is table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Description of services  Compensation from the organization from the organization person  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization person	581) BRIAN IRISH	.25	Ì							•	
DIRECTOR  DENISE LECLAIRE DIRECTOR  X  0  0  0  584) ADAM REMIS .25  IMMEDIATE PAST PRESIDENT X  0  0  585) GAIL RICKETTS .25  IMMEDIATE PAST PRESIDENT X  0  0  586) JOHN SIMONS VICE PRESIDENT X  X  X  X  X  X  X  X  X  X  X  X  X	FORMER TREASURER		Х						0	0	
DENISE LECLAIRE DIRECTOR S4 DARW REMIS PAST PRESIDENT S65) GALL RICKETTS S65) GALL RICKETTS S66) JOHN SIMONS VICE PRESIDENT S66) JOHN SIMONS VICE PRESIDENT S760 VICE PRESIDENT VICE PRES	582) KIM JONES	.25									
DIRECTOR  DIREC	DIRECTOR		Х						0	0	
PAST_PRESIDENT  PAST_PRESIDENT  Set of the past president president pre	583) DENISE LECLAIRE	.25									
FAST PRESIDENT  S85) GAIL RICKETTS  LIMBOIATE PAST PRESIDENT  X  O  O  S86) JOHN SIMONS  VICE PRESIDENT  1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² // if "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // if "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // Yes," complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Compensation Form the organization from the organization person.	DIRECTOR	-T	Х						0	0	
Set) GAIL RICKETTS  IMMEDIATE PAST PRESIDENT  X X X 0 0 0  Set) John SIMONS  VICE PRESIDENT  1b Sub-total  c Total from continuation sheets to Part VII, Section A	584) ADAM REMIS	.25									.=.
IMMEDIATE PAST PRESIDENT  5.00  VICE PRESIDENT  1.	PAST PRESIDENT	- [	Х	İ					0	0	
VICE PRESIDENT  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 * If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Compensation from the organization pound in the organiz	585) GAIL RICKETTS	.25									
VICE PRESIDENT	IMMEDIATE PAST PRESIDENT	-	X.						0	0	
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	586) JOHN SIMONS	5.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization services address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  4 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  5 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >  5 Total number of independent contractors (including but not limited to tho	VICE PRESIDENT		) x		Х				0	0	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization services rendered to the organization or including but not limited to those listed above) who received more than \$100,000 in compensation from the organization or independent contractors 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization in the	1b Sub-total							•			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				· · ·	•			•			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    You are a compensation from the organization   You are a compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual issued on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   Section B. Independent Contractors   Section B. Independent Contractors								•			*
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d at	oove	e) who	o re	ceived more than	\$100,000 of	
Individual											3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations g	reater than	\$15	0,00	002	lf	"Yes	s," c	complete Schedul	e J for such	4 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  ■ 1.554	5 Did any person listed on line 1a receive o	r accrue co	mpen	satio	on f	rom	any	unr	related organizatio	n or individual	5 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶		es, comple	ie SUN	çuül	i <del>c</del> J	101	sucii	pers	30//	· · · · · · · · · · · · · · · · · · ·	1 3   X
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  JSA	Complete this table for your five highest cor compensation from the organization Report										
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶		Idroop									
more than \$100,000 in compensation from the organization ▶	Name and business ac							+	Description of sei	vices C	ompensation
more than \$100,000 in compensation from the organization ▶								$\vdash$			
more than \$100,000 in compensation from the organization ▶								$\vdash$			
JSA OO					ited	l to	thos	e lis	sted above) who	received	
		ne organizat	iou 🏲	· 							- 000
3E1055 1 000 Form 9 9	3E 1055 1 000								<b>. .</b>		Form <b>990</b> (201 PAGE 5

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	more rson irect	than sort Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(587) ERICA SMITH	5.00									
2ND VICE PRESIDENT		Х		Х			<u> </u>	0	0	
(588) RON THOMPSON	5.00									
SECRETARY		Х		Х				0	0	C
(589) JEFFREY TROGAN	.25							İ		
VICE PRESIDENT		Х		Х	<u> </u>		_	0	0	
(590) MICHAEL CONLON	1.00									
DIRECTOR OF ONLINE PRESENCE	<u> </u>	X					_	0	0	
(591) DANIEL DESKO	1.00									
DIRECTOR OF OUTREACH		Х	$\square$	_				0	0	
(592) ANGELA HALL	1.00									_
TREASURER	1 00	X		Х				0	0	
(593) STEPHANIE MCDONOUGH	1.00	.,		.				_		
SECRETARY	1 00	Х		Х			_	<u> </u>	0	C
(594) JEFFREY MEEHAN  VICE PRESIDENT OF LOGISTICS	1.00	Х		$ _{x} $						_
(595) STACEY SLAVONIC	1.00			^				0		C
VICE PRESIDENT OF PROGRAMS	+	Х		x				_		C
(596) KRISTEN SPILLENI	1.00	^		^				<u> </u>	9	
VICE PRESIDENT OF SEMINARS		х		х				١	0	0
(597) BRETT WILSON	1.00					_			9	
DIRECTOR & GRA COORDINATOR		Х						٥	ا	0
1b Sub-total	,							_		
c Total from continuation sheets to Part VII, S	ection A			• •	• •					
d Total (add lines 1b and 1c)	-						•			
Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste		oove	e) who	o re	ceived more than	\$100,000 of	

			163	1110
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		i.	
	ındıvıdual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			5
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

## Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Ti		;y ⊑n	ipic			anu	піуі			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(598) JASON ZAHN	2.00									
PRESIDENT	<u> </u>	Х		Х			<u>L</u> _	0	(	)
(599) JACK CHAMPLAIN	1.00						-			
ACEDEMIC OUTREACH & AUDIT	1 00	Х	L				<u> </u>	0	(	)
(600) REBECCA DOLS	1.00			v		ļ	(		,	j K
SECRETARY (601) CHITRA GOPALAKRISHNAN	1.00	X	$\vdash$	Х	-		<u> </u>			<del></del>
CISA COORDINATOR		х						0	(	
602) STEPHEN JUE	1.00		$\vdash$			<del> </del> -	-			
PROGRAMS DIRECTOR		х						o	(	)
603) STEVE MAR	1.00						_			-
CISA COORDINATOR		Х						0		) c
604) THOMAS MCANDREW	1.00			_						
IMMEDIATE PAST PRESIDENT		X						0	(	) C
605) DON MCGILLIVRAY	1.00									
VICE PRESIDENT		Х		Х				0	(	0
606) ROBERTA MCGILLIVRAY	1.00	]			1	}	Ì			)
MEMBERSHIP DIRECTOR		X	Ш					0		)C
607) SCOTT NEWMAN	1.00									
EDUCATION DIRECTOR	2 00	Х			_			0		)
608) TIMOTHY SANDAGE PRESIDENT	3.00	X		х					,	) .
	<u> </u>	^		Λ	L		Ļ			
1b Sub-total	~					· · ·	<b>A A</b>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	ceived more than	\$100,000 of	
							_			Yes No
3 Did the organization list any former offi	cer, directo	r, or	tru	ste	e, I	key e	emp	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Sched	lule J for suc	ch ind	ıvıdı	ıal						3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gi								complete Schedul	le J for such	4 X
<ul><li>individual</li></ul>								· · · · · · · · · · · · · · · · · · ·	on or individual	4 X
for services rendered to the organization? If "	es," comple	te Sch	edu	le J	for	such	pers	son ,	<del> </del>	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest concompensation from the organization Report year</li> </ol>	npensated in compensation	ndepe on for	nde the	ent d cal	cont	racto lar ye	rs tl ar e	hat received more inding with or with	than \$100,000 on the organization	of en's tax
(A) Name and business ad	dress							(B) Description of se	n/ices (	(C) Compensation
3 3							L			
							$\perp$			
O. Tatal aumbas of radional literature (		.4	1.			41-				
2 Total number of independent contractors (				iited	o to	thos	e li	sted above) who	received	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont						continued)					
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(609)	JOSE MICHAEL SANTOS WEBMASTER	1.00	х						,	(	
610)	WILLIAM STONE	1.00									
611)	EDUCATION DIRECTOR AARON SUOJA	2.00	X						0		
612)	TREASURER BILL WILDPRETT	1.00	X		Х				0	(	
613)	COMMUNICATIONS DIRECTOR CHRIS GARRISS	1.00	X						0		
614)	VICE PRESIDENT RICHARD HUDON	1.00	X		Х				0		
615)	DIRECTOR SRINI KOLATHUR SOCIAL MEDIA COORDINATOR	1.00	X						0		
616)	LAURA O'GRADY SECRETARY	1.00	X		х				0		
617)	JOANNA ROJAS DIRECTOR	1.00	x						0	(	
618)	ALAN ROTH DIRECTOR	1.00	Х						0	(	
619)	SRINIVAS SARASWATULA PRESIDENT	4.00	х		х				0	(	
	Sub-total				• •			<b>&gt;</b>			
d	Total (add lines 1b and 1c)	<u></u>						<u> </u>		£4.00.000 -£	
	Total number of individuals (including but not reportable compensation from the organization		_	)	o ai	DOVE	=) wn	э ге ——	ceived more than	\$100,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or ch ind	tru <i>ividu</i>	ıste <i>ıal</i>	e,   	key e	emp	loyee, or highest	compensated	Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	om 00?	pen <i>If</i>	satioi "Yes	n ar 6," (	nd other compens complete Schedul	ation from the	<b>4</b> X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Se	ction B. Independent Contractors							·			
1	Complete this table for your five highest com compensation from the organization Report c year										
	(A) Name and business add	ress							(B) Description of se	rvices (	(C) Compensation
								<u> </u>			
_							-				
2	Total number of independent contractors (in				itec	d to	thos	e li	sted above) who	received	
JSA 3E10	more than \$100,000 in compensation from the	e organizat	ion 🕨	<u> </u>					<del></del>		Form <b>990</b> (2013
	89364J 649R								1447160		PAGE 62

(A) Name and title	Average hours per week (list any hours for	box,	not ch unles	Pos neck is pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(620) DAN SCHMIDT TREASURER	.25	x		х						C
(621) TIA SHOEMAKER	1.00			^				· · · · · ·		
RESEARCH DIRECTOR	<u> </u>	Х						0	0	C
(622) CANDACE SMITH	1.00								_	
RESEARCH DIRECTOR	2 00	X			_			0	0	C
(623) MICHELLE WICKER VICE PRESIDENT	2.00	х		х				0	,	l
(624) BENJAMIN COGAN	1.20							0		
SECRETARY		Х		Х	1			0	О	0
(625) KEVAN RILEY	1.20									
PAST PRESIDENT		Х						0	0	0
(626) RONALD ROY	1.20	ļ								
VICE PRESIDENT	1 00	X		Х	-			0	0	0
(627) STEVEN SAVARD TREASURER	1.20	Х		Х					0	0
(628) WILLIAM SOARES	1.20		$\vdash$	^_		<u> </u>		0		0
PRESIDENT		x		х					0	0
(629) BEOMIN CHOI	.10	-					_			
ACADEMIC LIASON		х						О	0	0
(630) BRYAN CURNUTT	.50									
INSTRUCTOR: CISA REVIEW	:	X				<u> </u>		0	0	С
1b Sub-total							<b>&gt;</b>		·	
c Total from continuation sheets to Part VII,										_
d Total (add lines 1b and 1c)							2.50	ceived more than	\$100.000 of	
reportable compensation from the organization		(	_	u ai	DOV	<i>5)</i> WIII	J 10	ceived more than	ψ100,000 OI	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	dule J for suc	ch ind	ividu	ıal	• •		• •			Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	0,00	00?	<sup>i</sup> If	"Yes	5,"	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "?										5 X
Section B. Independent Contractors	,						,			
1 Complete this table for your five highest cor compensation from the organization Report year										
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compensation
							$\perp$			
2 Total number of independent contractors ( more than \$100,000 in compensation from the				ıtec	d to	thos	e li	sted above) who	received	
ISA				_			_			

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Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and l	Hig	hest Compensat	ed Employees	(continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	eck spe lad	more rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
631) LUIS	A DOI	1.00					_				
SECF	ETARY		_X_		Х				О		0
632) HOWA		1.50		<b>!</b>							
	IDENT & INSTRUCTOR		X		Х				0		0
	HEN FINEBERG	.50							_		
	CTOR OF MEMBERSHIP		X	$\vdash$				L_	0	_	0
	R FORNOLES	1.00			_						
	IDENT		X	$\vdash$	Х				0		0
	RA GHORIAKAVI	2.00	۱						_		
	SURER	1 00	X	$\vdash$	Х			-	0		0
	A GREGORIO	1.00	ļ ,,								
	ETING & COMM. DIRECTOR		X	$\vdash$	_				U		0
	RYN MAHAFFEY	.50	١								
	ETING & COMM. CHAIRPERSON	10	Х		-				0		0
638) BEN		.10									
	ESEARCH DIRECTOR		X	$\vdash$				<u> </u>	0		0
	Y MCCLENDON	.50							_		_
	RUCTOR: CISA REVIEW		Х		_				0		0
640) JOHN		2.00									
	SURER		Х		Х				0		0
641) MARE		.50									
INST	RUCTOR: CISA REVIEW		X	L .				L	0		0
d Total (	rom continuation sheets to Part VII, S add lines 1b and 1c)		<u></u>					<b>&gt;</b>	sowed more than	\$100,000 of	
	able compensation from the organization		nose i		Jac	JOVE	e) wno	те	ceived more than	\$100,000 01	
											Yes No
	e organization list any former offic										
emplo	ee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ıvıdu	al .						3 X
organi	y individual listed on line 1a, is the szation and related organizations graulal	eater than	\$15	0,00	00?	lf	"Yes	," (			4 X
									roloted areas	المنافين المسروم من	4 ^
for ser	y person listed on line 1a receive or vices rendered to the organization? If "Yo Independent Contractors										5 X
	ete this table for your five highest com			ndor			racto	rc +l	hat raceived more	than \$100,000	of
	nsation from the organization. Report c										
	(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compensation
			•			-		I			
	· · · · · · · · · · · · · · · · · · ·							$\vdash$			
2 Total r	number of independent contractors (ii	ncluding bu	ıt not	lımı	ited	l to	thos	e lis	sted above) who	received ***	
	nan \$100,000 in compensation from th				_				,		

	(A) Name and title	(B)  Average hours per week (list any hours for	box,	not ch unles er and	s pe	tion more	than o	an	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations	from	from amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N			
(642)	JANIECE PIERCE	.50		T			•						
16431	VOLUNTEERS DIRECTOR	.50	Х		$\dashv$			_	0		0		
(643)	LILY RANKINS NEWSLETTER VOLUNTEER		x		-				0		0		
(644)	CHUCK RICHIE	.50											
	INSTRUCTOR: CISM REVIEW		Х						0		0	(	
(6 <u>45)</u>	CAROL STEICHEN	.50										_	
16161	NEWSLETTER EDITOR	1.00	Х	-		-			0		0	(	
(040)	KAREN TINUCCI PRESIDENT	1.00	x		х				0		٨	(	
(647)	RAMI ZREIKAT	1.00									$\dashv$		
	DIRECTOR OF PROGRAMS		Х						0		0	(	
(6 <u>48)</u>		8.00			ł						_		
16401	ACADEMIC RELATIONS COORDINATOR ARIANA FORD	15.00	Х		_	$\dashv$			U		0		
(049)	MEMBERSHIP DIRECTOR	13.00	х		х	ľ			٥		0	(	
(650)		3.00			-								
	WEBMASTER		Х						0		0	(	
(6 <u>51)</u>	ROBERT GONZALES	20.00											
, c <del></del>	DIRECTOR AT LARGE	00.00	Х		$\dashv$	$\dashv$			0		0		
(652)	SAMIR JARJOUI PRESIDENT	20.00	х		$_{\rm X}$						٥	(	
1b	Sub-total	l	- 11	.ل	ــــــــــــــــــــــــــــــــــــــ			<b>—</b>			Ĭ		
	Total from continuation sheets to Part VII, So	ection A		· · ·				•					
	Total (add lines 1b and 1c)							<b>&gt;</b>					
	Total number of individuals (including but not reportable compensation from the organization		nose (		ab	ove	e) who	re	ceived more than s	\$100,000 of			
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No	
	For any individual listed on line 1a, is the sorganization and related organizations greated organizations greated individual	eater than	\$15	0,00	)O?	If	"Yes	," (	complete Schedul	e J for su	ıch	4 X	
	Did any person listed on line 1a receive or	accrue cor	npen:	satio	n fi							5 X	
5					le .I	for s	such	ners	son				
5	for services rendered to the organization? If "Ye tion B. Independent Contractors				le J	for s	such	pers	son	· · · · · · · · ·			
5     Sec   1	for services rendered to the organization? If "Ye	es," complete	e Sch	edul ndei	nt c	ontr	racto	rs ti	hat received more	than \$100,0	000 o	f	
5     Sec   1	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest comcompensation from the organization Report c	pensated in ompensated in	e Sch	edul ndei	nt c	ontr	racto	rs ti	hat received more	than \$100,0 in the organ	000 o izatioi	f	
5     Sec   1	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest comcompensation from the organization Report cyear  (A)	pensated in ompensated in	e Sch	edul ndei	nt c	ontr	racto	rs ti	hat received more inding with or with	than \$100,0 in the organ	000 o izatioi	f n's tax (C)	
5     Sec   1	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest comcompensation from the organization Report cyear  (A)	pensated in ompensated in	e Sch	edul ndei	nt c	ontr	racto	rs ti	hat received more inding with or with	than \$100,0 in the organ	000 o izatioi	f n's tax (C)	
5     Sec   1	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest comcompensation from the organization Report cyear  (A)	pensated in ompensated in	e Sch	edul ndei	nt c	ontr	racto	rs ti	hat received more inding with or with	than \$100,0 in the organ	000 o izatioi	f n's tax (C)	
5   Sec 1   O   O   O   O   O   O   O   O   O	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest compensation from the organization Report cyear  (A)  Name and business add  Total number of independent contractors (in	pensated ir ompensation ress	ndepe	nder	nt c	ontrenda	racto ar yea	rs ti	hat received more inding with or with (B) Description of sei	than \$100,0 in the organ	000 o izatioi C	f n's tax (C)	
5   Sec 1   O   O   O   O   O   O   O   O   O	for services rendered to the organization? If "Yetion B. Independent Contractors  Complete this table for your five highest comcompensation from the organization Report cyear  (A)  Name and business add	pensated ir ompensation ress	ndepe	nder	nt c	ontrenda	racto ar yea	rs ti	hat received more inding with or with (B) Description of sei	than \$100,0 in the organ	000 o izatioi C	f n's tax (C)	

Part VII Section A. Officers, Directors,	Trustees, Ke	y Em	ıplo	ye	es,	and	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	from the organization and related organizations
(653) BARBARA MALDONADO	20.00		П								
EDUCATION CHAIR		X	Ш	_	<u> </u>		<u> </u>	0		0	(
(654) GEORGE MEADOWS	5.00						-				
IMMEDIATE PAST PRESIDENT		X	$\vdash$	-	-		ļ	Ū	-	- 9	ı
(655) HAYDEE MEDINA	20.00			X							
TREASURER (656) LUPE NEAVES	20.00	X	$\vdash$	<u>  ^</u>	├	_	<del>                                     </del>				
VICE PRESIDENT		x		x						٥	
(657) DAVID O'CONNOR	10.00		$\vdash$	<u> </u>	$\vdash$					<del></del>	
DIRECTOR OF AWARDS		Х						0		o	
(658) JOSH SHELTON	8.00		$\vdash$		┢		╁				
SECRETARY (MID TERM)		Х		х				0	J	o	
(659) THERESA DOAN	18.00										
CISA COORDINATOR	† <b>-</b> -	X		Х	l _		l	0	,	o	
(660) JUSTIN THOMPSON	8.00						Γ				
SECRETARY (MID TERM)		Х	igsqcup	Х				0		0	
(661) GABRIEL TREVINO	16.00					ļ					
DIRECTOR AT LARGE (CVENT)		Х	Ш	_		<u> </u>	_	.0	ļ	0	
(662) DON BEGG	.20	1									
MARKETING COORDINATOR	2 00	X	H	⊢				0		9	
(663) ALEXANDRA BRANISTEANU CISM COORDINATOR	2.00	x						_		ار	
4b Cb 4-4-1	<u> </u>		II		Ц	L	_	· · · · · · · · · · · · · · · · · · ·		-	
c Total from continuation sheets to Part VII	, Section A						>				
d Total (add lines 1b and 1c)						<u></u>	<b>&gt;</b>				
2 Total number of individuals (including but n		hose !	liste	d al	bove	e) wh	o re	ceived more than	\$100,000	of	
reportable compensation from the organiza	tion 🕨		)								
											Yes No
3 Did the organization list any former of											
employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is the	e sum of rep	ortab	ole c	om	per	satio	n ai	nd other compens	ation from	the	
organization and related organizations											4 X
Individual											
5 Did any person listed on line 1a receive for services rendered to the organization? If											5 X
Section B. Independent Contractors	res, compre	.0 007	, <del>,,,,,</del>	70 0	101	340,7	рсп	3017	····		1 - 1 - 1 - 1 - 1
1 Complete this table for your five highest c	ompensated i	ndepe	ende	ent i	con	tracto	rs t	hat received more	than \$100	0.000 o	f
compensation from the organization Repo year.											
(A) Name and business	address							(B) Description of se	rvices	С	(C) ompensation
											<del></del>
2 Total number of independent contractors				nited	d to	thos	se li	sted above) who	received		19 <b>19 19</b> 19
more than \$100,000 in compensation from	the organizat	ion 🕨	<b>&gt;</b>						ļ		0.03234

Part VII Section A. Officers, Directors, Tr	(B)	, <u> </u>			C)	<u> </u>	···· 5	(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	(F) Estimated
Name and the	hours per	(do	not c			e than o	one	compensation	compensation from	
	week (list any					is both		from	related	other
	hours for	office	er an			tor/trus		the	organizations	compensation
	related	9 5	Insi	Officer	Key employee	를 를	Forme	organization	(W-2/1099-MISC	) from the
	organizations	e vid	<u>Ē</u>	8	e e	ob es	₹	(W-2/1099-MISC)		organization
	below dotted	함	8		흥	8 8	-			and related organizations
	"""	S S	Institutional trust		ě	를				07901120110110
		Individual trustee or director	ste			Highest compensated employee				
			Ľ			e e				
664) M. STEPHANE JACQUES GERMAIN	3.00									
RESEARCH DIRECTOR	<u> </u>	X	<u> </u>	L			_	0		9
665) NOEL HASKINS-HAFER	3.00			l						
CGEIT AND CRISC COORDINATOR		X			ł			0		0
666) SIRIKALAYA KHUNA-TARASAK	.50				-					
EDUCATION CHAIR		x	l					0		o
667) KIM LAMOUREUX	1.00		$\vdash$		<del>                                     </del>					1
COMMUNICATIONS		x						0		o
668) LUCILA MAXWELL	2.00	<del> </del>	<del> </del>		├					1
	<del></del>	٠,								
MEMBERSHIP DIRECTOR	1 00	X	₩		1	-		0		0
669) CHAD NEALE	4.00					1				
VICE PRESIDENT		X	_	X	<u> </u>			0		0
670) XUAN-KHANG NGUYEN	2.00		l		İ					
SECRETARY		Х		Х				0		0
671) METIN PASAOGLU	.20									
IMMEDIATE PAST PRESIDENT	T	Х						0		o
672) SWATI PATEL	4.30									
PROG DIR & ED COORDINATOR		Х						0		o
673) CHANASEE PHANGMUANGDEE	5.00						<del> </del>	<u> </u>	:	<del></del>
	.+ <del></del>	· ·						0		0
WEBMASTER	1 50	Х		┢			┢			<u> </u>
674) TRISA MENDOZA RAMIREZ	1.50						1	1		
CISA COORDINATOR		Х						0		0
1b Sub-total							ightharpoons			
c Total from continuation sheets to Part VII, S	Section A .						$\triangleright$			
d Total (add lines 1b and 1c)							▶			
2 Total number of individuals (including but not							о ге	ceived more than	\$100,000 of	
reportable compensation from the organization			)							
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Scheo	lule J for suc	ch ind	ivid	ual						3 X
4 For any individual listed on line 1a, is the	sum of ren	ortab	ole c	com	nen	satio	n ai	nd other compens	sation from the	
organization and related organizations gr										
ındıvidual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors	cs, compre	C 001	1000	<i>,,</i> C O	701	Sucri	pc,	3011	· · · · · · · · · · · · · · · · · · ·	
							4		than \$400,000	- t
1 Complete this table for your five highest concompensation from the organization. Report 6										
year	compensatio	011 101	uie	· ca	ienc	iai ye	aı e	stiding with or with	iiii tile Organizati	JIIS lax
									<del></del>	
(A)								(B)		(C)
Name and business ad	dress						1	Description of se	rvices	Compensation
			_				T			
							T			-
								. ,		
2 Total number of independent contractors (i	ncludina bi	ıt not	lım	nited	d to	thos	e lı	sted above) who	received	
more than \$100,000 in compensation from the										

Part VII Section A. Officers, Directors, Tr		, <u> </u>	.p.c			and	ıııy			
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
675) ARTURO RUVACALBA	2.00				_		<u> </u>			
MEMBERSHIP DIRECTOR		Х			<u> </u>			0		0
676) ANDREW SERWIN	.20							_		
CO-CHAIR / RESEARCH DIRECTOR	10.00	X						0	· ·	<u></u>
677) TIMOTHY SMITH TREASURER	10.00	х		х				0		0
678) MATT STAMPER	10.00									
PRESIDENT	F 00	X		X				0		0
679) JARED THORNE  CO-WEBMASTER	5.00	v						0		
680) BLAKE ZIMMERMAN	3.00	X	$\dashv$					0		<u> </u>
PROGRAM CO-CHAIR		Х					İ	_		
681) DOMINIQUE BORDON	1.00	Λ		_	_			· · · · · · · · · · · · · · · · · · ·		J
DIRECTOR		Х						0	ı	
682) THOMAS BORTON	2.00									· ·
DIRECTOR		Х						o	ı	
683) ELIZA CORPUZ	1.00								_	
DIRECTOR		Х						0		
684) ADNAN DAKHWE SECRETARY	2.00	х		х				0		
685) WILLIAM DAVIDSON DIRECTOR	1.00	х						0		)
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>			•			<b>A A</b>			
<ul> <li>Total number of individuals (including but not reportable compensation from the organization)</li> <li>Did the organization list any former office employee on line 1a? If "Yes," complete Sched</li> </ul>	n ▶ cer, directo	r, or	trus	stee	 e, k	ey e	emp	loyee, or highest	compensated	Yes N
4 For any individual listed on line 1a, is the organization and related organizations grundividual	sum of rep eater than	ortab \$15	le co	omi	pen: <i>If</i>	satior "Yes	n ar	nd other compens	ation from the	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	npen	satio	n f	rom	any	unr	elated organization	n or individual	5 X
Section B. Independent Contractors		0 00	-			00011	<i>p</i> 0. c		· · · · · · · · · · · · · · · · · · ·	1 9 1 12
1 Complete this table for your five highest com- compensation from the organization. Report of year	pensated ir compensation	ndepe on for	nder the	nt c	ont end	racto ar yea	rs th ar e	nat received more nding with or with	than \$100,000 in the organization	of on's tax
(A) Name and business add	iress							(B) Description of ser	vices	(C) Compensation

Part VII Section A. Officers, Directors, Tr		;y <u> </u>	ipio			anu	iig	(D)	(E)	ees (C	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trus	an tee)	Reportable compensation from the	Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
(686) CASSIUS DOWNS	2.00		$\Box$								
DIRECTOR		Х						0		0	
(687) DEBRA MALLETTE	4.00				l						
TREASURER	1 00	X		X	-			0		0	
(688) THEJ MEHTA	1.00										
PAST PRESIDENT (689) DOUGLAS MOHRLAND	2.00	X	$\vdash \vdash$		-		<del> </del> -				
2ND VICE PRESIDENT		x		Х			ŀ	1		d	
(690) HEATHER OUELLETTE	4.00		$\vdash$		-					-	
PRESIDENT	<del></del>	x		х				l 0		o	
(691) STEPHEN SHOFNER	2.00		H							$\overline{}$	
1ST VICE PRESIDENT	+	X		х				lo		o	
(692) NELLY SPIELER	2.00		П								
DIRECTOR		Х						0		0	
(693) JOHN STEENSEN	2.00										
DIRECTOR		Х	Ш					0		o	
694) GWYNNE BENSON	.50										
NEWSLETTER DIRECTOR	<u></u> .	Х	ļļ			<u> </u>		0		0	
695) RYAN BOGGS GRC - GOVT AND REGULATORY	.50	Х						0		0	
(696) KAREEM BRIGGS WEBMASTER	1.00	х			 			0		0	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t						► • • re	ceived more than	\$100,000 o	of	
Translation from the organization     Translation list any former office employee on line 1a? If "Yes," complete Scheduler.	cer, directo		tru								Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15 	0,00	00? 		"Yes 	s," ( 	complete Schedui	e J for s	uch •••	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors  1 Complete this table for your five highest com	noncotod u			nt e	200	racto	rc t	hat recoved more	than \$100	000 0	<u> </u>
compensation from the organization. Report of year											
(A) Name and business add	dress							(B) Description of se	rvices	Cı	(C) ompensation
							-				
							-				
2 Total number of independent contractors (i more than \$100,000 in compensation from the				ııtec	d to	thos	e lı	sted above) who	received		•

Name and title    Average   Position   Posit	Part VII Section A. Officers, Directors, 7 (A)	T	Ţ <u></u>						(D)		
	• •	·	(B) (C)						1 ' '		(F)
Security   Security		-									1
Pour for   Pour for			week (list any hours for officer and a director/tru						1 '		
retuined    Page   Pag											compensation
## An American Services   Servic		related	우颪	lns	유	₹	en H	g			
77) MICHAPLI CARDENAS		1 -	l red	titut	cer	l è	ploy	me	(W-2/1099-MISC)	,	_
7). MICHARL CARDENSS			함	l one		탕	8 8	'			
7). MICHARL CARDENSS		,	l st	2		/ee	l ap				o.ga.n.za.i.e.iis
7). MICHARL CARDENSS			8	stee			nsated				
BE BRIAN CLYBURN   1.00		1.00	1						0		
9) HINMAS HART PRESIDENT 1.00 1 LISA IBERY MEMBERSHIF DIRECTOR 1 V V C C C C C C C C C C C C C C C C C	8) BRIAN CLYBURN	1.00							0		,
PRESIDENT    Name and business address   Page   Pag		3 00	X		X	-		<del> </del>	0	(	}
O  LISA HENRY   1.00   X			×		x				_	,	
MEMBERSHIF DIRECTOR		1 00			Λ	_		╁			1
1) PETER MORRILL  RESEARCH DIRECTOR  2) SUSAN RUSHER  PAST PRES, ED DIR & ACAD ADVOC  3) HARRIET SIMPSON  MARKETING DIRECTOR  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  7) JUNNIFER WALKER  8) O O O O O O O O O O O O O O O O O O O			X						0		)
2) SUSAN RUSHER PAST FRES, ED DIR & ACAD ADVOC X A BARRIET SIMPSON ARRETTING DIRECTOR X A C C C C C C C C C C C C C C C C C C C		.50									
PAST PRES, ED DIR & ACAD ADVOC	RESEARCH DIRECTOR		Х						0	(	)
3) HARRIET SIMPSON MARKETING DIRECTOR MARKETING DIRECTOR MARKETING DIRECTOR MARKET MALKER MA		-+									
MARKETING DIRECTOR 4) JENNIFER WALKER 3.00 TREASURER 5) BETTIE WILSON CERTIFICATION DIRECTOR 6) NAIMISH ANARKAT PROGRAM DIRECTOR 7 ROCCO CAPPALLA CONFERENCE DIRECTOR 8 V V V V V V V V V V V V V V V V V V V			X					١	0	(	)
4) JENNIFER WALKER TREASURER S.00 CERTIFICATION DIRECTOR S.00 CERTIFICATION DIRECTOR NENGRAM DIRECTOR TO CONFERENCE DIRECTOR Sub-total CTotal from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Section B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  (B) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax  Total number of independent contractors (including but not limited to those listed above) who received Total number of independent contractors (including but not limited to those listed above) who received Total number of independent contractors (including but not limited to those listed above) who received Total number of independent contractors (including but not limited to those listed above) who received Total number of independent contractors (including but not limited to those listed above) who received		1.00									
TREASURER    SETTIE WILSON   SO   CERTIFICATION DIRECTOR   X   X   O   O		2.00	X	$\vdash$			ļ	_	0		)
Section B. Independent Contractors   Section B. Independent Contractors   Section B. Independent Contractors   Section B. Independent Contractors   Compensation from the organization. Report compensation from the organization from the organization. Report compensation from the organization from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization from the organization. Report compensation from the organization is the stable 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 is tax year.    April   Did any person isted on line 1a receive or accrue compensation from any unrelated organization or individual is services rendered to the organization? If "Yes," complete Schedule J for such person.    Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.    April   Did any person isted on line 1a receive or accrue compensation from any unrelated organization or individual is services.   Description of services.   Description of services.   Compensation from the organization or individual is serviced.   Description of services.   Descripti		3.00	.,		1,7			İ		,	
CERTIFICATION DIRECTOR  NAIMISH ANARKAT  4.00  PROGRAM DIRECTOR  N CONFERENCE DIRECTOR  N CONFERENCE DIRECTOR  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Form 990 (a)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.			X	$\vdash$	Х			ļ	0	(	)
NAIMISH ANARKAT PROGRAM DIRECTOR X  CONFERENCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECTOR X  CONFERCE DIRECT		50								,	
PROGRAM DIRECTOR    ROCCO CAPPALIA   3.00   0   0     ROCCO CAPPALIA   3.00   0   0     Sub-total   0   0   0     Total from continuation sheets to Part VII, Section A   0   0     Total from continuation sheets to Part VII, Section A   0   0     Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   0   0     Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   0   0   0		4 00	X						0	(	,
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual sisted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Name and business address  Power of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  Form 990 (a)  Form 990 (a)  Form 990 (a)  Poscription of services  O Description of services  Poscription of services  Form 990 (a)  Form 990 (a)  Poscription of services  Form 990 (a)  Poscription of services  Name and business address		4.00	l .			ĺ		ĺ			ļ
Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  Form 990 (a	· · · · · · · · · · · · · · · · · · ·	3 00	_^	$\vdash$			<del> </del>			(	
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Possible to the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization promite organization											
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d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .  5 Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  Form 990 (a						٠.					
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employee on line 1a? If "Yes," complete Schedule J for such individual.  3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  6 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed to those listed above) who received more than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed to those listed above) who received more than \$100,000 in compensation from the organization is formed to those listed above) who received more than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation from the organization is formed than \$100,000 in compensation fr											
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organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual											
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for services rendered to the organization? If "Yes," complete Schedule J for such person											
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compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  Form 990 (2)		mnensated in	ndene	nde	nt c	oni	racto	re tl	hat received more	than \$100,000 d	of
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  Form 990 (2	compensation from the organization. Report	compensation	on for	the	cal	end	lar ye	ar e	nding with or with	in the organization	n's tax
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  Form 990 (2								(B)		(C)	
more than \$100,000 in compensation from the organization ►  And 1055 1 000  Form 990 (2								rvices (			
more than \$100,000 in compensation from the organization ►  And 1055 1 000  Form 990 (2											
more than \$100,000 in compensation from the organization ►  And 1055 1 000  Form 990 (2		<del></del>						1			
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more than \$100,000 in compensation from the organization ►  A 1055 1 000 Form 990 (2				-							<del></del>
A 1055 1 000 Form <b>990</b> (2	2 Total number of independent contractors of more than \$100,000 in compensation from	including but	t not	lım	ited	to	thos	e lis	sted above) who	received	
1000 1000	A	organizat	.5.1								000 000 000 000 000 000 000 000 000 00
	1055 1 000 89364J 649R								1447160		PAGE

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B)  Average hours per week (list any	(C) Position (do not check more than o						1 00	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	fi Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
708) MURALI CHANDRASEKHARAN MARKETING DIRECTOR	5.00	ł								
709) RUCHI VERMA GUPTA	5.00	X	$\vdash$					0		
ACADEMIC RELATIONS		Х						0	0	
10) LAWRENCE HALME	1.50									
VICE PRESIDENT	0.00	X	$\sqcup$	Х		ļ		0	0	
11) MICHAEL JORDAN PRESIDENT	2.00			v			ļ			
12) BRIJEN JOSHI	4.50	X	$\vdash$	X			<del> </del>			
MEMBERSHIP DIRECTOR		х						0	0	
13) SUMIT KALRA	.50					<b> </b>				
PAST PRESIDENT		_ X						0	0	
14) PRASAD SANJEEVAIAH	1.00									
SECRETARY		Х	İ	Х				0	0	,
15) DHARSHAN SHANTHAMURTHY	2.00	.,,								
CERTIFICATIONS DIRECTOR	E 00	X						0	0	
16) ROBERT YEWELL TREASURER	5.00	х		х					0	
17) CHIBUEZE ALUTU	4.00			<u>^</u>						
DIRECTOR OF VOLUNTEERS		х						0	o	
18) ROBERT DANIEL ARLOTTO	1.00				_	-				
DIR OF CORPORATE RELATIONS		Х						o	0	
1b Sub-total	ection A						<b>* * *</b>			
2 Total number of individuals (including but not I reportable compensation from the organization		nose I		dab	oove	e) who	re	ceived more than S	\$100,000 of	-
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu</li> <li>4 For any individual listed on line 1a, is the sorganization and related organizations greindividual</li> </ul>	ile J for suc sum of rep eater than	<i>h indi</i> ortab \$15	<i>vidu</i> le co 0,00	<i>ial</i> om <sub>l</sub> 00?	pen	 satıor <i>"Ye</i> s	 n ar	nd other compens	ation from the	Yes M
5 Did any person listed on line 1a receive or	accrue cor	npen	satio	n f	rom	any	unr	elated organizatio	n or individual	73 -
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complet	e Sch	edul	le J	for	such ,	pers	son	· · · · <u>· · · · · · · · · · · · · · · </u>	5
Complete this table for your five highest compensation from the organization Report coyear	pensated ir ompensatio	ndepe on for	ndei the	nt c	ont end	ractor	rs th	nat received more nding with or with	than \$100,000 o in the organization	f n's tax
(A)							(B)	· · · · · · · · · · · · · · · · · · ·	(C)	
Name and business address						Description of services		ompensation		
Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e lis	sted above) who	received	
SA IE1055 1 000 8 9 3 6 4 J 6 4 9 R								1447160		Form <b>990</b> (20 PAGE

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
719) DESIREE AUCHEY TREASURER	6.00	X		x				0	0	
720) MICHAEL BAYERE DIRECTOR OF MEMBERSHIP	4.00	Х						0		
721) GERARD BOUCAUD  DIRECTOR OF MARKETING	2.00	+			_			0		
722) PETER CHRISTIAANS PRESIDENT	6.00			v				0		
723) SCOTT JUDD	4.00	X		X				0	0	TF
DIRECTOR OF CERTIFICATIONS 724) ABBIE JULLIEN	4.00	X						0	<u> </u>	
DIRECTOR OF IT GOVERNANCE 725) JOANNE KLIPPER	6.00	X						0	0	
SECRETARY (26) JORDAN ILAN LOMBARD	2.00	X		X				0	0	
DIRECTOR AT LARGE 27) MICHAEL MARSHALL	2.00	X						0	0	
DIRECTOR AT LARGE 28) CLAY MOEGENBURG	2.00	Х						0	0	<del>.</del>
DIRECTOR AT LARGE (29) SANDRA PARRAS	6.00	Х						0	O	<del></del> -
DIRECTOR OF PROGRAMMING  1b Sub-total  c Total from continuation sheets to Part VII, 9 d Total (add lines 1b and 1c)					• • •		<b>* * *</b>	0		
d Total (add lines 1b and 1c)	limited to t		ıste				re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheoo	dule J for suc	ch ind	ividu	ıal						Yes No.
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	0,00							4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors     Complete this table for your five highest corcompensation from the organization. Report year										
(A) Name and business ad	dress						į	(B) Description of ser	vices C	(C) ompensation
	·-·						-			
2 Total number of independent contractors (i	ncluding bu	ıt not	lım	ıted	l to	thos	e lis	sted above) who	received <b>East</b>	
more than \$100,000 in compensation from the JSA 3E1055 1 000	ne organizat	ion 🕨								Form <b>990</b> (201
89364J 649R	89364J 649R									

Part VII Section A. Officer	s, Directors, Trus	tees, Ke	y Em	plo	yee	es,	and I	Higl	hest Compensat	ed Employ	ees (c	continued)	
(A) Name and title	w	(B) Average hours per week (list any hours for	box, office	not ch unles r and	s per	ition more	e than o	an tee)	(D) Reportable compensation from the	(E) Reportat compensatio related organizati	n from I	(F Estim amou oth comper	ated nt of er
		related organizations o elow dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from organiz and re organiz	zation elated
(730) LUIS PAULETE		6.00											
DIRECTOR OF ACADEMI			Х		_				. 0		0		
(731) ALEXIS PERDEREAUX-W		4.00	v						,				
DIRECTOR OF COMMUNI (732) ERIC PHIFER	CATION	2.00	Х	$\dashv$	$\dashv$			-	0				
DIRECTOR AT LARGE		2.00	х						0		0		
(733) JULIAN SANDOVAL		6.00		$\vdash$	$\dashv$								
VICE PRESIDENT		:	Х		x				0		0		
(734) CHARLA BERRY		1.00			T								
PRESIDENT			Х		Х				0		o		
735) DAWN FRANK		1.00							<del></del>				
SECRETARY			Х		Х				0		0		
736) STACY HILL		1.00			Ì								
CERTIFICATION DIREC	TOR	1 00	_X		_				0		0		
737) AVERY HUDSON		1.00	١ ,,		,							İ	
TREASURER		1 00	Х		Х				0		0		
738) LOUIS SHAWN LATIMER WEBSITE DIRECTOR		1.00	х						0		0		-
739) PEGGY MCDANNALD		1.00	٠,,		,,					!		İ	
VICE PRESIDENT 740) SHANNON MCMURTREY		1.00	Х	_	X				0				-
EDUCATION DIRECTOR			x						0		٥		
1b Sub-total	ets to Part VII, Sec							<b>* *</b>					
2 Total number of individuals ( reportable compensation from	including but not lim	nited to th		stec				re	ceived more than	\$100,000 o	f		
3 Did the organization list a employee on line 1a? If "Yes,"	any <b>former</b> officer "complete Schedule	, director e <i>J for suc</i>	r, or h ındı	trus vidu	stee	e, k	key e	empl	loyee, or highest	compensa	ted		es No X
4 For any individual listed on organization and related of individual	organizations grea	ter than	\$15	0,00	002	lf	"Yes	," c				4	X
5 Did any person listed on line for services rendered to the control of the contr												5	X
Section B. Independent Contract	ctors												
Complete this table for your compensation from the orga year													
Nan	(A) ne and business addres	ss				_			(B) Description of se	rvices	с	(C) ompensation	on
2 Total number of independer				lımı	ted	to	thos	e lis	sted above) who	received	8.	X.	

(A)	(B)			(0	C)			(D)	(E)	(F)									
Name and title	Average			Pos				Reportable	Reportable	Estimated									
	hours per					than o		compensation	compensation from										
	week (list any					ıs both		from	related	other									
	hours for related	9 =				or/trus		the	organizations	compensation from the									
	organizations	₫₹	¥	Officer	ey e	를	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization									
	below dotted	ect dua	<u>ē</u>	۳	n p	yest c	먁	(**-2/1033-141130)		and related									
	line)	۱× a	] ᆲ		Key employee	E S				organizations									
		Individual trustee or director	Institutional trustee		•	Highest compensated employee													
1) JUNE MIDDLETON	1.00					ğ													
ARRANGEMENTS DIRECTOR		X						0		O .									
2) JAMES TAYLOR	1.00	]																	
RESEARCH DIRECTOR		Х						0		0									
3) ERIC WARAKOMSKI	1.00		1 1																
MEMBERSHIP DIRECTOR		X						0		oj .									
1) DAVE ALLEN	.50																		
PAST PRESIDENT	T	X	l i					0											
) JAMES BUCHANAN	1.00		li																
WEBMASTER	† <b></b> -	Х						l 0		ol									
5) VIOLETA CALMUS	.50		1		$\vdash$		<del>                                     </del>			<del> </del>									
MEMBERSHIP DIRECTOR	† <del></del> -	Х					ŀ	٥ ا		d									
) CRYSTAL DEES	1.00	<del></del>	$\vdash$	$\dashv$			$\vdash$		,	<del> </del>									
ADMINISTRATIVE VICE PRESIDENT	† <del></del>	Х		х				ĺ	,										
B) TIMOTHY GRACE	2.00		<del>  </del>	^-				-		<del></del>									
	2.00	.,		Ų															
PRESIDENT	50	X	$\vdash$	Х	$\rightarrow$		_	0		1									
) OSEREME LARA IMEOKPARIA	.50																		
CERTIFICATIONS		X						0	(	)									
) MICHAEL JEANMOUGIN	.50																		
SECRETARY	ļ	X		Х				0	(	<u> </u>									
) TIMOTHY MCLAUGHLIN	1.00			ŀ					-										
EDUCATION CHAIR		X					L.,	0	(										
b Sub-total							$\blacktriangleright$												
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$												
d Total (add lines 1b and 1c)	<u> </u>						▶												
Total number of individuals (including but not	limited to tl	hose	listed	d ab	oove	) who	re	ceived more than	\$100,000 of										
reportable compensation from the organization	n 🕨	C	)																
										Yes									
Did the organization list any former offic	er, directo	r. or	tru	stee	e. k	ev e	ame	lovee, or highest	compensated	5.22									
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	al.						3									
For any individual listed on line 1a, is the sorganization and related organizations gre										200									
individual										4									
									n or individual	9 8 3									
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5									
ection B. Independent Contractors	ss, complet	e our	ledai	0 0	101	Sacri	per	30//	· · · · · · · · · · · · · · · · · · ·										
Complete this table for your five highest com	noncoted i			nt 0				hat recovered mare	than \$100 000	of									
compensation from the organization Report c																			
year						-		_	-										
(A)							T	(B)		(C)									
Name and business add	ress							Description of se	rvices	Compensation									
							-	,		•									
							+												
							+		<del></del>										
<del></del>							$\vdash$												
<del> </del>							┼												
							Ļ			<u> </u>									
Total number of independent contractors (in				ıted	to	thos	e li	sted above) who	received 2 2	, , , , , , , , , , , , , , , , , , ,									
	e organizat	ion 🕨							<u></u>	* *									
0055 1 000										Form <b>990</b> (									
89364J 649R								1447160		PAGE									
3E1055 1 000								nore than \$100,000 in compensation from the organization ▶											

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ted Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(752) DOUG MENENDEZ	.50									
UNIVERSITY LIASON		Х				<u> </u>	_	c	) (	)
(753) LAWRENCE NEWELL	1.00	]								
EXECUTIVE VICE PRESIDENT		Х		Х			<u> </u>	C	) (	) (
(754) DENNIS RISINGER VOLUNTEER COMMITTEE CHAIR	.50	х						c	) (	)
(755) JEFFREY STREIF	2.00	1					i			
TREASURER		X		Х	ļ	ļ	_	0	) (	)
(756) ANDREW TITUS	2.00				į	ł		_		
ARRANGEMENTS & HOSPITALITY	1 2 2 2	X			⊢	ļ	_	0	)	)
(757) GEOFFREY ADAMS	1.00	١		l						
TREASURER		X		Х		<u> </u>		0	)	) (
(758) RAFAELA BOEHM	.50									
COMMUNICATIONS & MARKETING (759) KAREN CALHOUN	F.0	X			-	<u> </u>	H	0		
MEMBERSHIP DIRECTOR	.50	x				ŀ		0	,	
(760) KATIFANI CRUM	1.00	^								· · · · · · · · · · · · · · · · · · ·
VICE PRESIDENT	+	x		Х				0	_	,
(761) JANICE FOLEY	.10			^						<u> </u>
ACADEMIC AFFAIRS	ļ <del>-1</del> 0	x						<u>_</u>	_	
(762) BRITTANY GILLIARD	1.00				<del> </del>					,
SECRETARY	+	x		х				0	_	
1b Sub-total	<del></del>			•••		L	_			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						 	<b>*</b> *			
Total number of individuals (including but not reportable compensation from the organization)	limited to tl		iste				o re	ceived more than	\$100,000 of	<u>.</u>
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo Jule J for suc	r, or ch indi	tru ıvidu	iste <i>ial</i>	e, I	key 6	emp	loyee, or highest	t compensated	3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,00	002	lf	"Yes	," c	complete Schedul	le J for such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor es," complet	mpens e Sch	edu.	on f le J	for for	any <i>such</i>	unr pers	elated organization	on or individual	5 X
Section B. Independent Contractors										<del></del>
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>										
(A) Name and business add	dress							(B) Description of se	rvices (	(C) Compensation
							F			
2. Total number of retrieved at the second	14. /						Ļ			2 21-
2 Total number of independent contractors (ii more than \$100,000 in compensation from the				ited	ı to	thos	e lis	sted above) who	received	

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Name and title	Average hours per week (list any	box,	unles	Pos heck	sition more	e than o	an	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	or o	Institutional trustee	a Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
763) SARAH BETH HALL PRESIDENT	2.00	х		х				0	C	_	
764) R. DALE JACKSON CONTENT AUTHOR	.10	×						0	0		
65) CHARLES EDWARD WILSON CO-VICE PRESIDENT	1.00	Х		х				O	0		
66) LISA L. WINTERS WEB MASTER	.10	X							0		
67) SHUYUAN MARY HO RESEARCH & PRIVACY COORDINATO	.10							0			
68) WILLIS RABON	.10	1						0	0		
DIRECTOR AT LARGE  59) DAMON RODRIGUEZ	.10	X						0	0		
PAST PRESIDENT 70) TIMOTHY FAWCETT	.50	X						0	0		
IMMEDIATE PAST PRESIDENT  1) ALEX ISLAMOV	.50	Х						0	0		
SECRETARY  2) JAIME SMITH	2.00	Х		Х				0	0		
TREASURER 73) MICHELLE STUDIE	.50	x		Х				0	0		
VICE PRESIDENT  1b Sub-total		Х		Х				0	0		
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	·	hose I	<u> </u>		 	· · · · · · <u>· · ·</u> e) who	▶ o re	ceived more than	\$100,000 of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete School.  4 For any individual listed on line 1a, is the	fficer, directo edule J for suc	ch ınd	tru: ividu	ıal .						Yes N	
organization and related organizations individual	greater than	\$15 	0,00	00?		"Yes	," (	complete Schedul	e J for such	4	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue cor <i>"Yes," complet</i>	mpen: t <u>e Sch</u>	satio <i>edul</i>	on f le J	rom <i>for</i>	any such	unr <i>pers</i>	related organizations on	n or individual	5 X	
Complete this table for your five highest compensation from the organization Report year.	ompensated in t compensation	ndepe on for	nde the	nt c cal	cont end	racto ar ye	rs th	nat received more nding with or with	than \$100,000 o	f n's tax	
(A) Name and business a	address							(B) Description of ser	vices C	(C) ompensation	
						_					
Total number of independent contractors more than \$100,000 in compensation from				ıted	l to	thos	e lis	sted above) who	received		
SA E1055 1 000	the organizat	1011 <b>P</b>			_					Form <b>990</b> (201	
89364J 649R								1447160		PAGE 7	

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any			heck		e than o		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	or director	a Institutional trustee		Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
74) JONATHAN WILLIAMS PRESIDENT	1.50	х		x				0	C	
75) DAN ANDERSON PRESIDENT	8.00	x		x				0	(	
76) JEFFERSON DAVIS  ACADEMIC RELATIONS COORDINATOR	2.00	<del> </del>						0	(	
77) RYAN EDWARDS WEBMASTER	4.00	X						0		
78) STEVEN FINK CERTIFICATION COORDINATOR	2.00	X					-	0		
79) MILAS HOWE PROGRAM & SEMINAR COORDINATOR	8.00							0		)
80) ROBERT JORGENSEN RESEARCH DIRECTOR	2.00	X						0		
81) BRANDIE LLEWELYN MEMBERSHIP DIRECTOR	2.00	x						0		
82) BRAD NELSON SECRETARY	8.00	X		х				0		
83) PAUL NEWMAN IMMEDIATE PAST PRESIDENT	2.00	Х						0		
84) EDWARD RASMUSSEN EDUCATION CHAIR	2.00	X						0		
1b Sub-total	ection A						<b>&gt;</b>			
d Total (add lines 1b and 1c)	limited to the	<u></u>	liste				► o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ual						Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,00	00?	If	"Yes	5," (	complete Schedul	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5 X
ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$1										
compensation from the organization. Report of year	ompensation	on for	the	cal	end	ar ye	ar e	nding with or with	in the organizatio	n's tax
(A) Name and business add	Iress							(B) Description of se	rvices (	(C) Compensation
						_				
							-			<del></del>
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	thos	e li	sted above) who	received	
JSA 3E1055 1 000	3					-	-	1447160	] 800 Table 1874	Form <b>990</b> (2013
89364J 649R								1447160		PAGE 7

Part VII Section A. Officers, Directors, T		y ⊏II	ibic			ano i	ııgı			(continuea)
(A) Name and title	Average hours per week (list any	box,	unles	ss per	tion more	than one that the that the that the that the the the the the the the the the th	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	1
85) BRIAN SHARP	13.00	ļ.,							-	_
VP & PCM CHAIR 86) JERRY SMITH	5.00	X		Х	_					<u> </u>
COMMUNICATIONS DIRECTOR		х	Ш					0		0
87) RACHAEL SMITH TREASURER	8.00	x		v						
38) CATHERINE BROWN	5.00			Х						
PAST PRESIDENT		х						О		o
39) SCOTT HAMMER	20.00							-		
PRESIDENT		Х		Х				0		0
90) BERNARD HILL SECRETARY	5.00	Х		$_{\rm X}$						
91) GERALD JARVIS	20.00	^			-					<u> </u>
TREASURER		х		х				О		O
92) AARON KIRBY	10.00								*	
CERTIFICATIONS DIRECTOR	10.00	X						0		0
3) MATT_RITTER	10.00	x		- }			ı			
4) MARY SAVAGE	20.00	^		+				O	<del>.</del>	J
VICE PRESIDENT		х		х	ı			0		o
95) DEIDRE TOMPKINS  MEMBERSHIP DIRECTOR	10.00	х						0		
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	limited to the		ıste				► re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheet 4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of repreater than accordence cor	ch indi ortab \$15	ividu le c 0,00 	omp 002  on fr	ens	sation "Yes any	an " d	nd other compens complete Schedul	ation from the  ation from the  J for such   n or individual	Yes 3 4
for services rendered to the organization? If "Section B. Independent Contractors	es, complet	e SCII	eaui	<del>0</del> J 1	ioi .	sucri <sub>l</sub>	<i>Jers</i>	son	· · · · · · · · · · · · · · · · · · ·	5
Complete this table for your five highest cor compensation from the organization Report year	npensated in compensation	ndepe on for	nde the	nt co	ont	ractor ar yea	s th	nat received more nding with or with	than \$100,000 in the organization	of on's tax
(A) Name and business ad	dress	•						(B) Description of ser	vices	(C) Compensation
Total number of independent contractors (     more than \$100,000 in compensation from the state of the s				ıted	to	thos	e lis	sted above) who	received	
A Thore than \$ 700,000 in compensation from the	io organizati	VII -						. <u></u> .		
E1055 1 000										Form <b>990</b> (2

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	<u>Hig</u>	hest Compensat	ed Employees	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
796)	JONATHAN CAMPBELL VICE PRESIDIENT	10.00	х		х				0		<u> </u>
797)	SOPHIA CZAUS SOCIAL MEDIA	2.00	х						0		
798)	CHRISTOPHER DAWES	10.00			v			-	0		)
799)	PRESIDENT ANITA DHARSI	2.00	Х		Х				0		
800)	EDUCATION COORDINATOR SHAWNA FLANDERS	2.00	Х					-	0		)
801)	CERTIFICATION COORDINATOR PAUL JEROME	2.00	Х						0	(	
802)	MEMBERSHIP DIRECTOR JOHN KADACHKA	2.00	Х						0	(	)
803)	IMMEDIATE PAST PRESIDENT JOHAN LIDROS	2.00	Х						0	(	
804)	CERTIFICATION COORDINATOR KAMI MURPHY	2.00	X						0	(	)
805)	WEBMASTER MARTIN NASH	2.00	Х		-		-		0	(	
806)	TREASURER CHAD PETERSON MEMBER AT LARGE	2.00	Х		Х			-	0	(	)
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)		 		• •			<b>* * *</b>			
2	Total number of individuals (including but not reportable compensation from the organization		nose I		d at	OVE	e) who	re	ceived more than \$	\$100,000 of	
	Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the organization and related organizations greater	<i>ile J for suc</i> sum of rep	<i>h ındı</i> ortab	ividu le c	<i>ial</i> om∣	pen	 satioi	 nar	d other compens	ation from the	Yes No.
5	Individual	accrue cor	npen	 satıc	on f	rom	 any	unr	elated organizatio	n or individual	4 X
Sec	for services rendered to the organization? If "Yestion B. Independent Contractors	s," complet	e Sch	edui	ie J	tor	such	pers	son	<u></u>	5 X
1	Complete this table for your five highest com compensation from the organization Report c year	pensated ir ompensatio	ndepe on for	nde the	nt c cal	ont end	racto ar ye	rs tl ar e	nat received more nding with or with	than \$100,000 on the organization	of n's tax
	(A) Name and business add	ress							(B) Description of ser	vices (	(C) Compensation
									· <u>-</u> -		
			_					-	<del></del>		
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				ıted	to	thos	e lis	sted above) who	received	•
JSA 3E 105	5 1 000 8 9 3 6 4 J 6 4 9 R	o organizati							1447160		Form <b>990</b> (2013) PAGE 75

Part VII Section A. Officers, Directors, (A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	1 '		Pos heck	sition mor	e than o		Reportable compensation from	Reportable compensation from related	Estimated
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
307) DANIEL RUGGLES SECRETARY	5.00	X		х				0	(	
08) ANA VALDEZ RODGERS MARKETING	2.00	Х						0		
09) JOHN BENNETT	.50			-						
MARKETING DIRECTOR 10) TIM BEVER	.50	X						0		)
DIRECTOR AT LARGE		Х						0	(	)
11) CASSANDRA CHASNIS VICE PRESIDENT	2.00	x		х				0		) <del>.</del>
12) JOHN JUAREZ	.50			Λ						
DIRECTOR AT LARGE 13) CHARLES ROBERT KERN	.50	Х	$\vdash$		_			0	(	)
IMMEDIATE PAST PRESIDENT		Х						o		)
4) DERRICK KOOISTRA	.50									
MEMBERSHIP DIRECTOR  5) KATHY KRAUSE	.50	Х			_			0	(	
WEBSITE DIRECTOR		х						0	C	<b>,</b>
6) TIMOTHY KUBU PRESIDENT	2.00	х		х				0		
17) BRENT MOEGGENBORG	1.00			Λ				<u> </u>		
TREASURER		Х		Χ			L	0		
1b Sub-total	I, Section A			•	• •		<b>&gt;</b>			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but reportable compensation from the organization)		hose I		d at	bove	e) who	o re	ceived more than S	\$100,000 of	
<ul> <li>3 Did the organization list any former of employee on line 1a? If "Yes," complete Sci.</li> <li>4 For any individual listed on line 1a, is the organization and related organizations individual</li></ul>	hedule J for suc ne sum of rep greater than	<i>h ind:</i> ortab \$15	ividu le c 0,00	<i>ial</i> om 00?	pen	satioi <i>"Ye</i> s"	 n ar s," (	nd other compens	ation from the	Yes N
5 Did any person listed on line 1a receive	or accrue cor	npen:	satic	n f	rom	any	unr	related organizatio	n or individual	
for services rendered to the organization? / Section B. Independent Contractors	f "Yes," complet	e Sch	edui	le J	for	such	pers	son	· · · <u>· · · · · · · · · · · · · · · · </u>	5 >
Complete this table for your five highest of compensation from the organization Repoyear	compensated in ort compensation	ndepe	nde the	nt c	cont lend	racto ar ye	rs tl ar e	hat received more inding with or with	than \$100,000 on the organization	of n's tax
(A) Name and business	addross				_			(B) Description of ser	24000	(C) Compensation
Name and business								Description of ser	Vices	Compensation
							-			
2 Total number of independent contractors more than \$100,000 in compensation from				ited	to	thos	e lis	sted above) who	received	
SA E1055 1 000	<u> </u>									Form <b>990</b> (20
89364J 649R								1447160		PAGE 8

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	plo	ye	es,	and	Hig	hest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) (C)  Average hours per week (list any hours for related related (C)  Average hours per week (list any hours for related (C)  Average hours per week (list any hours for grain and a director/trus)							(D) Reportable compensation from the	(E) Report compensat relate organiza	able ion from ed	(F) Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
(818) SHELLEY PELFREY	1.00										
COMMUNICATIONS DIRECTOR		Х						0		0	(
(819) SALIM ALANI	.25										
BOARD MEMBER		X			<u> </u>	ļ		0		0	
(820) TODD COLVIN	4.00										
VICE PRESIDENT	4 00	X		Х	-			0		0	(
(821) JOHN GAGNE TREASURER	4.00	x		х	ĺ						(
(822) PAUL LASLY	.25					-		0		- 4	,
BOARD MEMBER	<del> 2</del>	x						0		٥	(
(823) CAROLANN LAZARUS	2.00				┢					<u>`</u>	·
BOARD MEMBER	†	x						О		o	(
(824) MICHAEL MARTELL	.10									İ	
BOARD MEMBER		Х						0		0	
(825) DEREK MOSHER	1.00										
BOARD MEMBER		Х						0		0	
(826) DAN PAOLINI	1.00							_		_[	
BOARD MEMBER		Х				<u> </u>	_	0		0	
(827) JIM RAUB	4.00	١ ,, ا		.,							
SECRETARY (828) DONALD REDMAN	4.00	X		X		ļ	-	U		9	
PRESIDENT	4.00	х		Х							(
1h Cub total						<u> </u>					
c Total from continuation sheets to Part VII, S	 ection A					• • •					
d Total (add lines 1b and 1c)	_			-			<b>&gt;</b>				•
2 Total number of individuals (including but not							o re	ceived more than	\$100,000	of	
reportable compensation from the organization	n 🕨	C	)								
											Yes No
3 Did the organization list any former office											No. III
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch indi	vidu	ıal			• •				3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ar	nd other compens	ation from	the	
organization and related organizations gre											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors										• • •	1 - 1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompensation
	<del></del>						†				-
	· · · · · · · · · · · · · · · · · · ·						$\top$			İ	
											40.00
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	l to	thos	e li	sted above) who	received		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Average hours per week (list any hours for related creativistics)						an tee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
(829) EVAN ROUTENBERG	4.00						<del> </del>				
FORMER PRESIDENT		Х						0		0	(
(830) FARAH SAMMOUR	2.00										
BOARD MEMBER	25	Х		-		-		0		0	(
(831) PAUL SCHNEIDER	.25	X						,			(
BOARD MEMBER (832) CHANDRA SIMMONS	1.00				<del> </del>	ļ	-	-			
FORMER TREASURER		X	İ					0		o	(
(833) PETER SPIER	.50									$\overline{}$	•
FORMER PRESIDENT		x						0		ol	(
(834) MICHAEL VETRANO	1.00										
BOARD MEMBER		Х						0		o	(
835) VIRGIL ALLDRITT	1.00										
TREASURER		Х		Х				0		0	(
836) DAVID DYK	1.00										
PROGRAMS DIRECTOR		Х			_		<u> </u>	0		0	
837) SIMON GOLDSTEIN	.50	_									
PAST PRESIDENT		X	_	<u> </u>	_		<u> </u>	0		0	(
838) GEORGE MACAULAY	1.00	١									
ASSISTANT MEMBERSHIP DIRECTOR	1 00	Х	$\vdash$				$\vdash$	0		-	
839) ADAM NASSET  MARKETING DIRECTOR	1.00	X									(
41. 6 1 4 4 1		1		<u> </u>	L	<u> </u>	<u> </u>	<del>                                     </del>			<u> </u>
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .					 	<b>&gt;</b>				
Total number of individuals (including but no reportable compensation from the organization)	limited to t		liste					eceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former offi											
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ınd	ividi	ual							3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	com	per	satio	n a	nd other compens	sation from	the	
organization and related organizations g											
ındıvıdual											4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5 X
Section B. Independent Contractors	res, compre	16 301	içuu	iie J	101	SUCH	per.	\$011		• •	<b>3</b>   A
Complete this table for your five highest corcompensation from the organization. Report year											
(A)								(B)			(C)
Name and business ac	ldress							Description of se	rvices	c	ompensation
							$\perp$				
							$\perp$				
							$\perp$				
							+				
							ــــــــــــــــــــــــــــــــــــــ			<del></del>	
2 Total number of independent contractors (				nited	o to	tnos	se li	isted above) who	received		

Part VII Section A. Officers, Directors, Tr  (A)  Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportab		(F) Estimated
Name and the	hours per week (list any hours for	box.	unles er and	heck ss pe d a c	rson	is both or/trus	an tee)	compensation from the	compensation related organization	n from ons	amount of other compensation
	related organizations below dotted line)	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization and related organizations
(840) RAYMOND NEVILLE VICE PRESIDENT	1.00	х		х				0			
(841) JOHN O'MALLEY EDUCATION DIRECTOR	1.00	x		Λ.				0		0	
(842) MAHNAZ MONA RABII ASSISTANT EDUCATION DIRECTOR	1.00	х				_		0		0	0
(843) JANICE RICHARDS PRESIDENT	1.00	х		х				0		0	C
(844) JEN SELLS SECRETARY	1.00	х		х		-		0			0
(845) VICTORIA SILVER ASSISTANT PROGRAMS DIRECTOR	1.00	X						0			0
(846) JNANA SIVANANDA  ASSISTANT TREASURER	1.00	Х						0		0	0
(847) ADAM STARLING MEMBERSHIP DIRECTOR	1.00	х						0		0	0
							-				· · · · · · · · · · · · · · · · · · ·
											,
											<del></del>
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A						<b>*</b> * *				
2 Total number of individuals (including but not reportable compensation from the organization	limited to t						o re	ceived more than	\$100,000 of		
Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of rep eater than	ortab \$15	le c	om	pen	satioi "Yes	nar s," (	nd other compens	ation from the Jacobse	the uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	ı any	uni	related organizatio	n or individ	ual	5 X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensation
2 Total number of independent contractors (if more than \$100,000 in compensation from the				nited	d to	thos	e li	sted above) who	received		

PAGE 83

	rt VI	Statement of Reve Check if Schedule O c		nse or note to a	iny line in this Part	VIII	<del> </del>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tar under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grand similar amounts not included Noncash contributions included		4,753			A COMPANY OF THE PROPERTY OF T	
	h	Total. Add lines 1a-1f			4,753.			
nue			•	Business Code				
Program Service Revenue	2a	CONFERENCES & SEMINARS		611600	1,826,680	1,826,680		
ž	ь	MEMBERSHIP DUES - NONDEDU	JCTIBLE	611600	1,433,432	1,433,432		
Š	c	CHAPTER MEETINGS		611600	561,186	561,186.		
Sel	d	EXHIBITOR		611600	1,249.	1,249.		
E a	e				·			
- Bo	f	All other program service rev						
<u>ة</u>	g	Total. Add lines 2a-2f	<u> </u>	<u></u>	3,822,547		*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	3	Investment income (including other similar amounts) Income from investment of the state of th			5,577			5,577
	5	Royalties · · · · · · · ·			1,211			1 211
	3	Royalles	(i) Real	(II) Personal	1,211 1,211 1,211 1,211	128796 6 3 3 5 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1,211
	6.	Gross rents	<del></del>					( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	6a	Less rental expenses						
	b	Rental income or (loss)						
	ď	Net rental income or (loss			0			100,040
			(ı) Securities	(II) Other	135	: ( )	*,	1¥.
	7a	Gross amount from sales of assets other than inventory			ن ا			13.
	ь	Less cost or other basis			]	3 14 5		, *,
		and sales expenses					. 11	*.
	c	Gain or (loss)						S
	d	Net gain or (loss)		<u> </u>	0			
e l	8a	Gross income from fundra	aising					
enne	ŀ	events (not including \$					,	
ě		of contributions reported on	line 1c)					*
r R		See Part IV, line 18	а				;	
Other Rev	ь	Less direct expenses						•• ••
ŏ	С	Net income or (loss) from ful		<u> </u>	0	^ `	<u> </u>	*
	9a	Gross income from gaming a				^ · · ·		
		See Part IV, line 19					13. 8.	
	b	Less direct expenses			_		`	3132 3
	C	Net income or (loss) from ga	_		0	,		s?
	10a	Gross sales of inventor returns and allowances					`	
	b C	Less cost of goods sold Net income or (loss) from sal	b les of inventory		0			
		Miscellaneous Reven		Business Code	0		<del></del>	
	11a	SPONSORSHIP REVENUE		900099	26,416			26,416
	b	CHAPTER SOCIAL EVENTS		900099	19,764			19,764
	c	ADVERTISING		900099	3,375		1,200	2,175
	d	All other revenue		900099	33,616			33,616
	e	Total. Add lines 11a-11d .		<del> </del>	83,171			
	12	Total revenue. See instruction			3,917,259	3,822,547	1,200	88.759

_	n 990 (2013)		·		Page 10
	art IX Statement of Functional Expense			····	
Se	ction 501(c)(3) and 501(c)(4) organizations m	oust complete all columns	s. All other organizati	ons must complete col	u <u>m</u> n (A)
	Check if Schedule O contains a resp		e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .	117,521.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	24,000.			
3	Grants and other assistance to governments.				
Ī	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0		<del></del>	
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			,
8	Pension plan accruals and contributions (include section				
Ü	401(k) and 403(b) employer contributions)	o			]
9	Other employee benefits	0			
10	Payroll taxes	0		· · · · · · · · · · · · · · · · · · ·	
11					
	Management	26,587.			
	Legal	907.			12
	Accounting	23,444.			
	Lobbying	0	· ·		
	Professional fundraising services See Part IV, line 17.	0		· · · · · · · · · · · · · · · · · · ·	
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	12,618.			
12	Advertising and promotion	24,450.			
13	Office expenses	91,658.			
14	Information technology	97,705.			
15	Royalties	0			
16	Occupancy	571.			
17	Travel	127,571.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,946,483.			
20	Interest	0		,	<del></del>
21	Payments to affiliates	0			
22		0			
	Insurance	46,718.			
24	,				
	above (List miscellaneous expenses in line 24e If				
	Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	CMODICE.	5 070			
-	STORAGE	5,879. 175.			<del></del>
	TAXES	1/3.			
	·				·
	All other expenses	112,596.			
	All other expenses Add lines 1 through 24e	3,658,883.			
	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the	5,030,003.			
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	o			

## Form 990 (2013) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,805,343.		1,717,224.
	2	Savings and temporary cash investments	2,342,207.		2,726,074.
	3	Pledges and grants receivable, net		3	(
	4	Accounts receivable, net	43,884.	4	5,900.
	5	Loans and other receivables from current and former officers, directors,			
	ŀ	trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	(
ssets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	0
٩	9	Prepaid expenses and deferred charges	0	9	<u> </u>
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0	10c	~ C
	11	Investments - publicly traded securities		11	C
	12	Investments - other securities. See Part IV, line 11	0	12	C
	13	Investments - program-related See Part IV, line 11	0	13	
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	215.	15	243.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,191,649.		4,449,441.
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable	0		0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Ħ	22	Loans and other payables to current and former officers, directors,	,		
Liabilities		trustees, key employees, highest compensated employees, and			اِسم ک سست مست
_		disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
	26	of Schedule D		25 26	0
	26	Total liabilities. Add lines 17 through 25		26	<u>U</u>
၁င	27		1 101 640		~~ <sup>y</sup> .
alaı	28		4,191,649.	27	4,449,441.
ee ee	29	Temporarily restricted net assets  Permanently restricted net assets	0	28 29	0
Š	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	0
or Fund Balances		complete lines 30 through 34.	P.O. 4 - ANOSER - 45 -		• • • • • • • • •
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	4,191,649.	33	4,449,441.
	34	Total liabilities and net assets/fund balances	4,191,649.	34	4,449,441.

Form **990** (2013)

Form 9	90 (2013)				Pa	ige 12
Par	XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9	17,2	259.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	58,8	383.
3	Revenue less expenses Subtract line 2 from line 1	3		2	258,	376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,1	91,	649.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8			-:	584.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,4	49,4	141.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				103	-110
	If the organization changed its method of accounting from a prior year or checked "Other," e	xolair	ın			
	Schedule O.	Д				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	١	х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	 Diled	 I or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				* *	. '%
b	Were the organization's financial statements audited by an independent accountant?			2b	_	X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audi					<b>*</b>
	separate basis, consolidated basis, or both.					*
	Separate basis Consolidated basis Both consolidated and separate basis			**	******	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	aght				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaır	า เก		>	. 1
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın n			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	3h		

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

#### Political Campaign and Lobbying Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions ▶ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization INFORMATION SYSTEMS AUDIT AND Employer identification number CONTROL ASSOCIATION CHAPTERS 94-2919522 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. . . . . . . > \$ No No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2) (3) (4)

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

Schedule C (Form 990 or 990-EZ) 2013

(5)

(6)

Sch	edule C (Form 990 or 990-EZ) 2013					Page 2
P	Complete if the org section 501(h)).	ganization is exer	npt under sectio	n 501(c)(3) and	filed Form 5768 (elec	tion under
A		nization belongs to IN, expenses, and			art IV each affiliated gr ditures).	oup member's
В	Check ▶ if the filing orga	nization checked	box A and "limited	control" provision	ons apply.	
	· · · · · · · · · · · · · · · · · · ·	on Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to Total lobbying expenditures (a Other exempt purpose expenditures)	o influence a legislated lines 1a and 1b) ditures	ive body (direct lobb	oying)		
	If the amount on line 1e, column (a	) or (b) is: The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		amount on line 1e	-		13.
	Over \$500,000 but not over \$1,000	,000 \$100,000 p	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,50		us 10% of the excess		7.	
	Over \$1,500,000 but not over \$17,6	000,000 \$225,000 pl	us 5% of the excess of	ver \$1,500,000		, (
	Over \$17,000,000	\$1,000,000				
ç H i		If zero or less, enter	-0			
j	If there is an amount other reporting section 4911 tax for	than zero on either	line 1h or line 1i,	did the organiz	ation file Form 4720	Yes No
	· · · · · · · · · · · · · · · · · · ·	ions that made a se mns below. See the	instructions for lir	on do not have to les 2a through 2		e
		Lobbying Exper	ditures During 4-Y	ear Averaging Per	riod	
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total

		Lobbying Expe	nditures During 4-Ye	ear Averaging Period	1	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	(b) 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))			ξ <b>35</b> λ	í.	-
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

1 Du leg	ich "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ation of the lobbying activity.  uring the year, did the filing organization attempt to influence foreign, national, state or local	Yes		T -		
leo re a Vo	uring the year, did the filing organization attempt to influence foreign, national, state or local	1.03	No		Amo	unt
re a Vo						
a Vo	gislation, including any attempt to influence public opinion on a legislative matter or					
a vo	ferendum, through the use of		-	,		
b Pa	olunteers?  ad staff or management (include compensation in expenses reported on lines 1c through 1i)?			, »		
с М	and stan or management (include compensation in expenses reported on lines its through ii)?			<del>-</del>		
d M	edia advertisements? ailings to members, legislators, or the public?		-	1		
e Pu	ublications, or published or broadcast statements?	<u> </u>		<del> </del>		
	rants to other organizations for lobbying purposes?	<u> </u>				
g Di	rect contact with legislators, their staffs, government officials, or a legislative body?					
h Ra	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i 01	ther activities?					
j To	otal. Add lines 1c through 1i					
2 a Di	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Ciras		
b If	"Yes," enter the amount of any tax incurred under section 4912					
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_	()K		
Part II	I-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section	ו	
						Yes
	ere substantially all (90% or more) dues received nondeductible by members?				1	
2 Di	d the organization make only in-house lobbying expenditures of \$2,000 or less?  d the organization agree to carry over lobbying and political expenditures from the prior year?				2	Х
Part III						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
1 Du	ues, assessments and similar amounts from members					
	ection 162(e) nondeductible lobbying and political expenditures (do not include amou			1		
	litical expenses for which the section 527(f) tax was paid).		01	\$\frac{1}{2}		
-	rrent year			2a		
b Ca	arryover from last year			2b		
	tal			2c		
3 Ag	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3		
4 If :	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ie			
	cess does the organization agree to carryover to the reasonable estimate of nondeductible Ic	bbyır	ng	12. L		
an	d political expenditure next year?			4		
			· · ·	5		
	Supplemental Information the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated of B, line 1. Also, complete this part for any additional information.	group	list); F	Part II-A	, line 2	, and

# SCHEDULEI (Form 990)

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

Open to Public

Employer identification number 94-2919522 å

× Yes

	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	
Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	
Name of the organization	INFORMATION SYSTEMS AUDIT AND	Employer identifica
CONTROL ASSOCIATION CHAPTERS		94-291952
Part I General In	Part   General Information on Grants and Assistance	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance? . .

Part II Grants and Other Assistance to Goverr Part IV, line 21, for any recipient that rec	overnments at received r	and Organiza nore than \$5,0	itions in the Unite 100. Part II can be	ed States. Com duplicated if ac	nments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ceived more than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Ye	s." to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) IT GOVERNANCE INSTITUTE 3701 ALGONOUIN RD, STE 1010	95-3080691	501(C) (3)	71,651				GENERAL SUPPPORT
(2) ILLINOIS STATE UNIVERSITY FOUNDATION 1101 N MAIN ST NORWAL, IL 61790	37-6025713	501(C)(3)	10,000				SCHOLARSHIP
(5)							
(9)							
-(7)							
(8)							
(6)							
(10)							

3E1288 1 000 89364J 649R

Schedule I (Form 990) (2013)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(12)

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

Page 2

Schedule I (Form 990) (2013)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP	d.	23	24,000			
2						
3						
4						
5						
9						
7						
Part IV Su	Part IV Supplemental Information. Complete this information.	is part to prov	vide the informal	tion required in	Part I, line 2, Part III,	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

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

PART II

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS ARE

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

BOARD REVIEWS AND APPROVES FUNDS TO BE CONTRIBUTED TO SUPPORT ISACA'S

RESEARCH PROJECTS THROUGH ITGI AND IS FAMILIAR WITH ITGI'S MISSION. ISACA

CHAPTERS RECEIVE REGULAR UPDATES TO MAINTAIN AN AWARENESS OF RESEARCH

PROJECTS WITHIN ISACA THROUGH A MONTHLY NEWSLETTER.

Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<del>-</del>						
2						
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4						
2						
9						
Part IV	Part IV Supplemental Information. Complete this information.	s part to prov	ide the informati	on required in	Part I, line 2, Part III,	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

PART III

CHAPTERS PROVIDE SCHOLARSHIPS TO IT AUDITING AND SECURITY PROFESSIONALS

AND TO ACADEMIC STUDENTS FOR CERTIFICATION AND/OR ACADEMIC STUDIES

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

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

THE INDIVIDUAL CHAPTERS DO NOT FOLLOW UP WITH TUITION AND BOOKS.

INDIVIDUALS AFTER ISSUANCE OF SCHOLARSHIP.

Schedule I (Form 990) (2013)

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

### 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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

94-2919522

FORM 990, PAGE 1, ITEM L

YEAR OF FORMATION

LISTING OF FORMATION DATES FOR CHAPTERS INCLUDED IN RETURN:

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

Employer identification number

	SSOCIATION CHAPTERS
01/14/75	GREATER HOUSTON CHAPTER
09/28/84	GREATER KANSAS CITY CHAPTER
03/05/80	HARRISBURG CHAPTER
05/01/83	HAWAII CHAPTER
01/31/90	HUDSON VALLEY CHAPTER
07/04/12	HUNTSVILLE CHAPTER
12/02/83	ILLINI CHAPTER
01/22/01	ILLOWA CHAPTER
12/01/81	JACKSONVILLE CHAPTER
01/23/79	KENTUCKIANA CHAPTER
11/01/81	KETTLE MORAINE CHAPTER
07/07/05	LAS VEGAS CHAPTER
08/08/69	LOS ANGELES CHAPTER
03/05/80	MEMPHIS CHAPTER
06/20/86	MIDDLE TENNESSEE CHAPTER
02/11/75	MINNESOTA CHAPTER
08/20/92	MOUNT RAINIER CHAPTER
06/12/74	NATIONAL CAPITAL AREA CHAPTER
06/23/76	NEW ENGLAND CHAPTER
06/19/78	NEW JERSEY CHAPTER
03/31/84	NEW MEXICO CHAPTER
05/18/82	NEW ORLEANS CHAPTER
06/26/75	NEW YORK CITY CHAPTER
12/24/75	NORTH TEXAS CHAPTER
06/19/78	NORTHEAST OHIO CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Name of the organization

Employer identification number

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

INFORMATION SYSTEMS AUDIT AND

Employer identification number

11/22/80 WILLAMETTE VALLEY CHAPTER

FORM 990, PAGE 1, ITEM M

STATE OF LEGAL DOMICILE

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

AK ANCHORAGE CHAPTER

GA ATLANTA CHAPTER

TX AUSTIN CHAPTER

LA BATON ROUGE CHAPTER

AL BIRMINGHAM CHAPTER

ID BOISE CHAPTER

AR CENTRAL ARKANSAS CHAPTER

FL CENTRAL FLORIDA CHAPTER

IN CENTRAL INDIANA CHAPTER

IA CENTRAL IOWA CHAPTER

MD CENTRAL MARYLAND CHAPTER

NY CENTRAL NEW YORK CHAPTER

OH CENTRAL OHIO CHAPTER

OK CENTRAL OKLAHOMA CHAPTER

NC CHARLOTTE CHAPTER

IL CHICAGO CHAPTER

CO DENVER CHAPTER

MI DETROIT CHAPTER

OH GREATER CINCINNATI CHAPTER

CT GREATER HARTFORD CHAPTER

Employer identification number

	Form 990 or 990-EZ) 2013			
Name of the organization INFORMATION SYSTEMS AUDIT AND				
CONTROL	ASSOCIATION CHAPTERS			
ΤX	GREATER HOUSTON CHAPTER			
MO	GREATER KANSAS CITY CHAPTER			
PA	HARRISBURG CHAPTER			
HI	HAWAII CHAPTER			
NY	HUDSON VALLEY CHAPTER			
AL	HUNTSVILLE CHAPTER			
IL	ILLINI CHAPTER			
IA	ILLOWA CHAPTER			
FL	JACKSONVILLE CHAPTER			
KY	KENTUCKIANA CHAPTER			
WI	KETTLE MORAINE CHAPTER			
NV	LAS VEGAS CHAPTER			
CA	LOS ANGELES CHAPTER			
TN	MEMPHIS CHAPTER			
TN	MIDDLE TENNESSEE CHAPTER			
MN	MINNESOTA CHAPTER			
WA	MOUNT RAINIER CHAPTER			
VA	NATIONAL CAPITAL AREA CHAPTER			
MA	NEW ENGLAND CHAPTER			
NJ	NEW JERSEY CHAPTER			
NM	NEW MEXICO CHAPTER			
LA	NEW ORLEANS CHAPTER			
NY	NEW YORK CITY CHAPTER			
ТX	NORTH TEXAS CHAPTER			

NORTHEAST OHIO CHAPTER

ОН

Employer identification number

Schedule O (Form 990 or 990-EZ) 2013				
	rganization INFORMATION SYSTEMS AUDIT AND			
CONTROL	ASSOCIATION CHAPTERS			
ОН	NORTHWEST OHIO CHAPTER			
NE	OMAHA CHAPTER			
CA	ORANGE COUNTY CHAPTER			
PA	PHILADELPHIA CHAPTER			
AZ	PHOENIX CHAPTER			
PA	PITTSBURGH CHAPTER			
WA	PUGET SOUND CHAPTER			
NC	RESEARCH TRIANGLE CHAPTER			
RI	RHODE ISLAND CHAPTER			
CA	SACRAMENTO CHAPTER			
MO	SAINT LOUIS CHAPTER			
TX	SAN ANTONIO CHAPTER			
CA	SAN DIEGO CHAPTER			
CA	SAN FRANCISCO CHAPTER			
SC	SC MIDLANDS CHAPTER			
CA	SILICON VALLEY CHAPTER			
FL	SOUTH FLORIDA CHAPTER			
MO	SPRINGFIELD MISSOURI CHAPTER			
FL	TALLAHASEE CHAPTER			
OK	TULSA CHAPTER			
UT	UTAH CHAPTER			

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

WESTERN NEW YORK CHAPTER

VA

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NY

Employer identification number

OR WILLAMETTE VALLEY CHAPTER

FORM 990, PART IV, LINE 12A

INDEPENDENT AUDITED FINANCIAL STATEMENTS

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

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

ANCHORAGE CHAPTER

ATLANTA CHAPTER

AUSTIN CHAPTER

BOISE CHAPTER

CENTRAL ARKANSAS CHAPTER

CENTRAL MARYLAND CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

HUDSON VALLEY CHAPTER

HUNTSVILLE CHAPTER

MINNESOTA CHAPTER

NEW ORLEANS CHAPTER

NEW YORK METRO CHAPTER

ORANGE COUNTY CHAPTER

PHILADELPHIA CHAPTER

PHOENIX CHAPTER

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PITTSBURGH CHAPTER

RESEARCH TRIANGLE CHAPTER

RHODE ISLAND CHAPTER

SACRAMENTO CHAPTER

SAN DIEGO CHAPTER

SAN FRANCISCO CHAPTER

SC MIDLANDS CHAPTER

SILICON VALLEY CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TULSA CHAPTER

UTAH CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

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

FORM 990, PART V, LINE 1A

NUMBER REPORTED IN BOX 3 OF FORM 1096

66 OF THE 71 ISACA CHAPTERS RESPONDED "NO" TO LINE 1A.

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)

Schedule O (Form 990 or 990-EZ) 2013 \_\_\_\_\_\_ Page 2

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

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

ATLANTA CHAPTER 1

DETROIT CHAPTER 5

LOS ANGELES CHAPTER 2

NEW ENGLAND CHAPTER 4

SILICON VALLEY CHAPTER 1

FORM 990, PART VI, SECTION A, LINE 2

FAMILY OR BUSINESS RELATIONSHIP

69 OF THE 71 ISACA CHAPTERS RESPONDED "NO" TO LINE 2.

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS RESPONDED "YES" TO LINE 2 AND INDICATED THE FAMILY OR BUSINESS
RELATIONSHIP AS FOLLOWS:

#### PUGET SOUND CHAPTER:

DON MCGILLIVRAY, THE VICE PRESIDENT, AND ROBERTA MCGILLIVRAY, THE MEMBERSHIP DIRECTOR, HAVE A FAMILY RELATIONSHIP.

#### SOUTH FLORIDA CHAPTER:

PETER CHRISTIAANS, THE PRESIDENT, AND SANDRA PARRAS, THE PROGRAMMING DIRECTOR, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4

GOVERNING DOCUMENT CHANGES

69 OF THE 71 ISACA CHAPTERS RESPONDED "NO" TO LINE 4.

Employer identification number

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS RESPONDED "YES" TO LINE 4 AND INDICATED THAT CHANGES HAD BEEN
MADE TO THEIR GOVERNING DOCUMENTS:

KENTUCKIANA CHAPTER:

BYLAWS WERE UPDATED, REVISING CHAPTER OFFICER RESPONSIBILITIES,
MEMBERSHIP CLASSIFICATIONS AND QUALIFICATIONS, AND COMMITTEE
RESPONSIBILITIES.

RHODE ISLAND CHAPTER:

BYLAWS WERE UPDATED, REVISING CHAPTER OFFICER RESPONSIBILITIES,
MEMBERSHIP CLASSIFICATIONS AND QUALIFICATIONS, AND COMMITTEE
RESPONSIBILITIES.

FORM 990, PART VI, SECTION A, LINE 6
MEMBERS OR STOCKHOLDERS

INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS

MAINTAIN A MEMBERSHIP ROSTER OF INDIVIDUALS; THERE IS NO CORPORATE

MEMBERSHIP CATEGORY. ANYONE INTERESTED IN THE PURPOSES AND OBJECTIVES OF

THE ASSOCIATION IS ELIGIBLE FOR MEMBERSHIP. ANYONE HOLDING MEMBERSHIP IN

A CHAPTER MUST ALSO BE A MEMBER OF THE INTERNATIONAL BODY.

ISACA CHAPTERS' MEMBERSHIP IS CHARACTERIZED BY DIVERSITY. THE MEMBERS
LIVE AND WORK IN 180 COUNTRIES AND RUN THE GAMUT OF JOB TITLES, INCLUDING

INFORMATION SYSTEM AUDITOR, CONSULTANT, EDUCATOR, INFORMATION SECURITY
MANAGER, REGULATOR, CHIEF INFORMATION OFFICER, INTERNAL AND EXTERNAL
AUDITOR, COMPLIANCE OFFICER, RISK MANAGER, AND STUDENT. SOME ARE NEW TO
THE FIELD, WHILE OTHERS ARE AT MIDDLE MANAGEMENT LEVELS OR SENIOR RANKS.
THEY WORK IN FINANCE AND BANKING, PUBLIC ACCOUNTING, HOSPITALITY,
HEALTHCARE, GOVERNMENT AND THE PUBLIC SECTOR, UTILITIES, MANUFACTURING,
AND RETAIL. ISACA CHAPTER MEMBERS EMBRACE THIS DIVERSITY AS PROVIDING A
VAST LEARNING GROUND WHERE THEY MAY DELVE INTO THE CHALLENGES AND
OPPORTUNITIES FACED BY COLLEAGUES IN OTHER COUNTRIES, POSITIONS OR
INDUSTRIES.

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

FORM 990, PART VI, SECTION A, LINE 7A
PERSONS WHO MAY ELECT GOVERNING BODY MEMBERS

ANCHORAGE CHAPTER:

MEMBERS ELECT BOARD MEMBERS.

ATLANTA CHAPTER:

CHAPTER MEMBERS ELECT THE BOARD OF DIRECTOR POSITIONS FOR PRESIDENT, VICE

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PRESIDENT, SECRETARY AND TREASURER.

AUSTIN CHAPTER:

ANNUAL VOTING PROCESS FOR FOLLOWING YEAR'S BOARD MEMBERS. VOTE HELD DURING ANNUAL GENERAL MEETING.

BATON ROUGE CHAPTER:

PRIOR TO THE ANNUAL GENERAL MEMBERSHIP (AGM) MEETING, A COMMUNICATION IS SENT TO ISACA MEMBERS ACCEPTING NOMINATIONS FOR BOARD POSITIONS. IF ACCEPTED BY THE NOMINEE, THOSE NOMINATED ARE INCLUDED ON THE VOTING BALLOT. DURING AGM, MEMBERS HAVE A COPY OF THE BALLOT AND VOTE FOR POSITIONS. BALLOTS ARE COUNTED BY A PERSON PREFERABLY INDEPENDENT OF THE ISACA ORGANIZATION. THE PERSON WITH THE MOST VOTES WILL HOLD THE RESPECTIVE BOARD POSITION.

BIRMINGHAM CHAPTER:

CHAPTER MEMBERS ANNUALLY ELECT CHAPTER OFFICERS BASED ON BYLAWS AROUND NOMINATION AND VOTING.

BOISE CHAPTER:

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

CENTRAL ARKANSAS CHAPTER:

MEMBERS OF THE ORGANIZATION VOTE ON BOARD MEMBER POSITIONS.

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CENTRAL FLORIDA CHAPTER:

MEMBERSHIP ELECTS THE GOVERNING BODY EACH YEAR AT THE ANNUAL AGM.

CENTRAL INDIANA CHAPTER:

ANNUAL CHAPTER ELECTIONS

CENTRAL IOWA CHAPTER:

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

CENTRAL MARYLAND CHAPTER:

ANNUAL ELECTION THROUGH WEBSITE VOTING IN APRIL AND ANNOUNCEMENT OF BOARD IN MAY TRAINING EVENT. IN FEBRUARY BOARD MEETING, BOARD VOTES TO ALLOW NOMINEES TO EXCEED TWO-YEAR ELECTED CYCLE SINCE MOST ELECTED BOARD MEMBERS ARE INCUMBENTS.

CENTRAL NEW YORK CHAPTER:

ALL MEMBERS ELECT THE CHAPTER OFFICERS AND BOARD OF DIRECTORS.

CENTRAL OHIO CHAPTER:

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

THE BOARD CAN APPOINT INDIVIDUALS TO A PARTICULAR OFFICE OR BOARD

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

Name of the organization INFORMATION SYSTEMS AUDIT AND

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Page 2

CENTRAL OKLAHOMA CHAPTER:

CONTROL ASSOCIATION CHAPTERS

GOVERNING BODY IS ELECTED BY MEMBERS.

CHARLOTTE CHAPTER:

MEMBERS ELECT THE EXECUTIVE BOARD AT THE ANNUAL GENERAL MEETING WHICH IS HELD IN JUNE OF EACH YEAR.

CHICAGO CHAPTER:

THE CHAPTER MEMBERS CAN VOTE FOR THE BOARD.

DENVER CHAPTER:

SEVEN CHAPTER OFFICERS ARE ELECTED BY THE MEMBERS, THE OTHER FOUR ARE APPOINTED BY THE PRESIDENT.

DETROIT CHAPTER:

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

GREATER CINCINNATI CHAPTER:

ELECTIONS ARE HELD AT THE FINAL ANNUAL MEETING AT THE END OF EACH TWO
YEAR TERM. THOSE RUNNING FOR ELECTION ARE VOTED FOR AND APPROVED BY THOSE
ATTENDING THE MEETING. A QUORUM OF ACTIVE ISACA MEMBERS MUST BE PRESENT
FOR THIS.

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### GREATER HARTFORD CHAPTER:

BALLOT IS PREPARED BY AN INDEPENDENT TEAM OF MEMBERS. BALLOT IS PRESENTED THROUGH A THIRD PARTY WEB BASED SYSTEM, "VOTE.COM." BALLOT RESULTS ARE PRESENTED AT THE ANNUAL MEETING.

### GREATER HOUSTON CHAPTER:

WE HAVE AN ELECTION OF BOARD MEMBERS EVERY TWO YEARS IN MAY.

#### GREATER KANSAS CITY CHAPTER:

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

#### HARRISBURG CHAPTER:

MEMBERS VOTE IN THE ELECTION OF THE GOVERNING BODY.

#### HAWAII CHAPTER:

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

## HUDSON VALLEY CHAPTER:

MEMBERS ELECT THE BOARD.

# HUNTSVILLE CHAPTER:

ANNUAL ELECTIONS WITH OFFICERS INSTALLED AT ANNUAL GENERAL MEETING.

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## ILLINI CHAPTER:

ELECTIONS ARE HELD FOR THE BOARD EVERY TWO YEARS.

### ILLOWA CHAPTER:

ALL MEMBERS OF THE BOARD ARE ELECTED AT THE ANNUAL MEETING EACH YEAR BY
THOSE MEMBERS PRESENT AT THE MEETING.

#### JACKSONVILLE CHAPTER:

MEMBERS VOTE FOR OFFICERS OF THE CHAPTER AT THE ANNUAL MEETING.

## KENTUCKIANA CHAPTER:

MEMBERS ELECT ALL OFFICERS.

# KETTLE MORAINE CHAPTER:

ALL MEMBERS VOTE TO ELECT THE GOVERNING BOARD ANNUALLY.

## LAS VEGAS CHAPTER:

BOARD IS ELECTED BY ALL MEMBERS.

#### LOS ANGELES CHAPTER:

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

Employer identification number

### MEMPHIS CHAPTER:

ALL MEMBERS IN GOOD STANDING HAVE THE OPPORTUNITY TO ELECT MEMBERS OF THE BOARD.

### MIDDLE TENNESSEE CHAPTER:

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

### MINNESOTA CHAPTER:

ANY PERSON INTERESTED IN THE PURPOSE AND OBJECTIVES OF THE CHAPTER AS

STATED IN ARTICLE II SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE CHAPTER, AND

THE ASSOCIATION, SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD.

MEMBERS SHALL BE ENTITLED TO VOTE AND HOLD OFFICE. THERE ARE NO

STOCKHOLDERS.

# MT RAINIER CHAPTER:

MEMBERS HAVE THE SAME VOTING RIGHTS AS THE GOVERNING BOARD. BALLOTS ARE ISSUED OUT IN APRIL AND A GENERAL MEMBER MEETING IS HELD IN MAY TO VOTE FOR THE MEMBERS OF THE BOARD.

### NATIONAL CAPITAL AREA CHAPTER:

THE CHAPTER OFFICERS ARE ELECTED BY THE CHAPTER MEMBERS BI-ANNUALLY.

INDIVIDUALS ARE NOMINATED, THE NOMINEES BIOS ARE POSTED TO THE CHAPTER

WEB SITE, THE ENTIRE MEMBERSHIP IS NOTIFIED OF THE ELECTION AND HOW TO

CAST THEIR VOTE ELECTRONICALLY.

Name of the organization INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

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NEW ENGLAND CHAPTER:

ANNUAL ELECTION OF BOARD.

NEW JERSEY CHAPTER:

ANNUALLY NOMINATIONS ARE SOLICITED FROM THE NJ CHAPTER MEMBERS FOR THE NOMINATION COMMITTEE REVIEW. AFTER WHICH, NJ CHAPTER MEMBERS VOTE FOR 19 OFFICERS AND BOARD MEMBERS, WHO ARE INSTALLED ON JULY 1ST.

NEW MEXICO CHAPTER:

MEMBERS OF THE BOARD ARE ELECTED BY THE MEMBERS DURING THE ANNUAL MEETING.

NEW ORLEANS CHAPTER:

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

NEW YORK CITY CHAPTER:

MEMBERS DO ELECT THE CHAPTER BOARD IN AN ANNUAL ELECTION AS STATED IN THE BYLAWS.

NORTH TEXAS CHAPTER:

MEMBERSHIP VOTES ANNUALLY ON THE BOARD MEMBERS.

Name of the organization INFORMATION CONTROL ASSOCIATION CHAPTERS

INFORMATION SYSTEMS AUDIT AND

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NORTHEAST OHIO CHAPTER:

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

NORTHWEST OHIO CHAPTER:

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

OMAHA CHAPTER:

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

ORANGE COUNTY CHAPTER:

AS OUTLINED IN OUR BYLAWS: ARTICLE IV. CHAPTER MEETINGS, SECTION 5.

QUORUM. SHOULD A MATTER REQUIRE MEMBERSHIP VOTING, A QUORUM SHALL BE

REQUIRED AND SHALL CONSIST OF TEN PERCENT OF CHAPTER VOTING MEMBERS. IN

ABSENCE OF QUORUM, THE VOTING MATTER WILL BE CONTINUED TO ANOTHER MEETING

IN WHICH A QUORUM IS CONFIRMED. THE NEW DATE AND TIME WILL BE

COMMUNICATED TO MEMBERS. ARTICLE VI. NOMINATIONS AND ELECTIONS, SECTION

2. CHAPTER ELECTIONS. A. ALL CHAPTER OFFICERS SHALL BE ELECTED BY THE

MEMBERSHIP OF THE CHAPTER BY BALLOT, OR IN THE EVENT THERE IS ONLY ONE

CANDIDATE FOR ANY OFFICE, VOTING ON THAT OFFICE MAY BE BY VOICE. B. A

MEMBER CAN SERVE ONLY IN ONE OFFICE AT A TIME. C. THE CHAPTER BOARD SHALL

DETERMINE BY RESOLUTION ON OTHER PROCEDURES IT DEEMS NECESSARY TO CONDUCT

CHAPTER ELECTIONS IN A PROPER, REASONABLE, NON-BIASED AND ACCURATE

Employer identification number

MANNER. D. ALL MEMBERS PRESENT IN PERSON SHALL BE ELIGIBLE TO VOTE AT THE ANNUAL GENERAL MEETING. E. FOR THE OFFICES OF PRESIDENT AND VICE PRESIDENT THE CANDIDATE MUST HAVE SERVED THE CHAPTER IN AN OFFICER OR DIRECTOR ROLE IN A PRIOR YEAR TO BE ELIGIBLE FOR NOMINATION.

#### PHILADELPHIA CHAPTER:

ALL MEMBERS VOTE ANNUALLY FOR THE CHAPTER OFFICERS.

### PHOENIX CHAPTER:

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

## PITTSBURGH CHAPTER:

MEMBERS ELECT THE BOARD MEMBERS ONCE A YEAR THROUGH VOTE.

### PUGET SOUND CHAPTER:

MEMBERS VOTE FOR THE BOARD AT THE ANNUAL GENERAL MEETING IN MAY.

#### RESEARCH TRIANGLE CHAPTER:

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

Name of the organization INFORMATION SYSTEMS AUDIT AND

Employer identification number

CONTROL ASSOCIATION CHAPTERS

RHODE ISLAND CHAPTER:

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

SACRAMENTO CHAPTER:

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

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

VACANCY SHALL BE FILLED BY THE CHAPTER BOARD.

SAN ANTONIO/SOUTH TEXAS CHAPTER:

WHEN WE HAVE MORE THAN ONE PERSON NOMINATED FOR THE SAME POSITION. THEN

AN EMAIL IS SENT TO ALL MEMBERS, ASKING FOR THEIR VOTE SO THAT THEY CAN

SEE THE PEOPLE NOMINATED PER POSITION, AND DECIDE WHO WILL SERVE ON THE

BOARD FOR THAT SPECIFIED POSITION.

SAN DIEGO CHAPTER:

MEMBERS VOTE FOR OFFICERS AND DIRECTORS EACH YEAR IN ADVANCE OF THE

GENERAL MEETING.

SAN FRANCISCO CHAPTER:

MEMBERS OF THE SAN FRANCISCO CHAPTER ELECT OFFICERS AND DIRECTORS

ANNUALLY.

SC MIDLANDS CHAPTER:

MEMBERSHIP IN THE ASSOCIATION IS A REQUIREMENT FOR MEMBERSHIP IN A

CHAPTER. THEREFORE, UPON JOINING THE CHAPTER, A PERSON MUST ALSO JOIN THE

ASSOCIATION, WITH ACCOMPANYING RIGHTS AND RESPONSIBILITIES.

A. MEMBER - ANY PERSON INTERESTED IN THE PURPOSE AND OBJECTIVES OF THE CHAPTER AS STATED IN ARTICLE II SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE CHAPTER, AND THE ASSOCIATION, SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD. MEMBERS SHALL BE ENTITLED TO VOTE AND TO HOLD OFFICE.

B. RETIRED MEMBER - ANY MEMBER, WHO PRESENTS PROOF OF RETIREMENT STATUS, SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD. RETIRED MEMBERS

SHALL BE ENTITLED TO VOTE AND HOLD OFFICE AT THE CHAPTER LEVEL.

C. STUDENT MEMBER - FULL TIME STUDENT CURRENTLY ENROLLED IN A DEGREE PROGRAM OF AN ACCREDITED COLLEGE OR UNIVERSITY, SUBJECT TO RULES ESTABLISHED BY THE ASSOCIATION BOARD. STUDENT MEMBERS SHALL BE ENTITLED TO VOTE AND HOLD OFFICE AT THE CHAPTER LEVEL.

ADDITIONALLY, THE PRESIDENT MAY APPOINT DIRECTORS AS NEEDED.

SILICON VALLEY CHAPTER:

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

SOUTH FLORIDA CHAPTER:

THE ORGANIZATION HAS A GENERAL MEMBERSHIP THAT ELECTS THE CHAPTER

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

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

RE-ELECTION EVERY YEAR.

Name of the organization INFORMATION SYSTEMS AUDIT AND

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SPRINGFIELD MISSOURI CHAPTER:

MEMBERS CAN ELECT OFFICERS. BOARD CAN APPOINT DIRECTORS.

ST. LOUIS CHAPTER:

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

TALLAHASSEE CHAPTER:

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

TULSA CHAPTER:

ANNUALLY, THE CHAPTER MEMBERSHIP VOTES ON THE MEMBERS OF THE CHAPTER BOARD FOR THE FISCAL YEAR ENDING IN APRIL.

UTAH CHAPTER:

CHAPTER MEMBERS VOTE FOR BOARD.

VIRGINIA CHAPTER:

MEMBERS ELECT ALL OFFICERS.

WEST FLORIDA CHAPTER:

THE BOARD CAN VOTE FOR MEMBERS OF THE GOVERNING BODY JUST LIKE CHAPTER MEMBERS. VOTING IS DONE THROUGH CVENT AND THE REPORT SHOWING RESULTS IS

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DISTRIBUTED.

WESTERN MICHIGAN CHAPTER:

MEMBERSHIP VOTES FOR BOARD MEMBERS AT GENERAL MEMBERSHIP MEETING.

WESTERN NEW YORK CHAPTER:

MEMBERS VOTE AT ANNUAL GENERAL MEETING TO ELECT, RE-ELECT, OR CONFIRM INTERIM BOARD/ OFFICER APPOINTMENTS.

WILLAMETTE VALLEY CHAPTER:

BOARD MEMBERS ARE ELECTED AT THE ANNUAL BUSINESS MEETINGS BY THE MEMBERSHIP. TO FILL VACATED OR NEWLY CREATED BOARD POSITIONS BETWEEN ANNUAL BUSINESS MEETINGS, THE PRESIDENT NOMINATES INDIVIDUALS TO THE BOARD, SUBJECT TO RATIFICATION AT THE NEXT BOARD MEETING.

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

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL

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

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS ANSWERED "YES" TO LINE 7B:

ATLANTA CHAPTER:

CHANGES TO BYLAWS ARE SUBJECT TO APPROVAL BY MEMBERS.

BIRMINGHAM CHAPTER:

Name of the organization I

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

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CHAPTER BYLAW REVISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL (IN ADDITION TO OFFICER APPROVAL).

BOISE CHAPTER:

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

CENTRAL ARKANSAS CHAPTER:

THE MEMBERS MUST VOTE TO APPROVE ANY CHANGES/UPDATES TO THE CHAPTER BYLAWS.

CENTRAL FLORIDA CHAPTER:

THE BYLAWS ARE VOTED ON BY THE MEMBERSHIP, CURRENTLY WITH A TWO-THIRDS (2/3) MAJORITY OF THE CURRENT MEMBERS BY E-MAIL CONFIRMATIONS OR BY VOICE DURING A CHAPTER MEETING. MEMBERS WHO ARE NOT INTERESTED IN VOTING MAY ABSTAIN, AND ARE NOT INCLUDED IN THE TOTAL MAJORITY NEEDED. MEMBERS WHO RESPOND TO, BUT DO NOT SPECIFICALLY APPROVE THE BYLAWS, ARE CONSIDERED "NO" VOTES.

CENTRAL INDIANA CHAPTER:

THE CHAPTER MEMBERS IN GOOD STANDING ARE ELIGIBLE TO VOTE ON AMENDMENTS
TO THE CHAPTER BYLAWS AND IN DETERMINING THE DISSOLUTION OF THE CHAPTER.

CENTRAL NEW YORK CHAPTER:

IN REGARDS TO GOVERNANCE DECISIONS, THE CHAPTER MEMBERS IN GOOD STANDING

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CONTROL ASSOCIATION CHAPTERS

ARE ELIGIBLE TO VOTE ON CHAPTER DISSOLUTION ONLY.

CENTRAL OKLAHOMA CHAPTER:

GOVERNANCE DECISIONS NEED TO BE APPROVED BY MEMBERS.

CHICAGO CHAPTER:

SIGNIFICANT BYLAW CHANGES ARE VOTED ON BY THE CHAPTER MEMBERS.

DENVER CHAPTER:

ISACA DENVER CHAPTER MEMBERS HAVE VOTING RIGHTS ON GOVERNANCE DECISIONS INCLUDING BYLAWS AND BUDGET ITEMS OVER \$1,000.

DETROIT CHAPTER:

THESE BYLAWS MAY BE AMENDED AT ANY REGULAR MEETING BY A TWO-THIRDS (2/3) VOTE PROVIDED THAT THE AMENDMENT HAS BEEN SUBMITTED IN WRITING AT THE PREVIOUS REGULAR MEETING, OR HAS BEEN MAILED TO THE ENTIRE CHAPTER MEMBERSHIP AT LEAST TEN (10) DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE CONSIDERED.

GREATER CINCINNATI CHAPTER:

ELECTIONS FOR THE NEW GOVERNING BODY ARE COMPLETED BY ORGANIZATION MEMBERS FOR EACH TWO YEAR TERM.

GREATER HARTFORD CHAPTER:

THE CHAPTER BYLAWS MUST BE APPROVED BY THE MEMBERS OF THE CHAPTER.

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GREATER HOUSTON CHAPTER:

TWO-THIRDS (2/3) OF THE CHAPTER MEMBERS MUST VOTE TO DISSOLVE THE CHAPTER

OR CHANGE BYLAWS.

GREATER KANSAS CITY CHAPTER:

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

HARRISBURG CHAPTER:

BYLAW REVISIONS REQUIRE MEMBER APPROVAL.

HUDSON VALLEY CHAPTER:

CHAPTER MEMBERS APPROVE BYLAW CHANGES AND ELECTION OF THE BOARD.

HUNTSVILLE CHAPTER:

OUR BYLAWS, UPON ANY REVISION TRIGGERED EITHER BY THE BOARD OR AN INITIAL

MOTION OF THE MEMBERSHIP, MUST FIRST BE REVIEWED AND APPROVED BY ISACA;

THE INTERNATIONAL ASSOCIATION BASED IN CHICAGO, IL. THEN THE REVISION IS

VOTED UPON BY THE GENERAL MEMBERSHIP IN A FORMAL MEETING FOR THAT PURPOSE

WITH SPECIFIC ADVANCE NOTICE.

ILLINI CHAPTER:

CHANGING BYLAWS REQUIRES A CHAPTER MEMBER VOTE.

KENTUCKIANA CHAPTER:

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PER CHAPTER BYLAWS, MEMBERS MAY VOTE ON AMENDMENTS TO BYLAWS, CHAPTER DISSOLUTION, AND OFFICER ELECTIONS.

KETTLE MORAINE CHAPTER:

MEMBERS VOTE ON BYLAW CHANGES WHEN THEY ARE NEEDED.

LAS VEGAS CHAPTER:

CERTAIN LARGE EXPENDITURES AND CHANGES TO BYLAWS REQUIRE MEMBER APPROVAL.

LOS ANGELES CHAPTER:

TO AMEND THE CHAPTER BYLAWS, THE CHAPTER BOARD MUST APPROVE ALL BYLAW CHANGES AND FORWARD THEM TO THE MEMBERSHIP DIVISION OF THE ASSOCIATION WITH CHANGES INDICATED. THE ASSOCIATION MUST APPROVE ALL BYLAW CHANGES PRIOR TO THEM BEING SUBMITTED FOR A VOTE BY CHAPTER MEMBERSHIP. CHAPTER BYLAW AMENDMENTS WILL BE APPROVED, AT ANY CHAPTER MEETING, BY A TWO-THIRDS (2/3) VOTE, PROVIDED THAT THE AMENDMENT HAS BEEN SUBMITTED IN WRITING AT THE PREVIOUS MEETING, OR HAS BEEN MAILED OR E-MAILED TO THE ENTIRE CHAPTER MEMBERSHIP AT LEAST TEN (10) DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE CONSIDERED. THE MEMBERSHIP DIVISION OF THE ASSOCIATION WILL BE ADVISED THAT THE BYLAW AMENDMENTS HAVE BEEN APPROVED, AND WILL BE SENT A COPY OF THE APPROVED VERSION OF THE BYLAWS. IF DISSOLUTION OF THE CHAPTER BECOMES INEVITABLE, THESE BYLAWS MUST BE RESCINDED BY A TWO-THIRDS (2/3) VOTE OF THE CHAPTER MEMBERSHIP AFTER TEN (10) DAYS NOTICE HAS BEEN MAILED TO EACH MEMBER.

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

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## MEMPHIS CHAPTER:

WHEN CHANGES ARE DESIRED THE CHANGES ARE SENT TO ALL MEMBERS AND THEN

VOTED ON DURING A NORMAL MONTHLY MEETING. MEMBERS ARE NOTIFIED PRIOR TO

THE MEETING AND TOPIC OF VOTE.

#### MIDDLE TENNESSEE CHAPTER:

AMENDMENTS TO THE CHAPTER'S BYLAWS MUST BE ADOPTED BY TWO-THIRDS (2/3) OF THE BOARD OF DIRECTORS THEN IN OFFICE. THE AMENDED BYLAWS MUST ALSO BE APPROVED AT ANY REGULAR MEETING OR ANY SPECIAL MEETING CALLED FOR THIS PURPOSE BY TWO-THIRDS (2/3) VOTE OF THE MEMBERS PRESENT. NOTICE OF SUCH AMENDMENTS MUST BE SENT WITH THE NOTICE OF SUCH MEETING AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF THE MEETING.

NATIONAL CAPITAL AREA CHAPTER:

MEMBERSHIP VOTE ON THE BYLAWS.

### NEW ENGLAND CHAPTER:

IN PRACTICE, OUR BOARD OF DIRECTORS (BOD) WILL VOTE ON BUDGETING, BY LAW CHANGES, ETC. HOWEVER, ANY MEMBERS ARE WELCOME TO JOIN THE BOD COMMITTEES AND VOTE. FOR MORE SIGNIFICANT GOVERNANCE TOPICS SUCH AS CHAPTER DISSOLUTION, OR BOD SLATE FOR THE YEAR. WE VOTE AT OUR ANNUAL MEETING WITH THE ENTIRE MEMBERSHIP, NOT JUST BOD. IF YOU WANT TO DEFINE VOTING ON GOVERNANCE CHANGES IN THAT CONTEXT, THEN WE WOULD ALWAYS BE VOTING ON THOSE SIGNIFICANT TOPICS WITH THE MEMBERSHIP AT OUR ANNUAL GENERAL

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MEETING EACH JUNE. WE ALSO HAVE WORDING IN OUR BYLAWS FOR OUR ANNUAL MEETING, OR SPECIAL MEETINGS (IF AN EMERGENCY DECISION WAS NEEDED TO BE MADE, THAT WAS BEYOND THE SCOPE THE BOD WAS ABLE TO HANDLE).

NEW JERSEY CHAPTER:

MEMBERS APPROVE THE BUDGET AT THE AGM.

NEW MEXICO CHAPTER:

PROPOSED CHANGES TO THE BYLAWS MUST BE APPROVED BY CHAPTER MEMBERS.

NEW YORK METRO CHAPTER:

BYLAW CHANGES AND DISSOLUTION ARE APPROVED BY THE MEMBERSHIP.

NORTH TEXAS CHAPTER:

MEMBERSHIP VOTES ON ANY CHANGES TO BYLAWS.

NORTHEAST OHIO CHAPTER:

NON-BUDGETED EXPENDITURES OVER \$3,000 ARE SUBJECT TO APPROVAL BY A MEMBERSHIP VOTE. YEARLY SLATE OF OFFICERS FOR THE NEXT YEAR IS ALSO SUBJECT TO APPROVAL BY A MEMBERSHIP VOTE.

NORTHWEST OHIO CHAPTER:

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

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PER OUR BYLAWS.

### OMAHA CHAPTER:

THE CHAPTER BOARD SHALL APPROVE ALL SUGGESTED BYLAW CHANGES AND FORWARD THEM TO THE MEMBERSHIP DIVISION OF THE ASSOCIATION, WITH CHANGES INDICATED. THE ASSOCIATION MUST GIVE APPROVAL TO ALL BYLAW CHANGES PRIOR TO THEM BEING SUBMITTED FOR A VOTE BY CHAPTER MEMBERSHIP. CHAPTER BYLAW AMENDMENTS WILL BE APPROVED, AT ANY CHAPTER MEETING, BY A TWO-THIRDS (2/3) VOTE, PROVIDED THAT THE AMENDMENT HAS BEEN SUBMITTED IN WRITING AT THE PREVIOUS MEETING, OR HAS BEEN MAILED OR E-MAILED TO THE ENTIRE CHAPTER MEMBERSHIP AT LEAST TEN (10) DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE CONSIDERED. THE MEMBERSHIP DIVISION OF THE ASSOCIATION WILL BE ADVISED THAT THE BYLAW AMENDMENTS HAVE BEEN APPROVED, AND WILL BE SENT A COPY OF THE APPROVED VERSION OF THE BYLAWS.

# PHILADELPHIA CHAPTER:

ELECTION OF CHAPTER OFFICERS AND CHANGES TO BYLAWS.

# PHOENIX CHAPTER:

MEMBERS HAVE THE FOLLOWING VOTING RIGHTS PER CHAPTER BYLAWS: BYLAW

CHANGES - AT SUCH MEETING OF THE BOARD, THE PROPOSED CHANGE TO THE BYLAWS

SHALL BE CONSIDERED AND VOTED UPON BY THE MEMBERS PRESENT. IF AT LEAST

TWO-THIRDS (2/3) OF THE BOARD VOTE IN FAVOR OF SUCH CHANGE, THE APPROVED

AMENDMENT, REPEAL OR ADDITION SHALL BE RECOMMENDED TO THE MEMBERSHIP.

THESE BOARD RECOMMENDED CHANGES SHALL BE SUBMITTED IN WRITING AT THE

INFORMATION SYSTEMS AUDIT AND

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PREVIOUS REGULAR CHAPTER MEETING OR BE MAILED TO THE ENTIRE CHAPTER MEMBERSHIP AT LEAST TEN (10) DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE CONSIDERED. AT THE CHAPTER MEETING, THE BYLAWS WILL BE AMENDED BY A TWO THIRDS (2/3) VOTE. DISSOLUTION - TO AFFECT DISSOLUTION OF THE CHAPTER, THESE BYLAWS MUST BE RESCINDED BY A TWO-THIRDS (2/3) VOTE OF THE MEMBERSHIP AFTER TEN (10) DAYS NOTICE HAS BEEN MAILED TO EACH MEMBER.

### PITTSBURGH CHAPTER:

MEMBERS VOTE ON BYLAW CHANGES DURING OUR ANNUAL MAY MEETING AND ARE INCLUDED ON SIGNIFICANT DECISIONS SUCH AS CHAPTER DISSOLUTION.

#### PUGET SOUND CHAPTER:

TO EFFECT DISSOLUTION OF THE CHAPTER, THESE BYLAWS MUST BE RESCINDED BY A TWO-THIRDS (2/3) VOTE OF THE CHAPTER MEMBERSHIP AFTER TEN (10) DAYS NOTICE HAS BEEN MAILED TO EACH MEMBER. BYLAWS MAY BE AMENDED AT ANY REGULAR MEETING BY A TWO-THIRDS (2/3) VOTE PROVIDED THAT THE AMENDMENT HAS BEEN SUBMITTED IN WRITING AT THE PREVIOUS REGULAR MEETING, OR HAS BEEN MAILED OR EMAILED TO THE ENTIRE CHAPTER MEMBERSHIP AT LEAST TEN (10) DAYS PRIOR TO THE MEETING AT WHICH IT WILL BE CONSIDERED.

## RESEARCH TRIANGLE CHAPTER:

BOARD OF DIRECTORS CAN PROPOSE CHANGES TO THE CHAPTER BYLAWS. CHANGES THEN HAVE TO BE APPROVED BY CHAPTER MEMBERS (AND ISACA INTERNATIONAL).

#### RHODE ISLAND CHAPTER:

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MEMBERS HAVE VOTING RIGHTS ON CHAPTER BYLAWS.

SACRAMENTO CHAPTER:

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

SAN ANTONIO/SOUTH TEXAS CHAPTER:

MEMBERS HAVE VOTING RIGHTS ON CHAPTER BYLAWS.

SAN DIEGO CHAPTER:

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

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

SAN FRANCISCO CHAPTER:

CHANGES TO CHAPTER BYLAWS ARE SUBJECT TO APPROVAL BY ISACA AND CHAPTER MEMBERSHIP.

SC MIDLANDS CHAPTER:

THE MEMBERSHIP DOES VOTE ON ANY CHAPTER BYLAW CHANGES AFTER APPROVAL OF SUCH CHANGES BY THE BOARD AND ALSO ON DISSOLUTION OF THE CHAPTER. CHAPTER

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CONTROL ASSOCIATION CHAPTERS

BYLAW AMENDMENTS WILL BE APPROVED, AT ANY CHAPTER MEETING, BY A TWO-THIRDS (2/3) VOTE. IF DISSOLUTION OF THE CHAPTER BECOMES INEVITABLE, THESE BYLAWS MUST BE RESCINDED BY A TWO-THIRDS (2/3) VOTE OF THE CHAPTER MEMBERSHIP AFTER TEN (10) DAYS NOTICE HAS BEEN MAILED TO EACH MEMBER. THE CHAPTER MEMBERSHIP DOES NOT VOTE ON THE ANNUAL BUDGET, THIS IS THE RESPONSIBILITY OF THE CHAPTER BOARD.

SILICON VALLEY CHAPTER:

MEMBERS SHOULD APPROVE EXPENDITURES OUTSIDE OR EXCEEDING DOLLAR LIMITS DESCRIBED IN THE CURRENT BYLAWS OF THE APPROVED BUDGET.

SOUTH FLORIDA CHAPTER:

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

SPRINGFIELD MISSOURI CHAPTER:

THE MEMBERS HAVE VOTING RIGHTS IN ACCORDANCE TO OUR CHAPTER BYLAWS.

ST. LOUIS CHAPTER:

THE MEMBERSHIP WILL VOTE ON ANY CHANGES TO THE CHAPTER BYLAWS. THE CHANGES IN ORDER TO BE APPROVED REQUIRE A TWO-THIRDS (2/3) MAJORITY AT A REGULAR CHAPTER MEETING. THE VOTE IS REQUIRED TO BE ANNOUNCED AT THE PREVIOUS MEETING.

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TULSA CHAPTER:

YES, ACCORDING TO THE TULSA CHAPTER BYLAWS, THE CHAPTER MEMBERSHIP, BY TWO-THIRDS (2/3) VOTE, APPROVE BYLAW CHANGES AND CHAPTER DISSOLUTION.

WEST FLORIDA CHAPTER:

THE BOARD ACTS ON BEHALF OF, AND IS SUBORDINATE TO, THE CHAPTER'S FULL MEMBERSHIP GROUP, WHICH CHOOSES THE MEMBERS OF THE BOARD. IF SUGGESTIONS ARE MADE BY THE MEMBERSHIP GROUP THAT ALIGN TO OUR CHAPTER STRATEGY AND BYLAWS, WE WOULD PUT IT TO A VOTE.

WESTERN MICHIGAN CHAPTER:

MEMBERS VOTE ON REVISION/APPROVAL OF THE CHAPTER BYLAWS.

WESTERN NEW YORK CHAPTER:

MEMBERS VOTE ON ANY UPDATES TO BYLAWS OR OTHER DELEGATED ACTIONS AS DESCRIBED IN BYLAWS.

WILLAMETTE VALLEY CHAPTER:

ELECTION OF BOARD AND CHANGES TO BYLAWS ARE APPROVED BY MEMBERSHIP AT ANNUAL MEETING.

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

ORGANIZATION DOCUMENT MEETINGS BY EACH COMMITTEE

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

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CONTROL ASSOCIATION CHAPTERS

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)

CHAPTERS HAVE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY:

GREATER KANSAS CITY CHAPTER

HARRISBURG CHAPTER

ILLOWA CHAPTER

MIDDLE TENNESSEE CHAPTER

MINNESOTA CHAPTER

NORTH TEXAS CHAPTER

PITTSBURGH CHAPTER

PUGET SOUND CHAPTER

SACRAMENTO CHAPTER

SAN DIEGO CHAPTER

TULSA CHAPTER

THE FOLLOWING ISACA CHAPTERS DO NOT CONTEMPORANEOUSLY DOCUMENT EVERY

MEETING HELD AND WRITTEN ACTION TAKEN:

ATLANTA CHAPTER

KENTUCKIANA CHAPTER

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

SUMMARY OF THE FORM 990 REVIEW PROCESS

THE 2013 FORM 990 FOR INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION

INFORMATION SYSTEMS AUDIT AND

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CONTROL ASSOCIATION CHAPTERS

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

BASED UPON INFORMATION PROVIDED BY ISACA AND ISACA CHAPTERS. THIS

DOCUMENT SUMMARIZES THE REVIEW POINTS AND AVAILABILITY ASSOCIATED WITH

THE RETURNS.

THE DATA FOR THE RETURN WERE COMPILED BASED ON INFORMATION PREPARED FOR 2013, AS PROVIDED TO ISACA INTERNATIONAL HEADQUARTERS BY ISACA CHAPTERS. THIS INFORMATION WAS SUBMITTED TO GRANT THORNTON FOR PREPARATION OF THE RETURNS. IN ADDITION TO THE FINANCIAL INFORMATION RECEIVED, THE NARRATIVE EXPLANATIONS OF PROGRAM ACCOMPLISHMENTS AND POLICIES PROVIDED BY ISACA CHAPTERS WERE COORDINATED WITH ISACA INFORMATION BY THE APPROPRIATE STAFF WITHIN THE MEMBERSHIP AREA. GRANT THORNTON HAD AN OPPORTUNITY TO RAISE QUESTIONS ABOUT GOVERNANCE AND OTHER ISSUES, AND REQUEST ADDITIONAL INFORMATION AS NEEDED.

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

- INITIAL REVIEW OF RETURN:

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

SENIOR MANAGEMENT REVIEW:

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

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

Employer identification number

WITHIN THE UNITED STATES, THE FINAL REVIEW IS NOT REVIEWED BY ALL US

CHAPTER BOARD MEMBERS. IT IS IMPORTANT TO NOTE THAT THE INFORMATION

PROVIDED BY EACH CHAPTER TO COMPLETE THE RETURN IS ATTESTED TO BY THE

PRESIDENT AND TREASURER FOR EACH RESPECTIVE CHAPTER.

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

WRITTEN CONFLICT OF INTEREST POLICY

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

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS RESPONDED "YES" TO LINE 12A:

ATLANTA CHAPTER

AUSTIN CHAPTER

BIRMINGHAM CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL MARYLAND CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER CINCINNATI CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

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NATIONAL CAPITAL AREA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NEW YORK CITY CHAPTER

NORTHWEST OHIO CHAPTER

PHOENIX CHAPTER

PITTSBURGH CHAPTER

SACRAMENTO CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TALLAHASSEE CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

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

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

REQUIRED TO DISCLOSE CONFLICT OF INTERESTS ANNUALLY

26 OF THE 29 ISACA CHAPTERS THAT RESPONDED "YES" TO LINE 12A ALSO

RESPONDED "YES" TO LINE 12B.

ATLANTA CHAPTER

AUSTIN CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

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BIRMINGHAM CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL MARYLAND CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MEMPHIS CHAPTER

MINNESOTA CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NORTHWEST OHIO CHAPTER

PHOENIX CHAPTER

PITTSBURGH CHAPTER

SACRAMENTO CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

SPRINGFIELD MISSOURI CHAPTER

TALLAHASSEE CHAPTER

VIRGINIA CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

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

COMPLIANCE WITH WRITTEN CONFLICT OF INTEREST POLICY

Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

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24 OF THE 29 ISACA CHAPTERS THAT RESPONDED "YES" TO LINE 12A, THE FOLLOWING RESPONDED "YES TO LINE 12C:

ATLANTA CHAPTER:

EACH BOARD MEMBER SIGNS A DISCLOSURE FORM UPON INITIAL ACCEPTANCE TO THE BOARD AS WELL AS ANNUALLY. ANY KNOWN POTENTIAL CONFLICTS OF INTEREST ARE MONITORED (E.G. IF A BOARD MEMBER IS A CONSULTANT, THEY WOULD NOT BE GIVEN ACCESS TO MEMBERSHIP DIRECTORIES, ETC.).

AUSTIN CHAPTER:

STATEMENTS OF DISCLOSURE ARE REQUIRED TO BE COMPLETED AND ARE REVIEWED PRIOR TO BOARD MEMBERS ACCEPTING OFFICE.

BIRMINGHAM CHAPTER:

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

CENTRAL MARYLAND CHAPTER:

AS EACH MEMBER IS APPOINTED AND/OR ELECTED, THEY ARE REQUIRED TO COMPLETE

A CONFLICT OF INTEREST STATEMENT. THE BOARD REVIEWS THE SIGNED STATEMENTS

AT WHICH TIME ANY CONFLICTS ARE DISCUSSED.

DENVER CHAPTER:

OFFICERS MUST DISCLOSE AND SIGN WHEN THEY JOIN THE BOARD AND PROVIDE
ANNUAL RECERTIFICATIONS DURING THEIR TENURE. TREASURER IS AWARE OF THE

Name of the organization CONTROL ASSOCIATION CHAPTERS

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TRANSACTIONS AND INTERESTS AS DISCLOSED.

DETROIT CHAPTER:

MEMBERS ARE REQUIRED TO DISCLOSE CONFLICT OF INTERESTS ANNUALLY. REVIEWS ARE PERFORMED TO ENSURE ALL DOCUMENTS HAVE BEEN RETURNED.

GREATER HARTFORD CHAPTER:

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

GREATER HOUSTON CHAPTER:

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

HUNTSVILLE CHAPTER:

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

JACKSONVILLE CHAPTER:

SIGNED ANNUALLY AND ANY POTENTIAL CONFLICTS ARE VETTED BY THE BOARD.

MEMPHIS CHAPTER:

Name of the organization

INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION CHAPTERS

Employer identification number

TO CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE, AS AN ORGANIZATION, WE CREATE AN ENVIRONMENT OF TRANSPARENCY, INTEGRITY, AND ACCOUNTABILITY. IN ADDITION WE FOLLOW UP ON ALL POTENTIAL CONFLICTS.

#### MINNESOTA CHAPTER:

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

## NEW JERSEY CHAPTER:

WE REQUIRE ANNUAL REPORTING BY EACH OFFICER AND DIRECTOR OF ANY

CONFLICTS, WHICH IS REVIEWED BY THE NOMINATING COMMITTEE. IN ADDITION,

THE INDEPENDENT EXPENDITURE APPROVER (OFFICER OR DIRECTOR) IS REQUIRED TO

IDENTIFY POTENTIAL CONFLICT.

## NEW ORLEANS CHAPTER:

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

# PHOENIX CHAPTER:

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT PRIOR

Employer identification number

TO TAKING OFFICE THAT REQUIRES DISCLOSURE OF ANY CHANGE IN INTERESTS DURING THEIR TERM IN OFFICE.

#### PITTSBURGH CHAPTER:

OFFICERS SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY.

### SACRAMENTO CHAPTER:

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

# SILICON VALLEY CHAPTER:

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

### SOUTH FLORIDA CHAPTER:

THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE NOMINATION OR RENOMINATION FORMS THAT ARE SIGNED ANNUALLY BY EACH DIRECTOR OR OFFICER.

# SPRINGFIELD MISSOURI CHAPTER:

OFFICERS SIGN AN ACKNOWLEDGEMENT.

## TALLAHASSEE CHAPTER:

THE CHAPTER BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT ANNUALLY THAT IS RETAINED BY THE SECRETARY OF THE CHAPTER.

Employer identification number

### VIRGINIA CHAPTER:

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

### WEST FLORIDA CHAPTER:

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

#### WESTERN MICHIGAN CHAPTER:

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

FORM 990, PART VI, SECTION B, LINE 13

WHISTLEBLOWER POLICY

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

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS RESPONDED "YES" TO LINE 13:

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MINNESOTA CHAPTER

NEW JERSEY CHAPTER

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

Employer identification number

FORM 990, PART VI, SECTION B, LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY

65 OF THE 71 ISACA CHAPTERS ANSWERED "NO" TO LINE 14:

THE FOLLOWING INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA)
CHAPTERS RESPONDED "YES" TO LINE 14:

CHARLOTTE CHAPTER

HUNTSVILLE CHAPTER

JACKSONVILLE CHAPTER

MINNESOTA CHAPTER

NATIONAL CAPITAL AREA CHAPTER

TALLAHASSEE CHAPTER

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

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

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

FORM 990, PART VI, SECTION C, LINE 19

INFORMATION MADE AVAILABLE TO THE PUBLIC

Employer identification number

55 OF THE 71 ISACA CHAPTERS MAKE THEIR GOVERNING DOCUMENTS (BYLAWS AND/OR ARTICLES OF INCORPORATION), CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

ANCHORAGE CHAPTER

ATLANTA CHAPTER:

AUSTIN CHAPTER

BATON ROUGE CHAPTER

BIRMINGHAM CHAPTER

BOISE CHAPTER

CENTRAL FLORIDA CHAPTER

CENTRAL IOWA CHAPTER

CENTRAL MARYLAND CHAPTER

CENTRAL OHIO CHAPTER

CENTRAL OKLAHOMA CHAPTER

CHARLOTTE CHAPTER

CHICAGO CHAPTER

DENVER CHAPTER

DETROIT CHAPTER

GREATER CINCINNATI CHAPTER

GREATER HARTFORD CHAPTER

GREATER HOUSTON CHAPTER

GREATER KANSAS CITY CHAPTER

HARRISBURG CHAPTER

Employer identification number

HAWAII CHAPTER

HUDSON VALLEY CHAPTER

HUNTSVILLE CHAPTER

ILLINI CHAPTER

ILLOWA CHAPTER

KENTUCKIANA CHAPTER

KETTLE MORAINE CHAPTER

LOS ANGELES CHAPTER

MEMPHIS CHAPTER

MIDDLE TENNESSEE CHAPTER

MINNESOTA CHAPTER

NATIONAL CAPITAL AREA CHAPTER

NEW ENGLAND CHAPTER

NEW JERSEY CHAPTER

NEW ORLEANS CHAPTER

NEW YORK METRO CHAPTER

NORTHEAST OHIO CHAPTER

OMAHA CHAPTER

PHILADELPHIA CHAPTER

PHOENIX CHAPTER

PITTSBURGH CHAPTER

PUGET SOUND CHAPTER

RESEARCH TRIANGLE CHAPTER

RHODE ISLAND CHAPTER

SACRAMENTO CHAPTER

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

SAN ANTONIO/SOUTH TEXAS CHAPTER

SAN DIEGO CHAPTER

SAN FRANCISCO CHAPTER

SC MIDLANDS CHAPTER

SILICON VALLEY CHAPTER

SOUTH FLORIDA CHAPTER

ST. LOUIS CHAPTER

UTAH CHAPTER

WEST FLORIDA CHAPTER

WESTERN MICHIGAN CHAPTER

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

PRIOR PERIOD ADJUSTMENTS WERE MADE BY THE FOLLOWING CHAPTERS:

WESTERN NEW YORK CHAPTER

-665

SAN ANTONIO/SOUTH TEXAS CHAPTER

80

TOTAL

-585

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FORM 990, PART XII, LINE 2C

ORGANIZATION'S FINANCIAL STATEMENTS

IT IS RECOMMENDED THAT INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION (ISACA) CHAPTERS ESTABLISH AN INDEPENDENT AUDIT COMMITTEE, EITHER FOR THE

Employer identification number

PURPOSE OF CONDUCTING AN ANNUAL AUDIT OR TO OVERSEE THE ENGAGEMENT OF AN EXTERNAL AUDITOR. BASED ON ESTABLISHED AUDIT THRESHOLDS FOR NONPROFITS, AN EXTERNAL AUDIT IS NOT REQUIRED OF ALL ISACA CHAPTERS. THE RESULTS OF THE AUDIT COMPLETED BY THE CHAPTER SHALL BE REPORTED TO THE MEMBERS OF THE RESPECTIVE CHAPTER. ALL ISACA CHAPTERS ARE REQUIRED TO OBTAIN AN AUDIT VERIFICATION LETTER THAT MUST BE TURNED IN TO ISACA INTERNATIONAL HEADQUARTERS.

ATTACHMENT 1

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

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

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

Name of the organization INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS

Employer identification number

ATTACHMENT 2

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

INFORMATION TECHNOLOGY IS A RAPIDLY CHANGING INDUSTRY, AND IT

DEMANDS A COMMITMENT ON THE PART OF ITS PRACTITIONERS TO LEARN

CONTINUOUSLY AND MASTER NEW SKILLS. INFORMATION SYSTEMS AUDIT AND

CONTROL ASSOCIATION (ISACA) CHAPTERS' PRIMARY PURPOSE IS TO SERVE

THEIR LOCAL MEMBERS BY OFFERING BENEFITS IN THE FOLLOWING

CATEGORIES: EDUCATION/PROFESSIONAL DEVELOPMENT, NETWORKING AND

RELATIONS, AND ACADEMIC SUPPORT. EDUCATIONAL EVENTS FOR

PROFESSIONAL DEVELOPMENT INCLUDE OPPORTUNITIES SUCH AS TRAINING

LUNCHEONS, SEMINARS, CONFERENCES AND CERTIFICATION EXAM REVIEW

COURSES. THE CHAPTERS ALSO FACILITATE LOCAL NETWORKING BY OFFERING

OPPORTUNITIES TO BUILD RELATIONSHIPS WITH OTHER PROFESSIONALS AND

ORGANIZATIONS WITH RELATED INTERESTS THROUGH CHAPTER AND COMMITTEE

MEETINGS, NETWORKING EVENTS, AND EDUCATIONAL EVENTS. A SENSE OF

COMMUNITY IS ALSO PROMOTED THROUGH THE CHAPTER WEB SITE.

ATTACHMENT	1
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ANCHORAGE CHAPTER P.O. BOX 240353 ANCHORAGE, AK 99524 71-0937387 177

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

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

BATON ROUGE CHAPTER
7817 N. JEFFERSON PLACE CIR., APT D
BATON ROUGE, LA 70809
72-1056363
085

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

BOISE CHAPTER 2458 SUNSHINE DR. BOISE, ID 83712 82-0353193 042

CENTRAL ARKANSAS CHAPTER 1598 SUGAR MAPLE LANE HENSLEY, AR 72065 52-1315583 082

89364J 649R

## AFFILIATED ORGANIZATIONS INC

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

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

CENTRAL IOWA CHAPTER 8504 LONG MEADOW LANE JOHNSTON, IA 50131 42-1296228 110

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

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

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

CENTRAL OKLAHOMA CHAPTER VELAVAN, INC., 4304 NW 164TH TER. EDMOND, OK 73013 73-1206933 049

## AFFILIATED ORGANIZATIONS INC

CHARLOTTE CHAPTER
7546 SEDGEBROOK DRIVE EAST
STANLEY, NC 28164
56-1283238
051

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

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

DETROIT CHAPTER
131 GUILFORD ROAD
BLOOMFIELD HILLS, MI 48304
23-7410401
008

GREATER CINCINNATI CHAPTER 881 LAFAYETTE AVE, #5 CINCINNATI, OH 45243 23-7291478 003

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

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

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

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

HAWAII CHAPTER 1901 LUSITANA ST. HONOLULU, HI 96813 99-0219334 071

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

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

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

ILLOWA CHAPTER 4322 WIDGEON DRIVE MARION, IA 55016 36-4428918 169

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

KENTUCKIANA CHAPTER 3605 FLAGSTAFF DR. JEFFERSONVILLE, IN 47130 61-0942117 037

KETTLE MORAINE CHAPTER 1313 N. FRANKLIN PL 703 MILWAUKEE, WI 53202 39-1400443 057

LAS VEGAS CHAPTER
2940 HARBOR HEIGHTS DRIVE
LAS VEGAS, NV 89117
20-3339497
187

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

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

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

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

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

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

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

NEW JERSEY CHAPTER 58 RONALD DRIVE EAST HANOVER, NJ 07936 22-2203291 030

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

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

1447160

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

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

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

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

OMAHA CHAPTER 17529 Y ST. OMAHA, NE 68135 47-0592567 023

ORANGE COUNTY CHAPTER 2206 CRESCENT OAK IRVINE, CA 92618 33-0024331 079

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

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

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

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

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

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

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

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

SAN DIEGO CHAPTER 2702 MATEO PLACE CARLSBAD, CA 92009 95-3095287 019

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

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

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

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

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

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

TALLAHASSEE CHAPTER 2564 HEATHROW DR. TALLAHASSEE, FL 32312 45-3664518 213

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

UTAH CHAPTER 625 W 5300 S, STE A-126 MURRAY, UT 84123 87-6162790 004

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

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

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

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

1447160

# AFFILIATED ORGANIZATIONS INC

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

1447160

ATTACHMENT 3

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

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

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

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89364J 649R 1447160 PAGE 145

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

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

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VELAVAN, INC., 4304 NW 164TH TER.
EDMOND, OK 73013
73-1206933
049

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7546 SEDGEBROOK DRIVE EAST
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ILLOWA CHAPTER
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36-4428918
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MIDDLE TENNESSEE CHAPTER P.O. BOX 330443 NASHVILLE, TN 37203 62-1261485 102

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

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

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

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

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

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

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

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

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

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ORANGE COUNTY CHAPTER 2206 CRESCENT OAK IRVINE, CA 92618 33-0024331 079

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

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

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

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

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

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

SAN DIEGO CHAPTER 2702 MATEO PLACE CARLSBAD, CA 92009 95-3095287 019

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

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

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

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

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

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

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

TALLAHASSEE CHAPTER 2564 HEATHROW DR. TALLAHASSEE, FL 32312 45-3664518 213

. . . .

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

UTAH CHAPTER 625 W 5300 S, STE A-126 MURRAY, UT 84123 87-6162790 004

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

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

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

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

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

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

# $\mathsf{Form}~8868$

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, o	complete c	nly Part I and check th	nis box	▶ X		
• If you are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Pa	art II (on page 2 of this form).			
Do not comp	lete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed Form 8868	3		
a corporation 8868 to req Return for Instructions)  Part I Aut A corporation Part I only	ling (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. On a required to file Form 990-T and requesting corations (including 1120-C filers), partnersh to tax returns  Name of exempt organization or other filer, see in INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION CHAPTERS  Number, street, and room or suite no If a P O both 3701 ALGONQUIN ROAD  City, town or post office, state, and ZIP code For	nal (not au forms liste I Benefit ins form, vis ally submit an automa  structions	tomatic) 3-month extend in Part I or Part II we Contracts, which must sit www.irs.gov/efile and original (no copies neatic 6-month extension	nsion of time You can electronically the the exception of Form 8870, It be sent to the IRS in paper for click on e-file for Charities & Nongeeded).  - check this box and complete	y file Form nformation ormat (see orofits		
instructions	ROLLING MEADOWS, IL 60008	a	4.000, 000 111011 40110110				
Enter the Re	turn code for the return that this application	s for (file a	separate application fo	or each return)	0 1		
Application		Return	Application		Return		
Is For		Code	Is For		Code		
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)	07		
Form 990-BL	•	02	Form 1041-A		08		
Form 4720 (	ındıvıdual)	03	Form 4720 (other tha	n individual)	09		
Form 990-PF		04	Form 5227		10		
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T (trust other than above)			Form 8870		12		
Telephone  If the orga  If this is fo for the whole a list with the	ROBERT MICEK  No. ► 847 253-1545  Inization does not have an office or place of the a Group Return, enter the organization's four a group, check this box ► X If a names and EINs of all members the extension	ousiness in ur digit Gro it is for pa on is for A	up Exemption Number ( rt of the group, check t TTACHMENT 1	ck this box			
until for the ∈	st an automatic 3-month (6 months for a cor $08/15$ , 20 $14$ , to file the corganization's return for calendar year 20 $13$ or tax year beginning	exempt org	anization return for the	e organization named above. The ex	dension is		
3a If this a	ix year entered in line 1 is for less than 12 m hange in accounting period application is for Form 990-BL, 990-PF, 99 indable credits. See instructions						
b If this estimat							
Caution If you instructions	are going to make an electronic funds withdrawal	(dırect debi	t) with this Form 8868, se				

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	Form 8868 (Re	v. 1-2014)				Page 2			
Note. Only complete Part II if you have aircady 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 filiary is identifying number, see instructions    Employer identification number (EIN) or INFORMATION SYSTEMS AUDIT AND			onth Exten	sion, complete only Part I	I and check this box	<b>&gt;</b> X			
• If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1).    Part II	-								
Additional (Not Automatic) 3-Month Extension of Time. Only flie the original (not copies needed).    Simple or   S	•				,				
Type or print Control Association or other filer, see instructions   Employer identification number (EIN) or    Type or print   CONTROL ASSOCIATION CHIPTERS   94-2919522    Name of exempt organization or other filer, see instructions   Social secunity number (EIN) or    White size is and room or suite in if a P O box, see instructions.   Social secunity number (SSN)    3701 ALGONQUIN ROAD   City, town or post office, state, and ZIP code For a foreign address, see instructions    ROLLING MEADOWS, IL 60008   Return   Application    Is For   Code   Return   Application    Form 990 or Form 990-EZ   0.1   Expression    Form 990-BL   0.2   Form 1041-A   0.8    Form 4720 (Individual)   0.3   Form 4720 (other han individual)   0.9    Form 990-F   Sec 401(a) or 408(a) truet)   0.5   Form 5006   1.1    Form 990-T (rust other than above)   0.6   Form 8606   1.1    Form 990-T (rust other than above)   0.6   Form 8606   1.1    Form 990-T (rust other than above)   0.6   Form 870   End (Fine)    The books are in the care of Pompser MICEK   Form 870   End (Fine)    If this organization does not have an office or place of business in the United States, check this box   Fine)   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   2504   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   2504   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   2504   If this is for the whole group, check this box   Final return   Final re					inal (no copies needed).				
Name of exempt organization or other filer, see instructions   Employer identification number (EIN) or Print   INFORMATION SYSTEMS AUDIT AND   94-2919522						e instructions			
Print   CONTROL ASSOCIATION CHAPTERS   94-2919522		Name of exempt organization or other filer, see in	structions	<del>-</del> -					
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Number, street, and room or suite no. If a P O box, see instructions.   Social security number (SSN)					94-2919522				
File by the day date for day of the day of	bin.		x, see instru	ctions.	Social security number (SSN)				
City, town or post office, state, and ZIP code For a foreign address, see instructions minutations.    RolLLING MEADOWS, IL 60008   Return Code for the return that this application is for (file a separate application for each return).   0 1 1			· · · ·						
Enter the Return code for the return that this application is for (file a separate application for each return)	filing your		a foreign ad	dress, see instructions	<u> </u>				
Enter the Return code for the return that this application is for (file a separate application for each return)									
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Is For					2011-01011y 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7			
Form 990 or Form 990-EZ  Form 990-BL  02 Form 1041-A  08  Form 4720 (individual)  09  Form 990-PF  04 Form 5227  10  Form 990-T (sec 401(a) or 408(a) trust)  05 Form 6069  11  Form 990-T (trust other than 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 PROBERT MICEK  Telephone No Pat 7 253-1545  • If the organization does not have an office or place of business in the United States, check this box  • 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If the manes and Eliss of all members the extension is for ATTACHMENT 1  4 I request an additional 3-month extension of time until  1 11/17, 20 14  • For calendar year 2013, or other tax year beginning  20 and ending  2				1 ''					
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