

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:

OUR MISSION IS TO INSPIRE AND PREPARE STUDENTS TO BECOME COMMUNITY-MINDED LEADERS IN A GLOBAL SOCIETY THROUGH RELEVANT CAREER PREPARATION AND LEADERSHIP EXPERIENCES.

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 \$ 6,204,015	including grants of \$ 153,535)	(Revenue \$ 6,775,554)
	See Additional Data			

4b	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	6,204,015
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	79
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">15</div>				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b		
4a 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)? . . .			4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a 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?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
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	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 348		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 348		
2 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?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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, address, and telephone number of the person who possesses the organization's books and records:
 MARY AIT 1912 ASSOCIATION DRIVE RESTON, VA 201911502 (703) 860-3334

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 ☐

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, or 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.

See instructions for the order in which to list the persons above.

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
TRI LEADERSHIP RESOURCES LLC 400 CHINA GULCH ROAD JACKSONVILLE, OR 97530	ASSOCIATION MANAGEMENT	195,450

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 ► 1

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	745,118									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f										745,118		
Program Service Revenue			Business Code										
	2a CONVENTIONS		541900	5,647,564		5,647,564							
	b MEMBER DUES		541900	1,127,990		1,127,990							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		6,775,554										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			127,785						127,785			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss)												
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
	b Less: cost of goods sold . . .		10b										
	c Net income or (loss) from sales of inventory												
Miscellaneous Revenue			Business Code										
11a OTHER INCOME			541900	170,729						170,729			
b													
c													
d All other revenue													
e Total. Add lines 11a-11d					170,729								
12 Total revenue. See instructions					7,819,186		6,775,554		0		298,514		

Form 990 (2019)

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,307	36,307		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	117,228	117,228		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	386,725	282,309	96,682	7,734
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	460,942	336,487	115,236	9,219
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	654,587	477,850	163,646	13,091
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,656,689	4,129,383	1,414,172	113,134
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	848,849	619,659	212,212	16,978
b CHARITY PROGRAMS	138,263	138,263		
c DUES	82,031	59,881	20,510	1,640
d PRINTING & STATIONERY	9,019	6,648	2,195	176
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,390,640	6,204,015	2,024,653	161,972
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,057,577	1	4,945,611
	2 Savings and temporary cash investments	4,489,889	2	3,668,404
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	10,547,466	16	8,614,015
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,547,466	27	8,614,015
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,547,466	32	8,614,015
	33 Total liabilities and net assets/fund balances	10,547,466	33	8,614,015

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,819,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,390,640
3	Revenue less expenses. Subtract line 2 from line 1	3	-571,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,547,466
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,361,997
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,614,015

Part XII Financial Statements and ReportingCheck 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
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7254290

Name: FUTURE BUSINESS LEADERS OF AMERICA
GROUP RETURN

Form 990 (2019)

Form 990, Part III, Line 4a:

A PROGRAM DESIGNED TO EDUCATE THE YOUTH OF AMERICA TO UNDERSTAND THE BUSINESS PHILOSOPHY OF OUR ECONOMY FOR FUTURE PARTICIPATION IN SERVICING ITS NEEDS AND TO FURTHER THE DEVELOPMENT OF INDIVIDUAL LEADERSHIP QUALITIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BOB HIGGINS CHAIR - ALABAMA CHAPTER	1.00	X		X				0	0	0
LAURA CARRINGTON CO-TREASURER - ALABAMA CHAPTER	1.00	X		X				0	0	0
WANDA MCKOY CO-TREASURER - ALABAMA CHAPTER	1.00	X		X				0	0	0
KENDALL H HAYWOOD DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
JOSEPH BORG DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
DAN LORD DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
LEANE SKINNER DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
BUFFY MURPHY DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
JULIE KORNEGAY DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0
DR SAMIR R MOUSSALLI DIRECTOR - ALABAMA CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
HAYDEN WOOD DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
MILES EPPERSON DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
AALIYAH BELL DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
ZACH GWINN DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
LIZ RUIZ DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
KORTNEY CLAYTON DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
SHELBY WILLIAMS DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
GABBY THORNHILL DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
CAROLE ANDERSON DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
ANGIE HUTSON DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
MEGAN JOHNSON DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
ANDREA KRAY DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
JUSTIN NEEL DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
BOBBIE TIMMERMAN DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
KELLEY TODD DIRECTOR - ARKANSAS CHAPTER	1.00	X						0	0	0
JENNIFER FLUMMERFELT CHAIR - COLORADO CHAPTER	1.00	X		X				0	0	0
SEAN MCCOY DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
SUE TERRELL DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
JEANETT LAMBRECHT DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
STEVE FROMME DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JO POWELL DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
SHAWNNA FRANKMORE DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
KANA CONDON DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
DEE JAMES DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
CHAD SAWYER DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
JANNA ROBINETT DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
SARA WYLIE DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
BRADLEY HUGHES DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
CAITLYN O'NEIL DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0
LORI MCCOIN DIRECTOR - COLORADO CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SARAH ELWELL EXECUTIVE CO-DIRECTOR - DC CHAPTER	1.00	X		X				0	0	0
DEE WARD EXECUTIVE CO-DIRECTOR - DC CHAPTER	1.00	X		X				0	0	0
JOSEPH TALARICO TREASURER - DC CHAPTER	1.00	X		X				0	0	0
GLADYS FITZHUGH-PEMBERTON CHAIR EMERITUS - DC CHAPTER	1.00	X		X				0	0	0
ROSS DILLARD DIRECTOR - DC CHAPTER	1.00	X						0	0	0
CANDICE MOTT DIRECTOR - DC CHAPTER	1.00	X						0	0	0
JOSEPH GREEN DIRECTOR - DC CHAPTER	1.00	X						0	0	0
RONALD W PIERCE PRESIDENT - FLORIDA CHAPTER	1.00	X		X				0	0	0
TONYA ALVAREZ VICE PRESIDENT - FLORIDA CHAPTER	1.00	X		X				0	0	0
MELISSA KONKOL SECRETARY - FLORIDA CHAPTER	1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CATHY MONTESARCHIO TREASURER - FLORIDA CHAPTER	1.00	X		X				0	0	0
MELISSA BAXLEY DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
BRENDA KIRKLAND DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
KEVIN SCHACHTER DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
DEENA GEORGE DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
GLEND A BETH EL DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
JOANNE MUNIZ DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
ALBERT AMAYA DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
CHRIS BORG DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
ALAN ALVAREZ DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
RYLAN GONZALEZ DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
SAMANTHA EWING DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
ROBERT QUINN DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
JODY A JONES DIRECTOR - FLORIDA CHAPTER	1.00	X						0	0	0
THOMAS HATCHER PRESIDENT - GEORGIA CHAPTER	1.00	X		X				0	0	0
KIMBERLY JOHNSON PRESIDENT-ELECT - GEORGIA CHAPTER	1.00	X		X				0	0	0
CARLA YONK SECRETARY - GEORGIA CHAPTER	1.00	X		X				0	0	0
JESSICA SMITH DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
BRANDY BARLOW DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
HEATHER STODGHILL DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DONNA COLLINS DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
CASSANDRA WASHINGTON DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
SHAWN PAUL DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
KATEAU JAMES DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
AMY LINCOLN DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
JENNY JACKSON DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
JOHNNIE SUE MOORE DIRECTOR - GEORGIA CHAPTER	1.00	X						0	0	0
WENDY MILLS PRESIDENT - ILLINOIS CHAPTER	1.00	X		X				0	0	0
TARA PENDLETON SECRETARY - ILLINOIS CHAPTER	1.00	X		X				0	0	0
CHRIS HOSTER DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0

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(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			
CHRISTINE AHEARN DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
STEPHEN VRANEK DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
JEAN CORNELL DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
JULIE HAYES DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
LYNN RIEHM DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
JENNA HECK DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
SHERYL BRUMMER DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
ALLISON OWEN DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
JIM SWIFT DIRECTOR - ILLINOIS CHAPTER	1.00	X						0	0	0
JULIE JERZAK CHAIR - INDIANA CHAPTER	1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
ANDREA WEADOCK DIRECTOR - INDIANA CHAPTER	1.00	X						0	0	0
CINDY MERRICK DIRECTOR - INDIANA CHAPTER	1.00	X						0	0	0
DENISE CORBIN DIRECTOR - INDIANA CHAPTER	1.00	X						0	0	0
NATALIE CLARK CHAIR - KANSAS CHAPTER	1.00	X		X				0	0	0
DAWN ROTTINGHAUS TREASURER - KANSAS CHAPTER	1.00	X		X				0	0	0
CONNIE LINDELL DIRECTOR - KANSAS CHAPTER	1.00	X						0	0	0
CONNIE WITT STATE ADVISER - KENTUCKY CHAPTER	1.00	X		X				0	0	0
DEBBIE BARNETT ADVISER TO THE STATE OFFICERS - KENTUCKY CHAPTER	1.00	X		X				0	0	0
GRETA RAMAGE DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0
SHEENA SEARCY DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
BETH TURPIN DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0
SHANE STAMPER DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0
CHERYL WELLMAN DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0
JAMES MURRAY DIRECTOR - KENTUCKY CHAPTER	1.00	X						0	0	0
JANICE STROUD DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
AZZIE OLDS DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
DAVID ROBINSON DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
MITZI FONTENOT DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
BONITA HALL DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
MICHON DELAHOUSAYE DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
ASHLEY LAVINE DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
BEN DAVIS DIRECTOR - LOUISIANA CHAPTER	1.00	X						0	0	0
KATHY YAO PRESIDENT - MARYLAND CHAPTER (FROM 4/24/20)	1.00	X		X				0	0	0
HANNAH KLEIN PRESIDENT - MARYLAND CHAPTER (UNTIL 4/24/20)	1.00	X		X				0	0	0
DR JESSICA MCGOWAN TREASURER - MARYLAND CHAPTER	1.00	X		X				0	0	0
NANCY TASSA SECRETARY - MARYLAND CHAPTER	1.00	X		X				0	0	0
TAMARRA EDWARDS DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
ALEX COOLEY DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
TRACEY C JAMISON DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
DAVID E JONES DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
NISA MEHTA DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
ANDREW ONDISH DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
STACEY L ROIG DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
ALAN M RZEPKOWSKI DIRECTOR - MARYLAND CHAPTER	1.00	X						0	0	0
ASHLY NYMAN PRESIDENT - MAINE CHAPTER	1.00	X		X				0	0	0
GRACE WOODARD VICE PRESIDENT - MAINE CHAPTER	1.00	X		X				0	0	0
GRACE VIERLING SECRETARY - MAINE CHAPTER	1.00	X		X				0	0	0
MAYDOLYN RYDER TREASURER - MAINE CHAPTER	1.00	X		X				0	0	0
LYDIA ROY HISTORIAN - MAINE CHAPTER	1.00	X						0	0	0
ASHTON CARON REPORTER - MAINE CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
RHAYNA PAULIN PARLIAMENTARIAN - MAINE CHAPTER	1.00	X						0	0	0
ANDREW REYNOLDS CHAIR - MISSOURI CHAPTER	1.00	X		X				0	0	0
BUDDY ALBERSON VICE CHAIR - MISSOURI CHAPTER	1.00	X		X				0	0	0
JILL SALMON VICE CHAIR - MISSOURI CHAPTER	1.00	X		X				0	0	0
ANNE KLEMME TREASURER - MISSOURI CHAPTER	1.00	X		X				0	0	0
TWANA HULEN TREASURER - MISSOURI CHAPTER	1.00	X		X				0	0	0
DEB BURNS SECRETARY - MISSOURI CHAPTER	1.00	X		X				0	0	0
ANGELA MCCULLY DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
AUBREY NELSON DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
BEN MORRISON DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CATHERINE HENSON DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
CHRIS DZURICK DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
DANIEL SCHUENEMEYER DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
JOCELYN CLAYTON DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
KATE ROTH DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
LORI BREWER DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
MATT BARKER DIRECTOR - MISSOURI CHAPTER	1.00	X						0	0	0
DESTINY OZBIRN PRESIDENT - MS FBIA CHAPTER	1.00	X		X				0	0	0
HUNTER MILES VICE PRESIDENT - MS FBIA CHAPTER	1.00	X		X				0	0	0
TYLER ATHAS VICE PRESIDENT - MS FBIA CHAPTER	1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARSON CLARK VICE PRESIDENT - MS FBLa CHAPTER	1.00	X		X				0	0	0
COTY MCGEE SECRETARY - MS FBLa CHAPTER	1.00	X		X				0	0	0
ROWAN FEASEL PARLIAMENTARIAN - MS FBLa CHAPTER	1.00	X						0	0	0
MEARA BROWN REPORTER - MS FBLa CHAPTER	1.00	X						0	0	0
TALIA WHITLEY PRESIDENT - MS ML CHAPTER	1.00	X						0	0	0
SARA RAINEY VICE PRESIDENT - MS ML CHAPTER	1.00	X						0	0	0
NIC BOSWELL VICE PRESIDENT - MS ML CHAPTER	1.00	X						0	0	0
JUSTIN WILCHER PRESIDENT - MS PBL CHAPTER	1.00	X		X				0	0	0
TABITHA BRIDGES VICE PRESIDENT - MS PBL CHAPTER	1.00	X		X				0	0	0
JADE WHEELER SECRETARY - MS PBL CHAPTER	1.00	X		X				0	0	0

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(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			
HUNTER JACOBS WEBMASTER - NORTH DAKOTA CHAPTER	1.00	X						0	0	0
MASON LEMER PARLIAMENTARIAN - NORTH DAKOTA CHAPTER	1.00	X						0	0	0
DENNIS KREJCI CHAIR - NEBRASKA CHAPTER	1.00	X		X				0	0	0
LAURA RIKLI TREASURER - NEBRASKA CHAPTER	1.00	X		X				0	0	0
JAN OSBORN SECRETARY - NEBRASKA CHAPTER	1.00	X		X				0	0	0
LOIS HIXSON DIRECTOR - NEBRASKA CHAPTER	1.00	X						0	0	0
TENNILLE ALLISON DIRECTOR - NEBRASKA CHAPTER	1.00	X						0	0	0
DEB STROH DIRECTOR - NEBRASKA CHAPTER	1.00	X						0	0	0
MINA AYERS CHAIR - NEW HAMPSHIRE CHAPTER	1.00	X		X				0	0	0
ERICA ANTONUCCI DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0

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(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			
DALE PRIOR DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0
CLAIR BRADY DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0
CHUCK BATES DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0
TIFFANY WHITE DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0
JENNIFER COVE DIRECTOR - NEW HAMPSHIRE CHAPTER	1.00	X						0	0	0
HARRISON JONES PRESIDENT - NEVADA CHAPTER	1.00	X		X				0	0	0
MELISSA SCOTT DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
MIKE OECHSNER DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
DAWN BURNS DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
JARED RAPIER DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0

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(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			
BOBBIE BARNES DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
JEREMY TIEDT DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
DONNA RORER DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
DANIELLE GACCIONE SEVANO DIRECTOR - NEVADA CHAPTER	1.00	X						0	0	0
JENNIFER JUDGE CHAIR - NEW YORK CHAPTER	1.00	X		X				0	0	0
THOMAS MUELLER VICE CHAIR - NEW YORK CHAPTER	1.00	X		X				0	0	0
DONNA MEYER SECRETARY - NEW YORK CHAPTER	1.00	X		X				0	0	0
MARIO BAKALOV DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
JESSICA GARTLAND DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
KRISTIN PURIC DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0

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(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			
CHRISTOPHER CONWAY DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
MARY ODELL DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
JACKIE PALKAUNIEKS DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
CHARLENE NIGRO DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
MARIA SICILIANO DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
FRANK BASILE DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
JENNIFER MCCLURE DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
BRENDA HOFFMAN DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
ELIZABETH GAROFALO-MCKENNEY DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
GREG CUPELO DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0

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(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			
PETER TAMBRONI DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
LARRY HARVEY DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
DIANE MASTERS DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
GLORIA LASOTA DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
MICHELLE JOHNSON DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
LISA PERRY DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
ANITA HALSTEAD DIRECTOR - NEW YORK CHAPTER	1.00	X						0	0	0
ERIC MCGARVEY PRESIDENT - OHIO CHAPTER	1.00	X		X				0	0	0
FRANK BACK VICE PRESIDENT - OHIO CHAPTER	1.00	X		X				0	0	0
JAYNE WEST-MCLINN SECRETARY - OHIO CHAPTER	1.00	X		X				0	0	0

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(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			
KARTHIK KRISHNAN TREASURER - OHIO CHAPTER	1.00	X		X				0	0	0
BEN YOUNG DIRECTOR - OHIO CHAPTER	1.00	X						0	0	0
MAXWELL FERGUSON PRESIDENT - PA FBLA CHAPTER	1.00	X		X				0	0	0
BRENDA DEWIRE PRESIDENT ELECT - PA FBLA CHAPTER	1.00	X		X				0	0	0
LAURA BARLETTA PAST PRESIDENT - PA FBLA CHAPTER	1.00	X		X				0	0	0
THERESA LUBASH 1ST VP - PA FBLA CHAPTER	1.00	X		X				0	0	0
EZRA TETREAULT 1ST VP - PA FBLA CHAPTER	1.00	X		X				0	0	0
FRAN VITOVSKY TREASURER - PA FBLA CHAPTER	1.00	X		X				0	0	0
KELLY ACKERMAN DIRECTOR - PA FBLA CHAPTER	1.00	X						0	0	0
MATTHEW CLAAR DIRECTOR - PA FBLA CHAPTER	1.00	X						0	0	0

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(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			
RENEE HUGHES DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
DOMINIC LYATE DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
MELISSA MCDONALD DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
DOLLY ODEN DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
KATHY SICKLER DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
MARY THOMAS DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
CURTIS VOELKER DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
LINDA WESTERLUND DIRECTOR - PA FBIA CHAPTER	1.00	X						0	0	0
BRANDON DOERR PRESIDENT - PA PBL CHAPTER	1.00	X		X				0	0	0
MARISSA COSGROVE VICE PRESIDENT - PA PBL CHAPTER	1.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUSTIN ZIEGLER TREASURER - PA PBL CHAPTER	1.00	X		X				0	0	0
MICHAEL ZAPPONE SECRETARY - PA PBL CHAPTER	1.00	X		X				0	0	0
ROBERT KOLLAR DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
JENNIFER JOHNSON DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
FELICIA DANIEL DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
EDWARD PITINGOLO DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
BEVERLY O'HORA DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
NICOLE MCCARTAN DIRECTOR - PA PBL CHAPTER	1.00	X						0	0	0
DAISHANNA PEARSON PRESIDENT - SOUTH CAROLINA CHAPTER	1.00	X		X				0	0	0
LIZ FOSSUM PRESIDENT - SOUTH DAKOTA CHAPTER	1.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMMA ROTH PRESIDENT - SOUTH DAKOTA CHAPTER	1.00	X		X				0	0	0
AMBER FLUTH DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
ANNE FRERICKS DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
CHERYL ULMEN DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
KRISTIE OLSON DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
GERALD GRAMM DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
DEB ESSER DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
CARLI FLEMMER DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
NANCY TAPKEN DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0
KARA SCHWEITZER DIRECTOR - SOUTH DAKOTA CHAPTER	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARRIE TURNER-GRAY PRESIDENT - TEXAS CHAPTER	1.00	X		X				0	0	0
JONI PATTERSON VICE PRESIDENT - TEXAS CHAPTER	1.00	X		X				0	0	0
STACY HAMMOND SECRETARY - TEXAS CHAPTER	1.00	X		X				0	0	0
RENEE HANCOCK TREASURER - TEXAS CHAPTER	1.00	X		X				0	0	0
JEANNE BROWN DIRECTOR - TEXAS CHAPTER	1.00	X						0	0	0
MARGARITA MERAZ DIRECTOR - TEXAS CHAPTER	1.00	X						0	0	0
AMY HARKINS DIRECTOR - TEXAS CHAPTER	1.00	X						0	0	0
ALFREDO MARTINEZ REYES DIRECTOR - TEXAS CHAPTER	1.00	X						0	0	0
JOE NEWSOM DIRECTOR - TEXAS CHAPTER	1.00	X						0	0	0
MICHAEL SELLARS CHAIR - UTAH CHAPTER	1.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUTH WILLIAMS SECRETARY - VIRGIN ISLANDS CHAPTER	1.00	X		X				0	0	0
THERESA CLIFFORD TREASURER - VIRGIN ISLANDS CHAPTER	1.00	X		X				0	0	0
CHARLENE HENDERSON DIRECTOR - VIRGIN ISLANDS CHAPTER	1.00	X						0	0	0
WILLIAM YOUNG CHAIR - WASHINGTON CHAPTER	1.00	X		X				0	0	0
JACINDA MCLAUGHLIN VICE CHAIR - WASHINGTON CHAPTER	1.00	X		X				0	0	0
GREG OLSEN SECRETARY/TREASURER - WASHINGTON CHAPTER	1.00	X		X				0	0	0
JACQUELINE FLOETKE DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
BRAD HOOPER DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
KELSEY MOULTON DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
LANCE WRZESINSKI DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARMENY JONES DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
ASHLEY LIN DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
PETER A RUSTEMEYER DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
ADAM SMITH DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
CHRISTINA MASNY DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
DENISE GIBBS DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
KATHY SCHMIT DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
DAWN LARSEN DIRECTOR - WASHINGTON CHAPTER	1.00	X						0	0	0
BRELYNN BILLE PRESIDENT - WISCONSIN CHAPTER	1.00	X		X				0	0	0
BROOKE ALLEMANN VICE PRESIDENT - WISCONSIN CHAPTER	1.00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELI BOREM SECRETARY/TREASURER - WISCONSIN CHAPTER	1.00	X		X				0	0	0
ROBYN GEORGE REPORTER - WISCONSIN CHAPTER	1.00	X						0	0	0
MADISON O'BRIEN PARLIAMENTARIAN - WISCONSIN CHAPTER	1.00	X						0	0	0
REBEKAH ROBINSON REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
JUSTIN BRIGGS REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
HOLLY FRANK REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
SARA VAN GHEEM REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
BRENEN SKALITZKY REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
DAVID SUTTNER REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0
FAITH KIERZEK REGIONAL VP - WISCONSIN CHAPTER	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON FEARNEYHOUGH PRESIDENT - WYOMING CHAPTER	1.00	X		X				0	0	0
ERIC JONES VICE PRESIDENT - WYOMING CHAPTER	1.00	X		X				0	0	0
JOSIE DZIARDZIEL SECRETARY/TREASURER - WYOMING CHAPTER	1.00	X		X				0	0	0
JOSH KEEFE DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
MADDIE CURRY DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
BARB FRATES DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
EMILY MCGAUGH DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
ANDREW BORGIALLI DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
BRITTANY MITCHELL DIRECTOR - WYOMING CHAPTER	1.00	X						0	0	0
MISSEY BOUCHER-GOODMAN CHAIR - ARIZONA CHAPTER	1.00	X		X				0	0	0

TY 2019 Affiliate Listing

Name: FUTURE BUSINESS LEADERS OF AMERICA
GROUP RETURN
EIN: 23-7254290

TY 2019 Affiliate Listing

Name	Address	EIN	Name control
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-ALABAMA	PO BOX 302101 MONTGOMERY, AL 36104	23-7147580	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-ALASKA	1912 ASSOCIATION DR RESTON, VA 20191	23-7157510	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-ARIZONA	1535 WEST JEFFERSON ST BIN 42 PHOENIX, AZ 85007	23-7157588	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-ARKANSAS	3 CAPITOL MALL LITTLE ROCK, AR 72201	23-7156120	FUTU
CALIFORNIA PHI BETA LAMBDA INC	PO BOX 6737 FULLERTON, CA 92834	47-3626913	CALI
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-COLORADO	9101 E LOWRY BLVD DENVER, CO 80230	23-7155454	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-CONNECTICUT	148 NORTH FARM RD MIDDLEBURY, CT 06762	23-7147484	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-DELAWARE	1912 ASSOCIATION DR RESTON, VA 20191	23-7149524	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-DISTRICT OF COLUMBIA	1912 ASSOCIATION DR RESTON, VA 20191	23-7157446	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA - FLORIDA	PO BOX 1106 ZEPHYRHILLS, FL 33539	23-7147579	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-GEORGIA	3316-A SOUTH COBB DR STE 229 SMYRNA, GA 30080	23-7147578	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-HAWAII	1912 ASSOCIATION DR RESTON, VA 20191	54-1048784	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-ILLINOIS	2900 W ALVERIA DR CARBONDALE, IL 62901	23-7154872	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-INDIANA	57100 LONE OAK CT SOUTH BEND, IN 46619	23-7154134	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-IOWA	400E 14TH STREET DES MOINES, IA 50319	23-7154861	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-KANSAS	165 E 600 RD BALDWIN CITY, KS 66006	23-7156122	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-KENTUCKY	106 RANSOM TRACE GEORGETOWN, KY 40324	23-7154135	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-LOUISIANA	4200 CHATEAU BLVD APT D KENNER, LA 70065	23-7155453	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MAINE	554 MAIN STREET MONMOUTH, ME 04259	54-1048783	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MARYLAND	722 HEATHER STONE LOOP GLEN BURNIE, MD 21061	23-7157447	FUTU

TY 2019 Affiliate Listing

Name	Address	EIN	Name control
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MASSACHUSETTS	110 PLEASANT ST STE 205 MARLBOROUGH, MA 01752	54-1048782	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MICHIGAN	1912 ASSOCIATION DR RESTON, VA 20191	23-7154852	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MISSISSIPPI	PO BOX 771 JACKSON, MS 39205	23-7202380	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-MISSOURI	205 JEFFERSON ST JEFFERSON CITY, MO 65101	23-7154862	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEBRASKA	301 CENTENNIAL MALLS PO BOX 94987 LINCOLN, NE 68509	47-0794865	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEVADA	PO BOX 912 JACKSONVILLE, OR 97530	23-7157541	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEW HAMPSHIRE	117 HUNKINS POND RD SANBORNTON, NH 03269	23-7147487	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEW JERSEY	100 ROCKAFELLER RD RM 5029 PISCATAWAY, NJ 08854	23-7149525	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEW MEXICO	1912 ASSOCIATION DR RESTON, VA 20191	23-7155452	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NEW YORK	89 WASHINGTON AVENUE ROOM 315 EB ALBANY, NY 12234	23-7147475	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NORTH CAROLINA	6358 MAIL SERVICE CTR RALEIGH, NC 27699	23-7147582	FUTU
NORTH CAROLINA PBL PROFESSIONAL FOUNDATION	141 COLLEGE DRIVE ALBEMARLE, NC 28001	14-1859866	NORT
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-NORTH DAKOTA	3221 MONTREAL ST 8 BISMARCH, ND 58503	23-7154592	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-OHIO	4687 WYOGA LAKE RD CUYALOGA FALLS, OH 44224	23-7154136	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-OREGON	PO BOX 912 JACKSONVILLE, OR 97530	23-7157512	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-PENNSYLVANIA	PO BOX 5085 JERSEY SHORE, PA 17740	23-7149526	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-PUERTO RICO	PO BOX 190759 SAN JUAN, PR 00919	23-7157589	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-RHODE ISLAND	145 STONEDALE RD WARWICK, RI 02889	54-1048778	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-SOUTH CAROLINA	6570 QUEENS WAY DR COLUMBIA, SC 29209	23-7147583	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-SOUTH DAKOTA	11766 364TH AVE LEOLA, SD 57456	23-7200214	FUTU

TY 2019 Affiliate Listing

Name	Address	EIN	Name control
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-TEXAS	1701 N CONGRESS AVENUE AUSTIN, TX 78701	23-7156123	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-UTAH	3055 S 3600 W HEBER CITY, UT 84032	23-7157542	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-VERMONT	20 VT RTE 113 CHELSEA, VT 05038	23-7147489	FUTU
VIRGIN ISLANDS FBLA - PBL	PO BOX 1944 FREDERIKSTED, VI 00841	66-0754836	VIRG
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-VIRGINIA	11 HODGES COVE ROAD YORKTOWN, VA 23692	23-7157448	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-WASHINGTON	PO BOX 658 UNION, WA 98592	23-7157513	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-WEST VIRGINIA	101 HILLVIEW CIRCLE SPENCER, WV 25276	23-7154877	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-WISCONSIN	PO BOX 7841 MADISON, WI 53703	23-7154594	FUTU
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA-WYOMING	11067 CHERRY WOOD LN CHEYENNE, WY 82009	23-7155451	FUTU

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FUTURE BUSINESS LEADERS OF AMERICA
GROUP RETURN

Employer identification number
23-7254290

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 12, 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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 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). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	2,020,438	1,991,153	1,991,116	914,193	745,118	7,662,018
2 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	11,153,230	14,179,566	13,916,393	15,514,716	6,775,554	61,539,459
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13,173,668	16,170,719	15,907,509	16,428,909	7,520,672	69,201,477
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b. .						0
8 Public support. (Subtract line 7c from line 6.)						69,201,477

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	13,173,668	16,170,719	15,907,509	16,428,909	7,520,672	69,201,477
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,731	36,030	77,642	87,956	127,785	372,144
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	42,731	36,030	77,642	87,956	127,785	372,144
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	110,236	149,810	144,050	138,703	170,729	713,528
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	13,326,635	16,356,559	16,129,201	16,655,568	7,819,186	70,287,149
14 First five years. 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 stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	98.460 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.760 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.530 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.400 %

- 19a 33 1/3% support tests—2019.** 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 **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FUTURE BUSINESS LEADERS OF AMERICA
GROUP RETURN

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-7254290

Part IGeneral 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) MARYLAND FBIA-PBL FOUNDATION 8018 HAMMOCK LANE PASADENA, MD 21122	23-7157447	501(C)(3)	7,238				OPERATIONAL SUPPORT
(2) WISCONSIN FBIA-PBL FOUNDATION INC 1600 ASPEN CMNS STE 990 MIDDLETON, WI 53562	39-1949038	501(C)(3)	12,852				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table2

3 Enter total number of other organizations listed in the line 1 table0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	510	117,228			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE CHAPTERS MAKE AWARDS AND SCHOLARSHIPS DIRECTLY TO STUDENTS IN THE UNITED STATES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

NAME OF THE ORGANIZATION
FUTURE BUSINESS LEADERS OF AMERICA
GROUP RETURN

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-7254290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A:	THE FOLLOWING SUBORDINATES ISSUED 1099 FORMS FOR THE 2019 CALENDAR YEAR: ARIZONA, ARKANSAS , FLORIDA, ILLINOIS, INDIANA, IOWA, KENTUCKY, LOUISIANA, MISSOURI, NEBRASKA, NEVADA, NEW H AMPSHIRE, NEW YORK, NORTH CAROLINA, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TEXAS, UTAH, WAS HINGTON, WYOMING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2B:	THE FOLLOWING SUBORDINATES HAD PAID EMPLOYEES FOR THE 2019 CALENDAR YEAR: ARIZONA FBLA-PBL ARKANSAS FBLA GEORGIA FBLA PENNSYLVANIA FBLA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FLORIDA CHAPTER - TONYA ALVAREZ AND ALAN ALVAREZ, FAMILY RELATIONSHIP MAINE CHAPTER - LYDIA ROY, ANGELA ROY, FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF FBLA-PBL ARE STUDENTS WHO ELECT THE STUDENT REPRESENTATIVES OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF FBLA-PBL ARE STUDENTS WHO ELECT THE STUDENT REPRESENTATIVES OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ACCOUNTING DEPARTMENT, CEO AND PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ACKNOWLEDGEMENT AND DISCLOSURE FORMS ARE SIGNED ANNUALLY BY THE NATIONAL BOARD OF DIRECTORS AND NATIONAL HEADQUARTERS STAFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INCOME SUMMARY OF CHAPTERS NOT INCLUDED IN CY GROUP RETURN -1,361,997.