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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ 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](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Distributive Education Clubs of America Inc.</b>
	Doing Business As <b>DECA Inc.</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1908 Association Drive</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Reston VA 20191-1503</b>
	<b>F</b> Name and address of principal officer <b>Edward L. Davis, address same as above.</b>
<b>D</b> Employer identification number <b>23-7079474</b>	<b>E</b> Telephone number <b>703-860-5000</b>
<b>G</b> Gross receipts \$ <b>22,185,552</b>	<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶ <b>1151</b>
<b>J</b> Website ▶ <b>www.deca.org</b>	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>M</b> State of legal domicile

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DECA prepares emerging leaders and entrepreneurs in marketing, finance, hospitality and management.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>555</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>551</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>6,547</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>N/A</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,535,908</b>	<b>1,280,671</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,885,935</b>	<b>20,664,410</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11c)	<b>87,327</b>	<b>209,440</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>27,750</b>	<b>23,446</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>20,536,920</b>	<b>22,177,968</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>288,638</b>	<b>446,921</b>
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>348,256</b>	<b>392,990</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>42,613</b>	<b>0</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>19,515,463</b>	<b>20,610,806</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>20,152,357</b>	<b>21,450,717</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>384,562</b>	<b>727,251</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>8,736,909</b>	<b>9,478,259</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>0</b>
		<b>8,736,909</b>	<b>9,478,259</b>

**Part II Signature Block**

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

<b>Sign Here</b>	<b>Signature of officer</b> <i>Paul A. Wardinski</i>	<b>Date</b> <b>12-11-14</b>			
	<b>Type or print name and title</b> <b>Paul A. Wardinski Exec. Director</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name</b> ▶	<b>Firm's EIN</b> ▶		<b>Phone no</b>	
	<b>Firm's address</b> ▶				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

942-49

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission.

DECA prepares emerging leaders and entrepreneurs in marketing, finance, hospitality and management.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code ) (Expenses \$ 17,861,183 including grants of \$ 446,921 ) (Revenue \$ 19,199,779 )Approx. 11,000 students participated in skills contests related to their individual career goals in marketing and management.  
Scholarship, cash and recognitions are provided for accomplishments related to workplace and school-based learning.**4b** (Code ) (Expenses \$ 2,270,330 including grants of \$ ) (Revenue \$ 1,464,631 )DECA provides specific programs for the classroom teacher to use in student development and achievement.  
The principles guiding the association's programs are curriculum related career skills, workplace experiences,  
community service and the development of business leadership capabilities.**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses **20,131,513**

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 97	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> ✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 11	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> ✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> ✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> ✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 555 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 551		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<input checked="" type="checkbox"/>	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>a</b> The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See attached continuation sheets.....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Kevin Jones Board Member	5	X						599		0
Mark Lyons Board Member	3	X						599		0
Michael Patterson Board Member	3	X						599		0
Stacey Polen Board Member	3	X						599		0
Becky Kuehl Chair	1	X						0		0
Bill Turner Vice Chair	1	X						0		0
Amanda Graham Secretary	1	X						0		0
Judy Commers Director	1	X						0		0
Lots Pinney Director	1	X						0		0
Brian McNeal Director	1	X						0		0
Michelle Goudy Director	1	X						0		0
Steve Bennett Director	1	X						0		0
Robin Perry Director	1	X						0		0
Brandon Sakbun Director	1	X						0		0
Baylee Crum Director	1	X						0		0
Michelle Chapman Director	1	X						0		0
Emily Eaton State Advisor	20			X				30,000		0
Eric Ogle Director	1			X				0		0
Cathie Bryant Director	1	X						0		0
Janice Brown Director	10			X				15,000		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indivl trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Gen Craft Director	1	X						0		0
Debbie Harris Board Chair	1	x						0		0
Gary Colvin State Advisor	15	x		x				0		0
Tod Griffin CEO, KRF	1	x						0		0
Tracy Jones Pres Prof DECA	1	x						0		0
Jayne Harris Co Advisor	4	x						0		0
Mark Gibson Pres KMEA	1	x						0		0
Vacant Rep KDE	1	x						0		0
Lisa Hurt Past Chair	1	x						0		0
Dennis Valentine Accountant	2	X						0		0
Paul Grethel State Advisor	28			X				11,000		0
Ashley Martinez Director	3	X						0		0
JoAnna Purvis Treasurer	1	X		X				0		0
Debra Wilson Director	1	X						0		0
Patsy Black Director	1	X						0		0
Conce Saunders Director	1	X						0		0
Sammy Smith Director	1	X						0		0
Rae Broussard Director	1	X						0		0
Donna McFadden State Advisor	22			X				0		0
Brian Nobrega Director	2	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Frank Rosa Director	2	X						0		0
Letty Brown Director	2	X						0		0
James Dow Director	2	X						0		0
Krista Anderson Director	2	X						0		0
Francisco Torres Director	2	X						0		0
Tom Sousa Director	2	X						0		0
Jim Sullivan Director	2	X						0		0
Dean Martino Director	2	X						0		0
Ann Grassetti Director	2	X						0		0
Gary Perras Director	2	X						0		0
John Foisy Director	2	X						0		0
George Berg Treasurer	6			X				2,500		0
Brian Nobrega Treasurer	6			X				2,500		0
Robby Aziz Director	2	X						0		0
Matthew Capobianco Director	2	X						0		0
Jayne Pilachowski Director	2	X						0		0
Joseph Torgerson Director	2	X						0		0
Kyle Schraft Director	2	X						0		0
Jacqueline Waite Director	2	X						0		0
Erica Melito Director	2	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Brian Nobrega Treasurer	6			X				2,500		0
Demitra Marafatsos Director	2	x						0		0
Leo Garcia Chair	4	x						0		0
Winifred Winston Director	2	x						0		0
William Nottage Treasurer	4	x		x				0		0
Darlene Ajayi Secretary	4	x		x				0		0
Debra Dear Director	6	x						0		0
Stephen Sims Director	4	x						0		0
Diana Hegmann State Advisor	15	x		x				0		0
Jonaye Ford Director	2	x						0		0
MiVida Parham Director	2	x						0		0
Kimberly Wesley Director	2	x						0		0
Rob Carter Director	2	x						0		0
Annette Mallory-Donawa Director	2	x						0		0
Andrew Hubner Director	2	x						0		0
ROBERT RADLEY Director	1	X						0		0
WENDY ROBICHAUD Director	1	X						0		0
KRISTY DILLINGHAM Director	1	X						0		0
ANDREW MERRILL Director	1	X						0		0
REED NONKEN Director	1	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indivl trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
JANE KRASNOW Director	1	X						0		0
LISA DELAMPAN Director	5		X					5,000		0
Tanya Blehm State Advisor	10	x		x				0		0
Dustin Rayburn Director	1	x						0		0
Anne Rayburn Director	1	x						0		0
Elmer Toffeland Director	2	x		x				0		0
Tony Zanger Director	1	x						0		0
Jeremuy Davis Director	1	x						0		0
Jennifer Mann Director	1	x						0		0
Suzanne Gut Director	1	x						0		0
Brooke Tomsik Director	1	x						0		0
Tarah Milbank Director	1	x						0		0
David Wait State Advisor	40			X				0		0
Ann Day Accountant	30			X				0		0
Brenda Clark Director	1	X						0		0
Jamie Riley Director	1	X						0		0
David Clark Director	1	X						0		0
Kim Guest Director	1	X						0		0
David Erlich Director	1	X						0		0
Rick Olson Chair	1	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Roberta Moorhouse Vice Chair	1	x						0		0
Craig Wilson Treasurer	1	x		x				0		0
Rebecca Shand Secretary	1	x						0		0
Gerry Schewe Director	1	x						0		0
Lennard Stoeklen Director	1	x						0		0
Dylan Olson Director	1	x						0		0
Karen Meuwissen Director	1	x						0		0
Rick Swanson Director	1	x						0		0
Holly Portner State Advisor	25			x				25,800		0
Christine Storms Director	1	x						0		0
Jacklyn J. Schiller State Advisor	30	X		X				35,637		0
Mary Berg Director	1	X						0		0
Jared Kegler Director	1	X						0		0
Andrea Mohr Director	1	X						0		0
Ryan Harrison Director	1	X						0		0
Steph Lolich Director	1	X						0		0
Erik Sill Director	1	X						0		0
Blake Bodenburg Director	1	X						0		0
Sonja Weiler Director	1	X						0		0
Mike Delaney Director	1	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
John Rasmussen Director	1	X						0		0
Kerth Jurek Director	1	X						0		0
Paul Kimbler Director	1	X						0		0
Tristen Zimmeran Director	1	X						0		0
Lori Niekamp State Advisor	40			X				0		0
Bryce Bunton Chair	9	X						0		0
Larry Anders Vice Chair	4	X						0		0
Carol Bolin Secretary	4	X						0		0
Sara Whelan Director	4	X						0		0
Matt Magnuson Director	4	X						0		0
Dede Moore Director	4	X						0		0
Kathy Parrett Treasurer	40			X				11,002		0
Julia Pitlyk Chair	5	x		x				0		0
Brooke Orscheln Treasurer	5	x						0		0
Larry Anders Secretary	5	x						0		0
Erin Lewin Director	2	X						0		0
Chrissy Bashore State Advisor	40			X				0		0
CJ Christoffersen Director	2	X						0		0
Lindsay Edy Director	2	X						0		0
Jeff Back Director	2	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Kelli Buffo Director	2	X						1,000		0
Jamie Young Director	2	X						1,000		0
Rey Lira Director	2	X						0		0
Dan Sheeks Director	2	X						0		0
Cody McWilliams Director	1	x						0		0
Michele Ergle Director	1	x						0		0
Zacchaeus McEwen Director	1	x						0		0
Sandra Gatlin Director	1	x						0		0
Raeanna Bray Director	1	x						0		0
Nancy Bawcum Director	1	x						0		0
Katelynn Krol Director	1	x						0		0
Julie Williamson Director	1	x						0		0
Amanda Grieco Director	1	x						0		0
Julia Jones Director	1	x						0		0
Alee Nichols Director	1	x						0		0
William (Bill) Withers Director	1	x						0		0
Tammy Brewer State Advisor	40			x				0		0
Krista Bergstom State Advisor	20			X				23,000		0
Jeremy Anderson Director	1	X						0		0
Karey Conn Director	1	X						0		0



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indivl trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
John Hollow Director	1	X						0		0
Travis Crauford Director	1	X						0		0
Noel Osterman Director	1	X						0		0
Nicki Roe Director	1	X						0		0
Josh Monro Director	1	X						0		0
Mark Hartman Director	1	X						0		0
Keith Hoyer Director	1	x						0		0
Scott Donisthorp Director	1	x						0		0
Erick Bloomgren Accountant	2			x				0		0
Tabitha Hudson Chair	2	x						0		0
Taylor Thompson Director	2	x						0		0
Chrissy Lux Director	2	x						0		0
Jon Fux Director	2	x						0		0
Lisa Garrett Director	2	x						0		0
Debbie Pardue Director	2	x						0		0
Kim Edwards Director	2	x						0		0
Pat Kowola Director	2	x						0		0
Mindy Hutchins Director	2	x						0		0
Delores Ali Director	1	x						0		0
Emmy Corn Director	2	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indivl trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Pamela O'Brien State Advisor	30	x		x				60,000		0
Kevin Reisenauer State Advisor	16			x				0		0
Rebecca Savelkaul Chair	2	x						0		0
Nathan Simpson Secretary	2	x						0		0
Cassie Vetter Vice Chair	2	x						0		0
Sheila Larson Director	2	x						0		0
Troy Olson Director	2	x						0		0
Joey Patterson Director	1	X						0		0
Adam Barrickman Director	1	X						0		0
Megan Trowbridge Director	1	X						0		0
Megan Bratetic Director	1	X						0		0
Patrick Groves Director	1	X						0		0
Bubba Penas Director	1	X						0		0
Vicki Wiles Director	1	X						0		0
Janet Butler Director	1	X						0		0
Derek Deaver Chair	1	X						0		0
Sarah Schau Director	1	X						0		0
Matias Ponce Vice Chair	1	X						0		0
Chase Caverzagie Secretary	1	X						0		0
Kevin Oswald Director	1	X						0		0

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

(A)  Name and title	(B)  Average hours per week	(C)						(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations	(F)  Estimated amount of other compensation from the organization and related organizations
		Position (Fill "X" to all that apply)								
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Nicole Coffey State Advisor	40			X				0		0
Gordon Nicholson State Advisor	3	X		X				0		0
Kathy Tremblay Treasurer	3	X		X				0		0
Suzanne Winters Chair	3	X						0		0
Lesa McQuesten Chair	3	X						0		0
Mary Heartz Chair	3	X						2,000		0
Lisa Delampan Chair	3	X						2,000		0
Frank Vento State Advisor	40			x				0		0
Rowena Gianfredi Director	2	x						0		0
Tim Kelly Director	2	x						0		0
John Pico Chair	2	x						0		0
Deborah Stapenski Director	2	x						0		0
Kathie Malik Director	2	x						0		0
Leslie Malec Director	2	x						0		0
Henrietta Manfre Director	2	x						0		0
Helen Morris Director	2	x						0		0
Grace McCloskey Director	2	x						0		0
Crissy Belfatto Director	2	x						0		0
Regina Burch Director	2	x						0		0
Molly Kervick Director	2	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Debi Cline Chair	2	X						0		0
Joyce Armijo Treasurer	2	X						0		0
Stacy Washington Chair	2	X						0		0
Lacee Manus Chair	2	X						0		0
Lawrence Walsh Director	2	X						0		0
Kathy Roberts Director	2	X						0		0
Richard Faulkner Director	2	X						0		0
Eric Strauss Director	2	X						0		0
Sherry Lober Director	2	X						0		0
Christine Phipps Director	20			X				0		0
Laurel Cruz-Esau Chair	1	x						0		0
Crystal Wangler Treasurer	1	x		x				0		0
Jeff Harmon Director	1	x						0		0
Tory Teunis Director	1	x						0		0
Melissa Scott Director	1	x						0		0
John Moran Director	1	x						0		0
Snehal Bhakta Director	1	x						0		0
Anthony McTaggart Director	1	x						0		0
Katherine DeSimone Director	1	x						0		0
Nicole Mastrangelo Director	1	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Valene Cana Director	1	x						0		0
Melissa Paz Director	1	x						0		0
Brock Taylor Vice Chair	1	x						0		0
Curtis Haley State Advisor	15			x				0		0
Brycen Woodley Director	10	x						0		0
Ryan Underwood Director	5	x						0		0
Mitchell Beresa Director	25	x						0		0
Nela Hawthorne Director	5	x						0		0
Claire Reilly Director	1	x						0		0
Lindsay Delucca Director	5	x						0		0
Dan Greaven Director	1	x						0		0
Michele Adams Director	1	x						0		0
Darlene Baker Director	1	x						0		0
James Casini Director	1	x						0		0
Alan Baldson Director	5	x						0		0
Kris Casto Director	5	x						0		0
Louis DiCesare Director	1	x						0		0
Melissa Garafola Director	2	x						0		0
Claude Commisso Director	1	x						0		0
Mary Peres State Advisor	25	x		x				0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indivl trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Arlene Mordente Director	1	x						0		0
Donna Robertson Director	1	x						0		0
Mindy McCarthy Director	1	x						0		0
JAMES PRICE State Advisor	16			X				0		0
JEFFREY KEITH Accountant	2			X				0		0
HEATHER SAYRE Director	1	x						0		0
FRANK KOHLHOFER JR Director	1	x						0		0
ANN HALE Director	1	x						0		0
KATIE RYCHENER Director	1	x						0		0
ERIC WAGNER Director	1	x						0		0
JOE DEANGELO Director	1	x						0		0
MIKE GOINS Director	1	x						0		0
TRISH BARBER Director	1	x						0		0
ERIC WELLS Director	1	x						0		0
THOMAS GRIFFIN Director	1	x						0		0
JEAN GETZ Director	1	x						0		0
SUSAN SCHUTTE Director	1	x						0		0
SUSAN EVERHART Director	1	x						0		0
Hunter Erwin Chair	8	x						0		0
Trace Lawson Vice Chair	6	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Morgan Fick Vice Chair	6	X						0		0
Karla Cervantes Vice Chair	6	X						0		0
Taylor Frech Vice Chair	6	X						0		0
Kori Dunn Vice Chair	6	X						0		0
Simi Mahububani Vice Chair	6	X						0		0
Debbie Hamble Accountant	4			X				0		0
Dustin Devers State Advisor	10			X				0		0
Kristen Torkelson Chair	1	x						1,344		0
Brent Leong Treasurer	1	x		x				0		0
Ron Dodge Director	1	x						0		0
Bob Reinhart Director	1	x						762		0
Nat Ellis Director	1	x						0		0
Brycen Woodley State Advisor	10			x				0		0
Landon Rufener Director	1	x						0		0
Brandie Clark Director	1	x						0		0
Stuart Foster Director	1	x						0		0
Jerry DiGiovanni Executive Director	20			x				33,923		0
Michelle Jackson Board Member	2	x						0		0
Beth Majors Board Member	1	x						0		0
Emily Smoller Board Member	1	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Robin Verbeck Board President	1	x						0		0
Joe Wagner Board Member	1	x						0		0
Cyndee Barkley Board Member	1	x						0		0
Bryan Burtnett Board Member	1	x						0		0
Carol Lill Board Member	1	x						0		0
Chad Ross Board Member	1	x						0		0
Michael Dawson Board Member	1	x						0		0
Lisa Waters Director	1	x						0		0
Kenneth F. DiSaia RI State Advisor/Treasurer	1	x		x				0		0
Joanne Orabone Advisor	1	x						0		0
JoAnne Warren Advisor	1	x						0		0
Jane McKay-Nesbitt Advisor	1	x						0		0
Leslie Migneault Advisor	1	x						0		0
Ron Bachman Advisor	1	x						0		0
Tom Gauthier Advisor	1	x						0		0
Alicia Newton Advisor	1	x						0		0
Michelle Morin Advisor	1	x						0		0
Marsha Bock Director	13			x				0		0
Mary Lou Tupper Director	5	x						0		0
Chrys Caffrey Director	5	x						0		0



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Patricia Dionne Director	5	X						0		0
Tom Gauthier Director	5	X						0		0
Ginger Hill State Advisor	40			x				0		0
Stella Magliolo Secretary	3	x						0		0
Lisa Hall Director	3	x						0		0
MarySusan Williamson Director	3	x						0		0
Robert Lovejoy Chair	3	x						0		0
Pat Jackson Director	3	x						0		0
Elizabeth Ferrato Director	3	x						0		0
Pam Smith Director	3	x						0		0
Kirk Beilke Director	3	x						0		0
Terri Causey Director	3	x						0		0
Lauren Scott Director	3	x						0		0
Ben Hall Director	3	x						0		0
Taylor Blankenship Director	3	x						0		0
Danielle James Director	3	x						0		0
Dylan Medina Director	3	x						0		0
Christina Bradshaw Director	3	x						0		0
Heather Hill Treasurer	30			x				0		0
Sarah Williams State Advisor	38			x				0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Angel Fowler Director	10	x						0		0
Mary Ann Golden Director	10	x						0		0
Ti-Juana Perry Director	10	x						0		0
Dee Cole Director	10	x						0		0
Harold Bouldin Director	10	x						0		0
Emily Bartlett Director	10	x						0		0
Sophia Gurley Director	10	x						0		0
Robbie Reed Director	10	x						0		0
Donna England Director	10	x						0		0
Vicki Burns Director	10	x						0		0
Ron Howard Director	10	x						0		0
John Cagle Director	3	x						0		0
Mechelle Webster Accountant	5			x				0		0
Kathy Walton State Advisor	2	x		x				0		0
Joshua Shankle Director	1	x						0		0
Regina Hughes Director	1	x						0		0
Tony Mba Director	1	x						0		0
Elliot Tobin Director	1	x						0		0
LEO SAENZ Director	10	X						0		0
ERICA MARSHALL Director	10	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv'l trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
MEREDITH WATASSEK Director	10	X						0		0
JULIE LOWE Director	10	X						0		0
STEWART BURNS Director	10	X						0		0
TRACI BUCKNER Director	10	X						0		0
JILL BELL Director	10	X						0		0
DONNA CROW Director	10	X						0		0
JENNIFER URBANEK Director	10	X						0		0
CYNTHIA CROUSE Director	10	X						0		0
VANESSA DRY Director	10	X						0		0
SANDRA HINSLEY State Advisor	20			X				65,000		0
JUDY EDELMAN Accountant	20			X				6,980		0
Vince Merrell Director	20	X		X				0		0
Karsten Walker Director	10	X						0		0
Jill Hess Director	5	X						0		0
Angie Larsen Director	2	X						0		0
Dale Pollard Director	2	X						0		0
Rob Shaffer Director	2	X						0		0
Angela Short Director	2	X						0		0
Lynn Rowe Director	2	X						0		0
Rachel Broadbent Director	2	X						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Dave Carter Director	2	X						0		0
Jordan Daley Director	2	X						0		0
Chris Eady Director	2	X						0		0
Meagan Merrell Director	5	X						0		0
Dannel Porter Director	2	X						0		0
Ryan Witzig State Advisor	40			x				0		0
Amy Granahan Secretary	1	x						0		0
Reitha Abed Director	1	x						0		0
Donna Celio Director	1	x						0		0
Kellen Scott Director	1	x						0		0
Jean Draper Chair	1	x						0		0
Whitney Ketchledge Director	1	x						0		0
Julia Dieter Director	1	x						0		0
Lisa Baynes Director	1	x						0		0
Marie Melton Accountant	1			x				0		0
Jane Werner Director	1	x						0		0
Rachael Malenich Director	1	x						0		0
Robert Fredette State Advisor	30	x		x				0		0
Jaime Fisher Secretary	1	x		x				0		0
Lynn Amey Director	1	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Lydia Alexander Director	1	x						0		0
David Schilling Director	1	x						0		0
Cherly Niedzweicki Director	1	x						0		0
Lauri Wright Director	1	x						0		0
Melissa Connor Director	1	x						0		0
Linda Louzier Director	1	x						0		0
Sara-Jo Willey Director	1	x						0		0
Jan Stratton Director	1	x						0		0
Jerry Sullivan Director	1	x						0		0
Joyce Kemp Director	1	x						0		0
Susand Brichard Director	1	x						0		0
George Brush Chair	1	x						0		0
Jodi Galli Secretary	1	x						0		0
Kandice Herndon Treasurer	1	x		x				0		0
Shanna LaMar State Advisor	70			x				9,000		0
Bill Anderson Director	1	x						0		0
Susie Roberts Director	1	x						0		0
Paul Glenovich Director	1	x						0		0
Jim Menzies Director	1	x						0		0
Curtis Olson Director	1	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Shelly Pelletier Director	1	x						0		0
Eliza Webb Chair	1	X						0		0
Jess Becker Director	2	X						0		0
Kelly Gordon Director	2	X						0		0
Bradley Peer Director	2	X						0		0
Bryan Whiting Director	2	X						0		0
Mae J Laatsch State Advisor	30	x		x				11,472		0
Brian Turner Chair	5	x						0		0
Kyia Smith Secretary	5	x						0		0
Brianna Charapata Vice Chair	5	x						0		0
Brandon McFadden Director	5	x						0		0
Logan Turner Director	5	x						0		0
Jacob Jacobsen Director	5	x						0		0
Rachel Christensen Director	5	x						0		0
Samantha Ambrosius Director	5	x						0		0
Ann Goers Director	5	x						0		0
Sandi M Haase Director	5	x						0		0
Dan Harrington Director	5	x						0		0
Chris Herek Director	5	x						0		0
Michael Siakpere Director	5	x						0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Nick Bretl Director	5	x						0		0
Tim Fandek State Advisor	10			X				0		0
Sue Linton Treasurer	2			X				0		0
Mitch McMahon Director	2	X						0		0
Alyssa Comins Director	2	X						0		0
Katie Brown Director	2	X						0		0
John Webster Chair	2	X						0		0
Holly Gregory Director	2	X						0		0
Scott Shriver Vice Chair	2	X						0		0
Michelle Kutz Director	2	X						0		0
Jason Holter Director	2	X						0		0
Micki Volk Secretary	2	X						0		0
Paul Zollver Director	2	X						0		0
Carl Hert Director	2	X						0		0
Betty Sias State Advisor	38			x				0		0
Luke Parsons Treasurer	1	x						0		0
Glennetta Meadows Chair	1	x						0		0
Cindy Nicholson Secretary	1	x						0		0
Patty Igo Vice Chair	1	x						0		0
Jill Thompson Chair	5			x				0		0

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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Cheryl Cranford Treasurer	5			x				0		0
Julie Masters Vice Chair	5			x				0		0
Suzan Newberry Director	5	x						0		0
Don Keyser Director	5	x						0		0
Lori Meredith Director	5	x						0		0
Manuel Flores Director	5	x						0		0
Curtis Quigley Director	5	x						0		0
Ann Mercer Director	5	x						0		0
Kevin Olson Director	5	x						0		0
Bryce Flammang Director	5	x						0		0
Ann Muirhead Director	5	x						0		0
Zack Woodbury Director	5	x						0		0
Meaghan Reddon Director	5	x						0		0
Mary Hopper State Advisor	20	x						0		0
Steve McCloskey State Advisor	2	x		x				0		0
Connie Lipsker Chair	1	x						0		0
Lou Dunham Secretary	1	x						0		0
Larry Sullivan Treasurer	1	x		x				0		0
David Starr Director	1	x						0		0
Dan Purdy Director	1	x						0		0



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

(A) Name and title	(B) Average hours per week	(C) Position (Fill "X" to all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former			
Mona Starr Director	1	x						0		0
Jean-Claude Hauchecorne Director	1	x						0		0
Judy Yu Director	1	x						0		0
Mirjeta Birgeri Director	1	x						0		0
Alex Hofkamp State Advisor	15	X		X				0		0
Keylee Rentschler Chair	10	X						0		0
Anna Haier Vice Chair	10	X						0		0
Kelsey Sprout Vice Chair	10	X						0		0
Keisha Jami Vice Chair	10	X						0		0
Sophia Lima Vice Chair	10	X						0		0
Hilary Wimmer Director	2	X						0		0
Jim Konrad Director	2	X						0		0
Erin Grantham Director	2	X						0		0
Kim Reiser Director	2	X						0		0
Renee Orwig Director	2	X						0		0
Terra Tiebert Director	2	X						0		0
Sherry Christensen Director	2	X						0		0
Patricia Johnson Director	2	X						0		0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								<b>0</b>	<b>0</b>	<b>0</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>464,737</b>	<b>0</b>	<b>1,750</b>
<b>d Total (add lines 1b and 1c)</b>								<b>464,737</b>	<b>0</b>	<b>1,750</b>

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

	Yes	No
<b>3</b>		✓
<b>4</b>		✓
<b>5</b>	✓	

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . .	<b>1c</b>	62,370				
	<b>d</b>	Related organizations . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	831,552				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	386,749				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . .		1,280,671				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	Conferences . . . . .	611710	19,199,779	19,199,779			
	<b>b</b>	Membership Dues . . . . .	611430	1,325,746	1,325,746			
	<b>c</b>	. . . . .						
	<b>d</b>	. . . . .						
	<b>e</b>	. . . . .						
	<b>f</b>	All other program service revenue	900099	138,885	138,885			
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . .		20,664,410					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . .		209,440			209,440	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b>	Less: rental expenses . . . . .					
		<b>c</b>	Rental income or (loss) . . . . .					
		<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
		<b>c</b>	Gain or (loss) . . . . .					
		<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ 62,370 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	7,584				
		<b>b</b>	Less: direct expenses . . . . .	b	7,584			
		<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
		<b>b</b>	Less: direct expenses . . . . .	b				
		<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a						
	<b>b</b>	Less: cost of goods sold . . . . .	b					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>	. . . . .							
<b>b</b>	. . . . .							
<b>c</b>	. . . . .							
<b>d</b>	All other revenue . . . . .	900099	23,446			23,446		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . .		23,446					
<b>12</b>	<b>Total revenue.</b> See instructions. . . .		22,177,968	20,664,410		232,886		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	281,678	281,678		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	165,243	165,243		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	91,583	15,200	75,483	900
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	235,942	200,551	23,594	11,797
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,656	2,258	266	132
<b>9</b> Other employee benefits	34,825	29,601	3,483	1,741
<b>10</b> Payroll taxes	27,984	18,618	8,330	1,036
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	938,363	547,634	372,074	18,655
<b>b</b> Legal	17,908	3,700	14,208	
<b>c</b> Accounting	85,743	15,328	70,415	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	7,276		7,276	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,403	66,176	45,227	
<b>12</b> Advertising and promotion	29,903	19,638	10,265	
<b>13</b> Office expenses	257,545	145,534	111,243	768
<b>14</b> Information technology	77,101	39,062	38,040	
<b>15</b> Royalties				
<b>16</b> Occupancy	37,240	32,085	5,155	
<b>17</b> Travel	481,424	376,572	104,852	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	18,169,021	17,861,183	307,838	
<b>20</b> Interest	1,063	959	104	
<b>21</b> Payments to affiliates	45,600	45,600		
<b>22</b> Depreciation, depletion, and amortization	1,398	859	539	
<b>23</b> Insurance	90,932	63,565	27,367	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses	258,882	200,469	50,829	7,584
<b>25</b> Total functional expenses. Add lines 1 through 24e				
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	21,450,717	20,131,513	1,276,588	42,613

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,376,973	<b>1</b>	6,295,711
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	3,359,936	<b>11</b>	3,182,548
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,736,909	<b>16</b>	9,478,259	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,736,909	<b>27</b>	9,478,259
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	8,736,909	<b>33</b>	9,478,259
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	8,736,909	<b>34</b>	9,478,259

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,177,968
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,450,717
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	727,251
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,736,909
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	14,099
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	9,478,259

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

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

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		
<b>3a</b>		✓
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Employer identification number

Distributive Education Clubs of America Inc --Member States Group Return

23-7079474

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

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

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,295,092	2,371,714	2,540,814	2,535,908	1,280,671	11,024,199
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,649,014	15,907,352	14,840,465	17,885,935	20,664,410	82,947,176
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	15,944,106	18,279,066	17,381,279	20,421,843	21,941,594	93,971,375
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						93,971,375

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	15,944,106	18,279,066	17,381,279	20,421,843	21,941,594	93,971,375
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	194,375	291,323	73,083	115,077	232,886	906,744
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	194,375	291,323	73,083	115,077	232,886	906,744
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	16,138,481	18,570,389	17,454,362	20,536,920	22,174,480	94,878,119
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	99 %

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	1 %
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

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

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Distributive Education Clubs of America Inc --Member States Group Return

Employer identification number

23-7079474

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ (ii) Assets included in Form 990, Part X . . . . . ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ b Assets included in Form 990, Part X . . . . . ► \$	

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	238,521	249,134	244,025	211,723	42,783
<b>b</b> Contributions	101,155	580	16,226	31,528	165,498
<b>c</b> Net investment earnings, gains, and losses	5,352	37	4,090	14,508	11,113
<b>d</b> Grants or scholarships	11,260	11,230	14,980	13,700	7,700
<b>e</b> Other expenditures for facilities and programs	20,076				
<b>f</b> Administrative expenses			227	34	22
<b>g</b> End of year balance	313,692	238,521	249,134	244,025	211,723

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

**a** Board designated or quasi-endowment ☒ 100%

**b** Permanent endowment ☐ %

**c** Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**Part V, line 4 - Use of Endowment Funds**

-\$45,460 of the endowment fund: In June of 2006, Steven Rhone, Jr., a DECA Alum was killed by a drunk driver. Due to Steven's

positive and life changing DECA experience, the Rhone family started an endowment fund for Washington DECA students.

Each year, a portion of the endowment is awarded in scholarships.

-\$268,232 of the endowment fund: From Missouri DECA Foundation will be used to provide scholarships for graduating seniors

who participated in DECA during their high school years

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Employer identification number

**Distributive Education Clubs of America Inc.--Member States Group Return**

**23-7079474**

**Part I**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

**Total** . . . . . ▶

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DECA Luncheon</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	39,365			39,365
	<b>2</b> Less. Contributions . . . . .	31,781			31,781
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	7,584			7,584
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	6,730			6,730
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	854			854
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				(7,584)
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				0	

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

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

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

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

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

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

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



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

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information.

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

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

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

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

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Distributive Education Clubs of America Inc.--Member States Group Return

23-7079474

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARIZONA STATE UNIVERSITY P.O. BOX 870412 TEMPE, AZ 85287-0	86-0196696	501(c)(3)	7,000				Scholarships
(2) UNIVERSITY OF ARIZONA P.O. BOX 210066 TUCSON, AZ 85721-	74-2652689	501(c)(3)	5,500				Scholarships
(3) DECA Inc. 1908 Assn Dr, Reston, VA 20191	53-0215806	501(c)(3)	5,000				Scholarships
(4) Missouri DECA Foundation 3703 Hunter Valley Dr, Columbia, MO	26-2739430	501(c)(3)	100,000				Scholarships
(5) Covenant House of NJ 320 Washington St, Newark NJ	13-3537710	501(c)(3)	22,151				Comm svc proj donation
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	5
3	Enter total number of other organizations listed in the line 1 table	0

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

Cat. No 50055P

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	631	165,243			
2					
3					
4					
5					
6					
7					
<b>Part IV</b> <b>Supplemental Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

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

2. \$165,243 scholarships are generally at \$1,000 or less for each recipient.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

Distributive Education Clubs of America Inc

23-7079474

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**2**

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |  |
|--|-----------|--|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> |  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> |  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> |  |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |
|--|-----------|--|
| <b>a</b> The organization? . . . . .         | <b>5a</b> |  |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> |  |

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

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |
|--|-----------|--|
| <b>a</b> The organization? . . . . .         | <b>6a</b> |  |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> |  |

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**7**

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**8**

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

**9**

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1		(i)						
		(ii)						
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

### Part III Supplemental Information

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

Some of the state advisors get compensation from unrelated organizations for the work they do for this organization. The amount of these compensations are not known.

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Distributive Education Clubs of America Inc --Member States Group Return

Employer identification number

23-7079474

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

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

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

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

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

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

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

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

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

consensus of chapter advisors and department officers.

Form 990, Part VI, Line 11b --- The board of many state DECAs require board review and approval of Form 990 at its completion.

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

comparability studies of similarly sized corporations.

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

23-7079474

Distributive Education Clubs of America Inc.--Member States Group Return

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

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

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

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

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

Cat No. 50135Y

Schedule R (Form 990) 2013



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

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

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<input checked="" type="checkbox"/>

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

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

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

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

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

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

[illegible]



Form 990 Tax Year 2013  
Distributive Education Clubs of America Inc.  
EIN: 23-7079474  
Group Exemption Number: 1151

501 (C) (3) Subsidiary Organizations

Line	Federal ID#	State Organization	Advisor	Address	City	State	Zip
	530215806	DECA Inc. Parent Company	Dr Edward Davis	1908 Association Drive	Reston	VA	20191
	237079474	DECA Inc -- Group Return	Dr Edward Davis	1908 Association Drive	Reston	VA	20191
1	036012617	VT DECA	Robert Fredette	5 Iroquois Avenue	Essex Jct	VT	05452
2	046139055	MA DECA	Donna McFadden	250 New Rutherford Ave Box 101	Boston	MA	02129
3	050395332	RI Collegiate DECA	Kenneth DiSala	8 Abbott Park Place	Providence	RI	02903
4	146035822	NY DECA	Mary Peres	285 Hill Road	Goshen	NY	10924
5	201966759	GA Collegiate DECA	Tahesha Wade	640 Compton Lane	McDonough	GA	30253
6	203548537	FL Collegiate DECA	Jack Rose	10790 NW 14th St, #180	Plantation	FL	33322-6957
7	226066043	NJ DECA	Jeffrey Victor	1000 Morris Avenue	Union	NJ	07083
8	236416579	PA DECA	Jerry DiGiovanni	306 South 13th St, #6	Philadelphia	PA	19107
9	237066211	ME DECA	Lisa Delaman	PO Box 397	Concord	NH	03301
10	237066212	AK DECA	Sharon Ashlock	675 Ravens Way	Eielson AFB	AK	99702
11	237174475	NH DECA	Gordon Nicholson	PO Box 6051	Manchester	NH	03108
12	262739430	Foundation for MO DECA	Julia Pitlyk	5829 Tholozan Ave	St Louis	MO	63109
13	316035469	OH DECA	Jim Price	25 South Front St Mail Stop 604	Columbus	OH	43215-4183
14	356065007	IN DECA	Emily Eaton	PO Box 829	Frankfort	IN	46041
15	376058635	IL DECA	Don Varanauski	16452 S Westwood Drive	Lockport	IL	60441
16	386119972	MI DECA	Dave Wait	Eastern Michigan University	Ypsilanti	MI	48197
17	396095491	WI DECA	Tim Fandek	125 South Webster St	Madison	WI	53703
18	416039597	MN Collegiate DECA	Holly Portner	709 N Hennepin Ave	Winthrop	MN	55396
19	426093339	IA DECA	Christina L Bohnet	PO Box 1142	Ankeny	IA	50021
20	436064528	MO DECA-Collegiate DECA	Chrissy Bashore	205 Jefferson St, 5th Floor, PO Box 480	Jefferson City	MO	65102-0480
21	456015497	ND DECA-Collegiate DECA	Kevin Reisenauer	600 East Boulevard Ave, Dept 270	Bismarck	ND	58505-0610
22	466017083	SD DECA	Alex Hofkamp	1501 S Dale Drive	Sioux Falls	SD	57110
23	470794142	NE DECA	Nicole Coffey	301 Centennial Mall South	Lincoln	NE	68509-4987
24	510164028	CT DECA	Dennis Kelly	PO Box 1053	Southington	CT	06489
25	510164044	ID DECA-Collegiate DECA	Shawna Williams	650 West State St, Ste 324	Boise	ID	83720-0095
26	510164058	NM DECA	Christine Phipps	ENMU Cherry St Station 61	Portales	NM	88130
27	516019989	DE DECA	Frank Ingram	35 Commerce Way, Suite 1	Dover	DE	19904
28	526066960	DC DECA	Katie Fregatto	5500 Eads Street NE	Washington	DC	20019
29	526066963	MD DECA	Diana Hegmann	200 W Baltimore St MSDE	Baltimore	MD	21201
30	546052332	VA DECA	Ryan Witzig	115 Targee Place	Stephens City	VA	22655
31	556028198	WV DECA	Betty Sias	1900 Kanawha Blvd E Bldg 6 Rm 243	Charleston	WV	25305
32	566073305	NC DECA	Pamela O'Brien	6358 Mail Service Center	Raleigh	NC	27699-6358
33	576028893	SC DECA	Ginger Hill	427 Trailsend St	Rock Hill	SC	29732

Line	Federal ID#	State Organization	Advisor	Address	City	State	Zip
34	586053488	GA DECA	Shannon Aaron	110 Maple Leaf Drive	Oxford	GA	30054
35	596173273	FL DECA	Lynore Levenhagen	632 Bonview Lane	Altamonte Springs	FL	32714
36	616033495	KY DECA	Gary Colvin	1256 Dugan Lane	Bloomfield	KY	40008
37	626063230	TN DECA	Sarah Williams	710 James Robertson Pwy, 11th Floor	Nashville	TN	37243
38	636155284	AL DECA	Rochelle Seals	PO Box 302101	Montgomery	AL	36130-2101
39	646028211	MS DECA-Collegiate DECA	Tammie Brewer	359 N West St	Jackson	MS	39205
40	716059985	AR DECA	Maria Swicegood	3 Capitol Mall Luther Hardin Bldg Rm 502	Little Rock	AR	72201-1083
41	726025338	LA DECA	Paul Grethel	13967 J R Drive	Walker	LA	70785
42	736108722	OK DECA	Dustin Devers	1500 W 7th Ave	Stillwater	OK	74074
43	746052810	TX DECA	Sandra Hinesly	PO Box 50715	Denton	TX	76206
44	816017160	MT DECA	Krista Bergstrom	139 Ewing Rd	Belt	MT	59412
45	836009360	WY DECA	Mary Hopper	1436 Yorkshire Ave	Casper	WY	82609
46	846044839	CO DECA	Ev Vaughan	9101 E Lowry Blvd	Denver	CO	80230
47	866052333	AZ DECA-Collegiate DECA	Oleg Shvets	1535 W Jefferson St	Phoenix	AZ	85007
48	876123242	UT DECA-Collegiate DECA	Vincent Merrell	13126 South Copeland Dr	Herriman	UT	84096
49	886006805	NV DECA	Curtis Haley	PO Box 912	Jacksonville	OR	97530
50	900518858	MN DECA	Jacklyn J Schiller	21576 NE Pickrel Lake Drive	Detroit Lakes	MIN	56501-7524
51	900518859	MI Collegiate DECA	Tanya Blehm	3831 S Gleaner Rd	Saginaw	MI	48609
52	911308496	WA DECA	Shanna LaMar	200 West Mercer St, #207	Seattle	WA	98119
53	911602361	WA Collegiate DECA	Stephen McCloskey	16101 Greenwood Ave North	Shoreline	WA	98133
54	911918358	CA DECA	Brycen Woodley	PO Box 2068	Costa Mesa	CA	92628
55	911918365	RI DECA	Marsha Bock	993 Cowesett Rd	Warwick	RI	02886
56	911918374	WI Collegiate DECA	Mae Laatsch	PO Box 85	Lake Mills	WI	53551-0085
57	911918388	TX Collegiate DECA	Kathy Walton	5930 Middle Fiskville Rd RM 504 8	Austin	TX	78752
58	936037452	OR DECA	Brycen Woodley	PO Box 912	Jacksonville	OR	97530
59	996011098	HI DECA	Iris Mizuguchi	475 22nd Ave, Rm 215	Honolulu	HI	96816

Mail: 11-11-14

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](http://www.irs.gov/form8868).

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► The subordinates

Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_

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

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

► ☐ calendar year 20 \_\_\_\_ or

► ☒ tax year beginning July 1, 20 13, and ending June 30, 20 14.

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

☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

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

Type or print  File by the due date for filing your return. See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P O box, see instructions.	Social security number (SSN)
City, town or post office, state, and ZIP code For a foreign address, see instructions		

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

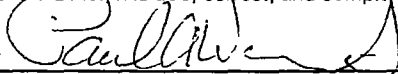
- The books are in the care of ☐ Telephone No. ☐ Fax No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

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

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

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

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

Signature  Title **Executive Director** Date **11-11-14**