

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">2017</div> Open to Public Inspection
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A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC. Doing business as DECA INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1908 ASSOCIATION DRIVE City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 20191 F Name and address of principal officer: FRANK PETERSON SAME AS C ABOVE	D Employer identification number 23-7079474 E Telephone number (703) 860-5000 G Gross receipts \$ 26,179,102. H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1151
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.DECA.ORG		
K Form of organization: Corporation Trust Association <input checked="" type="checkbox"/> Other ▶		
L Year of formation:		M State of legal domicile:

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: DECA PREPARES EMERGING LEADERS AND ENTREPRENEURS IN MARKETING, FINANCE, HOSPITALITY AND MANAGEMENT.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	540	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	537	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	11	
	6	Total number of volunteers (estimate if necessary)	6	7985	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	1,282,992.	1,307,454.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,722,255.	24,498,630.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,911.	130,221.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,434.	223,360.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,244,592.	26,159,665.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	392,899.	401,798.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses		16a	Professional fundraising fees (Part IX, column (A), line 11e)	602,252.	642,398.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,110.	0.	0.
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,939,064.	25,360,123.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,934,215.	26,404,319.
	19	Revenue less expenses. Subtract line 18 from line 12	310,377.	-244,654.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	10,758,639.	10,333,580.	
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.	

Part II Signature Block

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

Sign Here	Signature of officer 	Date 5/13/19
	FRANK PETERSON, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature 	Date 05/10/19	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name ▶ MARCUM LLP		Firm's EIN ▶ 11-1986323		
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000	

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: DECA PREPARES EMERGING LEADERS AND ENTREPRENEURS IN MARKETING, FINANCE, HOSPITALITY AND MANAGEMENT.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 24,590,917. including grants of \$ 401,798.) (Revenue \$ 24,498,630.) APPROXIMATELY 13,400 STUDENTS PARTICIPATED IN SKILLS CONTESTS RELATED TO THEIR INDIVIDUAL CAREER GOALS IN MARKETING AND MANAGEMENT. SCHOLARSHIP, CASH AND RECOGNITIONS ARE PROVIDED FOR ACCOMPLISHMENTS RELATED TO WORKPLACE AND SCHOOL-BASED LEARNING.

DECA PROVIDES SPECIFIC PROGRAMS FOR THE CLASSROOM TEACHER TO USE IN STUDENT DEVELOPMENT AND ACHIEVEMENT. THE PRINCIPLES GUIDING THE ASSOCIATION'S PROGRAMS ARE CURRICULUM RELATED CAREER SKILLS, WORKPLACE EXPERIENCES, COMMUNITY SERVICE AND THE DEVELOPMENT OF BUSINESS LEADERSHIP CAPABILITIES.

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

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

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

4e Total program service expenses 24,590,917.

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990 (2017)

23-7079474 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2017)

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990 (2017)

23-7079474 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	540			
b Enter the number of voting members included in line 1a, above, who are independent	1b	537			
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		X		
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				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5				X
6 Did the organization have members or stockholders?	6		X		
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		X		
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		X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?	8a		X		
b Each committee with authority to act on behalf of the governing body?	8b		X		
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				X

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		X	
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		X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			X
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			X
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
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		X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X	
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			X
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 ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
RHEA STEELE - (703) 860-5000
1908 ASSOCIATION DRIVE, RESTON, VA 20191

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARISE CHAMBER CHAIR	1.00	X					0.	0.	0.	
(2) MARIO GATTO VICE CHAIR	1.00	X					0.	0.	0.	
(3) CATHERINE DANIEL CHAIR	1.00	X					0.	0.	0.	
(4) JESSICA BRADLEY VICE CHAIR	1.00	X					0.	0.	0.	
(5) JAYLA BAKER DIRECTOR	1.00	X					0.	0.	0.	
(6) CHALSI LEE DIRECTOR	1.00	X					0.	0.	0.	
(7) CURTIS WATSON DIRECTOR	1.00	X					0.	0.	0.	
(8) MICHELLE CAMP DIRECTOR	10.00	X					0.	0.	0.	
(9) JUREL GUFFEY DIRECTOR	10.00	X					0.	0.	0.	
(10) SHERRY SILER DIRECTOR	10.00	X					0.	0.	0.	
(11) CINDY WHITAKER DIRECTOR	10.00	X					0.	0.	0.	
(12) BOB JOHNSON DIRECTOR	10.00	X					0.	0.	0.	
(13) JENNIFER CRAIG DIRECTOR	10.00	X					0.	0.	0.	
(14) JEFF SHAW DIRECTOR	10.00	X					0.	0.	0.	
(15) JOSEPHINE MEINARDUS DIRECTOR	10.00	X					0.	0.	0.	
(16) AUSTIN CLUCK DIRECTOR	10.00	X					0.	0.	0.	
(17) CHRIS DORMAN DIRECTOR	10.00	X					0.	0.	0.	

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.

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 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			
(18) JIM BROCK TREASURER	25.00	X		X				0.	0.	0.
(19) TRAVIS KENYON CHAIR	2.00	X						0.	0.	0.
(20) DAN KELLY SECRETARY	2.00	X						0.	0.	0.
(21) ROBIN PALMER TREASURER	2.00	X		X				0.	0.	0.
(22) JOHN HAY DIRECTOR	2.00	X						0.	0.	0.
(23) LORELIE ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(24) KELLY CHRISTMAN DIRECTOR	2.00	X						0.	0.	0.
(25) PAULETTE BELL DIRECTOR	2.00	X						0.	0.	0.
(26) MARK CAMPBELL DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								516,092.	0.	0.
d Total (add lines 1b and 1c)								516,092.	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 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(27) RENEE WOODRUFF DIRECTOR	2.00	X					0.	0.	0.	
(28) MOLLIE FUSSELL DIRECTOR	2.00	X					0.	0.	0.	
(29) ROBERT WALLER DIRECTOR	2.00	X					0.	0.	0.	
(30) JULIE ELLIS DIRECTOR	2.00	X					0.	0.	0.	
(31) JUSTON GLASS DIRECTOR	2.00	X					0.	0.	0.	
(32) CHRISTINA CHARLTON SECRETARY	2.00	X					0.	0.	0.	
(33) MAUREEN RANKIN TREASURER	2.00	X		X			0.	0.	0.	
(34) CARL SCHMIDT DIRECTOR	2.00	X					0.	0.	0.	
(35) G. LUKE FREEMAN DIRECTOR	2.00	X					0.	0.	0.	
(36) ANDREW NELSON DIRECTOR	2.00	X					0.	0.	0.	
(37) TAMI RAAKAR DIRECTOR	2.00	X					0.	0.	0.	
(38) MARY WHITEHEAD CHAIR	2.00	X					0.	0.	0.	
(39) MICHELLE MCINTOSH DIRECTOR	2.00	X					0.	0.	0.	
(40) BRYCEN WOODLEY, STATE ADVISOR - CA DECA & DIR. OR DECA	20.00	X		X			0.	0.	0.	
(41) CARRIE MEDLOCK DIRECTOR	2.00	X					0.	0.	0.	
(42) WILLIAM KINGSBAKER DIRECTOR	2.00	X					0.	0.	0.	
(43) KIM REISER DIRECTOR	2.00	X					0.	0.	0.	
(44) SARA MOSSMAN DIRECTOR	2.00	X					0.	0.	0.	
(45) TERRA THIBAUT DIRECTOR	2.00	X					0.	0.	0.	
(46) MELISSA WHITE DIRECTOR	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(47) BRUCE COLE DIRECTOR	2.00	X					0.	0.	0.	
(48) MICHAEL PATTI DIRECTOR	2.00	X					0.	0.	0.	
(49) KRISTA SCHENK DIRECTOR	2.00	X					0.	0.	0.	
(50) KATHERINE KRUSE DIRECTOR	2.00	X					0.	0.	0.	
(51) COURTNEY BUSHNELL DIRECTOR	2.00	X					0.	0.	0.	
(52) BRADLEY PEER DIRECTOR	2.00	X					0.	0.	0.	
(53) KELLI BUFFO DIRECTOR	2.00	X					0.	0.	0.	
(54) JAMIE YOUNG DIRECTOR	2.00	X					0.	0.	0.	
(55) DAN SHEEKS DIRECTOR	2.00	X					0.	0.	0.	
(56) DAVID HAAR DIRECTOR	2.00	X					0.	0.	0.	
(57) MICHAEL DIAMOND CHAIR	2.00	X					0.	0.	0.	
(58) JEFF BACK DIRECTOR	2.00	X					0.	0.	0.	
(59) LINDSAY EDY DIRECTOR	2.00	X					0.	0.	0.	
(60) DAVID DECKER DIRECTOR	2.00	X					0.	0.	0.	
(61) JACK HARRINGTON DIRECTOR	2.00	X					0.	0.	0.	
(62) MICHAEL BUNKO TREASURER	4.00	X		X			6,000.	0.	0.	
(63) NANCY STROUT DIRECTOR	2.00	X					2,000.	0.	0.	
(64) FELECIA MANDEVILLE DIRECTOR	4.00	X		X			3,000.	0.	0.	
(65) PETER FARR DIRECTOR	2.00	X					0.	0.	0.	
(66) TERESA BROOKS DIRECTOR	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(67) MARTY TUOHY CHAIR	1.00	X						0.	0.	0.
(68) CASEY STACHECKI DIRECTOR	1.00	X						0.	0.	0.
(69) DARRELL SAMS DIRECTOR	1.00	X						0.	0.	0.
(70) ARLEN MIZELL CHAIR	1.00	X						0.	0.	0.
(71) CARLA ROSS VICE CHAIR	1.00	X						0.	0.	0.
(72) PHYLESHIA JONES VICE CHAIR	1.00	X						0.	0.	0.
(73) DAWN BEKAERT VICE CHAIR	1.00	X						0.	0.	0.
(74) JAMES BENEDICT CHAIR	1.00	X						0.	0.	0.
(75) TRESA WANER VICE CHAIR	1.00	X						0.	0.	0.
(76) ROCHELLE STANFILL SECRETARY	1.00	X						0.	0.	0.
(77) LARISSA DIAS-LIZARRAGGA VICE CHAIR	1.00	X						0.	0.	0.
(78) SHERRY DENO VICE CHAIR	1.00	X						0.	0.	0.
(79) ERIK WILKINSON VICE CHAIR	1.00	X						0.	0.	0.
(80) DEB CARTER VICE CHAIR	1.00	X						0.	0.	0.
(81) JERRY HOLT VICE CHAIR	1.00	X						0.	0.	0.
(82) SHARON CUTLER VICE CHAIR	1.00	X						0.	0.	0.
(83) RACHEL DUBROW VICE CHAIR	1.00	X						0.	0.	0.
(84) BOB HOSIER VICE CHAIR	1.00	X						0.	0.	0.
(85) EDDY ROJAS VICE CHAIR	1.00	X						0.	0.	0.
(86) TED DINICOLA VICE CHAIR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(87) SUSANA LOPEZ VICE CHAIR	1.00	X					0.	0.	0.	
(88) LISA CLINE CHAIR	5.00	X					0.	0.	0.	
(89) HALIE BISSELL SECRETARY	5.00	X					0.	0.	0.	
(90) SHAYNA BROWN DIRECTOR	5.00	X					0.	0.	0.	
(91) SHARON SHAHAN DIRECTOR	5.00	X					0.	0.	0.	
(92) TYWANDA MATHIS DIRECTOR	5.00	X					0.	0.	0.	
(93) LESLIE AUSTIN DIRECTOR	5.00	X					0.	0.	0.	
(94) CAROL VON TERSCH CHAIR	20.00	X					5,300.	0.	0.	
(95) AMY SCHMIDT VICE CHAIR	1.00	X					2,100.	0.	0.	
(96) DAVID WHITE VICE CHAIR	1.00	X					2,000.	0.	0.	
(97) VICKI HALES VICE CHAIR	1.00	X					1,000.	0.	0.	
(98) MICHAEL HENSON DIRECTOR	1.00	X					0.	0.	0.	
(99) COLE THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(100) KEN BURROW DIRECTOR	1.00	X					0.	0.	0.	
(101) TAMMY WHEELER DIRECTOR	1.00	X					0.	0.	0.	
(102) AMY JAESCHKE DIRECTOR	1.00	X					0.	0.	0.	
(103) JORI LIZER DIRECTOR	1.00	X					0.	0.	0.	
(104) SUMMER SCHMIDT DIRECTOR	1.00	X					0.	0.	0.	
(105) TODD SUBBERT DIRECTOR	1.00	X					0.	0.	0.	
(106) KENT SEUFERER DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(107) BENJAMIN LING DIRECTOR	1.00	X					0.	0.	0.	
(108) DON VARANAUSKI STATE ADVISOR	20.00	X		X			5,000.	0.	0.	
(109) KAREN BEAR DIRECTOR	5.00	X					599.	0.	0.	
(110) DAVID BURKE DIRECTOR	4.00	X					599.	0.	0.	
(111) TAMMI CONN DIRECTOR	2.00	X					599.	0.	0.	
(112) WILLIAM COULSON DIRECTOR	1.00	X					500.	0.	0.	
(113) JAMES DUFFY DIRECTOR	2.00	X					450.	0.	0.	
(114) KEVIN JONES DIRECTOR	1.00	X					599.	0.	0.	
(115) MARK LYONS DIRECTOR	3.00	X					599.	0.	0.	
(116) JENNIFER WEBER DIRECTOR	2.00	X					599.	0.	0.	
(117) BECKY KUEHL CHAIR	2.00	X					0.	0.	0.	
(118) BILL TURNER VICE CHAIR	1.00	X					0.	0.	0.	
(119) AMANDA GRAHAM-BISHOP SECRETARY	1.00	X					0.	0.	0.	
(120) JULIE MOORE DIRECTOR	1.00	X					775.	0.	0.	
(121) AMBER REED DIRECTOR	1.00	X					0.	0.	0.	
(122) BRIAN MCNEAL DIRECTOR	1.00	X					600.	0.	0.	
(123) MICHELLE GOUDY DIRECTOR	1.00	X					725.	0.	0.	
(124) RICHARD REID DIRECTOR	1.00	X					900.	0.	0.	
(125) GEN CRAFT DIRECTOR	1.00	X					0.	0.	0.	
(126) RACHEL JONES DIRECTOR	1.00	X					975.	0.	0.	
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(127) ROBIN PERRY DIRECTOR	1.00	X						0.	0.	0.
(128) TROY DAVIS DIRECTOR	1.00	X						0.	0.	0.
(129) MICHELLE CHAPMAN DIRECTOR	1.00	X						0.	0.	0.
(130) DREW LANGFORD DIRECTOR	1.00	X						0.	0.	0.
(131) ADDISON WHITE DIRECTOR	1.00	X						0.	0.	0.
(132) MISTY RATHER CHAIR	1.00	X						0.	0.	0.
(133) JAYNE HARRIS TREASURER	1.00	X						0.	0.	0.
(134) DENISE HAMILTON SECRETARY	1.00	X		X				0.	0.	0.
(135) TOD GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(136) RACHEL KAHLY DIRECTOR	1.00	X						0.	0.	0.
(137) BETTY MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(138) LAYNE SHELTON DIRECTOR	1.00	X						0.	0.	0.
(139) ADAM MCGUFFEY DIRECTOR	1.00	X						0.	0.	0.
(140) ASHTON TATE DIRECTOR	1.00	X						0.	0.	0.
(141) JULIANNE SIMS DIRECTOR	1.00	X						0.	0.	0.
(142) DEBBIE HARRIS DIRECTOR	1.00	X						0.	0.	0.
(143) KALEIGH SHAW DIRECTOR	1.00	X						0.	0.	0.
(144) DENNIS VOLENTINE TREASURER	2.00	X		X				0.	0.	0.
(145) CAROL BORSKEY DIRECTOR	1.00	X						0.	0.	0.
(146) RAE BROUSSARD DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(147) KEITH TRAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(148) DAVID WILBURN DIRECTOR	2.00	X					0.	0.	0.	
(149) NEASHION DAVIS DIRECTOR	2.00	X					0.	0.	0.	
(150) COURTNEY RICHOUX DIRECTOR	2.00	X					0.	0.	0.	
(151) KRISTIAN MIMS DIRECTOR	4.00	X					0.	0.	0.	
(152) ASHLEY STANFORD DIRECTOR	2.00	X					0.	0.	0.	
(153) MARYELLEN GATES DIRECTOR	2.00	X					0.	0.	0.	
(154) LETTY BROWN DIRECTOR	2.00	X					0.	0.	0.	
(155) JAMES DOW DIRECTOR	2.00	X					0.	0.	0.	
(156) KRISTA ANDERSON DIRECTOR	2.00	X					0.	0.	0.	
(157) COREY GUERRA DIRECTOR	2.00	X					0.	0.	0.	
(158) TOM SOUSA DIRECTOR	2.00	X					0.	0.	0.	
(159) JIM SULLIVAN DIRECTOR	2.00	X					0.	0.	0.	
(160) ANNE GRASSETTI DIRECTOR	2.00	X					0.	0.	0.	
(161) TIM PAROCHOJUK DIRECTOR	2.00	X					0.	0.	0.	
(162) TRICIA RILEY DIRECTOR	2.00	X					0.	0.	0.	
(163) ED O'CONNOR DIRECTOR	2.00	X					0.	0.	0.	
(164) MEGHAN BEAULIEU DIRECTOR	2.00	X					0.	0.	0.	
(165) PETER MARFIONE DIRECTOR	2.00	X					0.	0.	0.	
(166) FRANK ROSA DIRECTOR	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(167) RACHEL PILOTTE DIRECTOR	2.00	X						0.	0.	0.
(168) SEAN CHUNG DIRECTOR	2.00	X						0.	0.	0.
(169) JOHN DACEY DIRECTOR	2.00	X						0.	0.	0.
(170) JOE HODGKINS DIRECTOR	2.00	X						0.	0.	0.
(171) CHRIS PLUCINSKI-TAYOR DIRECTOR	2.00	X						0.	0.	0.
(172) DJ SMALL DIRECTOR	2.00	X						0.	0.	0.
(173) KYLE BRITTO DIRECTOR	2.00	X						0.	0.	0.
(174) KATIE MILLER DIRECTOR	2.00	X						0.	0.	0.
(175) LEO GARCIA CHAIR	1.00	X						0.	0.	0.
(176) FREDERICK JENKINS VICE CHAIR	1.00	X						0.	0.	0.
(177) KELLY JADERBORG TREASURER	1.00	X		X				0.	0.	0.
(178) MIVIDA PARHAM SECRETARY	1.00	X						0.	0.	0.
(179) DAVID MOLOT DIRECTOR	1.00	X						0.	0.	0.
(180) DEMITRA MARAFASTOS DIRECTOR	1.00	X						0.	0.	0.
(181) MICHELLE ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(182) BRETT CUTLER DIRECTOR	1.00	X						0.	0.	0.
(183) DIANA HEGMANN DIRECTOR	1.00	X						0.	0.	0.
(184) JON GODWIN DIRECTOR	1.00	X						0.	0.	0.
(185) STEVE LEGACY DIRECTOR	1.00	X						0.	0.	0.
(186) ROBERT RADLEY DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(187) REED NONKEN DIRECTOR	2.00	X					0.	0.	0.	
(188) WENDY ROBICHAUD DIRECTOR	2.00	X					0.	0.	0.	
(189) ANDREW MERRILL DIRECTOR	2.00	X					0.	0.	0.	
(190) KRISTY DILLINGHAM DIRECTOR	2.00	X					0.	0.	0.	
(191) LISA DELAMPAN, DIRECTOR ME DECA & NH DECA	2.00	X					0.	0.	0.	
(192) JENNIFER MILKE DIRECTOR	1.00	X					0.	0.	0.	
(193) JAMIE RILEY DIRECTOR	1.00	X					0.	0.	0.	
(194) DANA BOICE DIRECTOR	1.00	X					0.	0.	0.	
(195) TANYA CLARK DIRECTOR	1.00	X					0.	0.	0.	
(196) JULIA DALRYMPLE DIRECTOR	1.00	X					0.	0.	0.	
(197) KAREN MEUWISSEN CHAIR	2.00	X		X			0.	0.	0.	
(198) KENNETH CHUKWUBA VICE CHAIR	2.00	X		X			0.	0.	0.	
(199) LORI JOHNSON TREASURER	2.00	X		X			0.	0.	0.	
(200) JAMES ELVIDGE SECRETARY	1.00	X		X			0.	0.	0.	
(201) BECCA HOEFT DIRECTOR	1.00	X					0.	0.	0.	
(202) CHRIS HUGES DIRECTOR	1.00	X					0.	0.	0.	
(203) JACOB WARD DIRECTOR	1.00	X					0.	0.	0.	
(204) JON KRAUTH DIRECTOR	1.00	X					0.	0.	0.	
(205) SARA HIEMENZ DIRECTOR	1.00	X					0.	0.	0.	
(206) JENNIFER CLEMMONS DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(207) JENNIFER SHOUSE-KLASSEN DIRECTOR	1.00	X						0.	0.	0.
(208) SCOTT PIERCE DIRECTOR	1.00	X						0.	0.	0.
(209) JARED KEGLER DIRECTOR	1.00	X						0.	0.	0.
(210) ANDREA MOHR DIRECTOR	1.00	X						0.	0.	0.
(211) RYAN HARRISON DIRECTOR	1.00	X						0.	0.	0.
(212) STEPH LOLICH DIRECTOR	1.00	X						0.	0.	0.
(213) SUSAN SIMONSON DIRECTOR	1.00	X						0.	0.	0.
(214) BLAKE BODENBURG DIRECTOR	1.00	X						0.	0.	0.
(215) SONJA WEILER DIRECTOR	1.00	X						0.	0.	0.
(216) MIKE DELANEY DIRECTOR	1.00	X						0.	0.	0.
(217) JOHN RASMUSSEN DIRECTOR	1.00	X						0.	0.	0.
(218) KEITH JUREK DIRECTOR	1.00	X						0.	0.	0.
(219) PAUL KIMBLER DIRECTOR	1.00	X						0.	0.	0.
(220) JULIE COOLEY DIRECTOR	1.00	X						0.	0.	0.
(221) SARAH WELKIN DIRECTOR	1.00	X						0.	0.	0.
(222) ALLIE STEINMETZ DIRECTOR	1.00	X						0.	0.	0.
(223) LARRY ANDERS, V. CHAIR - MO DACA; DIR. ID DECA	2.00	X						0.	0.	0.
(224) MATT MAGNUSON DIRECTOR - ID & MO DECA	2.00	X						0.	0.	0.
(225) AMANDA BREZNAY DIRECTOR - ID & MO DECA	2.00	X						0.	0.	0.
(226) CAROL BOLIN DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(227) BROOKE ORSCHELN DIRECTOR	5.00	X					0.	0.	0.	
(228) BRYCE BUNTON DIRECTOR	5.00	X					0.	0.	0.	
(229) MARISSA BROWN CHAIR	1.00	X					0.	0.	0.	
(230) ZOE SNYDER DIRECTOR	1.00	X					0.	0.	0.	
(231) ELIZABETH KEYES DIRECTOR	1.00	X					0.	0.	0.	
(232) JORDAN CURRY DIRECTOR	1.00	X					0.	0.	0.	
(233) DERIC GILLUM DIRECTOR	1.00	X					0.	0.	0.	
(234) DENNIS STEVENSON DIRECTOR	1.00	X					0.	0.	0.	
(235) ANNA KIRK PRESLEY SECRETARY	1.00	X					0.	0.	0.	
(236) KATIE DEROUEN DIRECTOR	1.00	X					0.	0.	0.	
(237) JALYN PORTER DIRECTOR	1.00	X					0.	0.	0.	
(238) ADARA OUNG DIRECTOR	1.00	X					0.	0.	0.	
(239) KAYLEE STRAWDER DIRECTOR	1.00	X					0.	0.	0.	
(240) SAM MURPHREE DIRECTOR	1.00	X					0.	0.	0.	
(241) AUSTIN DAHER DIRECTOR	1.00	X					0.	0.	0.	
(242) ELIZABETH SCHUH CHAIR	1.00	X					0.	0.	0.	
(243) NICKI ROE DIRECTOR	1.00	X					0.	0.	0.	
(244) SCOTT DONISTHORPE DIRECTOR	1.00	X					0.	0.	0.	
(245) MARK HARTMAN CHAIR	1.00	X		X			0.	0.	0.	
(246) BRAD MEHR TREASURER	1.00	X		X			0.	0.	0.	
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(247) JESSICA TILLMAN DIRECTOR	1.00	X					0.	0.	0.	
(248) WILL ROCHE DIRECTOR	1.00	X					0.	0.	0.	
(249) JOHN HOLLOW DIRECTOR	1.00	X					0.	0.	0.	
(250) JOSH MUNRO SECRETARY	1.00	X		X			0.	0.	0.	
(251) KAREY CONN DIRECTOR	1.00	X					0.	0.	0.	
(252) TRAVIS CRAWFORD VICE CHAIR	1.00	X		X			0.	0.	0.	
(253) NOEL OSTERMAN DIRECTOR	1.00	X					0.	0.	0.	
(254) CASEY DONAHUE DIRECTOR	1.00	X					0.	0.	0.	
(255) MARTI PAUGH DIRECTOR	1.00	X					0.	0.	0.	
(256) KIM EDWARDS CHAIR	2.00	X		X			0.	0.	0.	
(257) TAMMY VAIL TREASURER	2.00	X		X			0.	0.	0.	
(258) SAMANTHA TOBIAS SECRETARY	2.00	X		X			0.	0.	0.	
(259) TABITHA HUDSON DIRECTOR	1.00	X					0.	0.	0.	
(260) BRENDA HAYNES DIRECTOR	1.00	X					0.	0.	0.	
(261) LUKE NICKS DIRECTOR	1.00	X					0.	0.	0.	
(262) ELLEN BRYAM DIRECTOR	1.00	X					0.	0.	0.	
(263) SHELBY GILMORE DIRECTOR	1.00	X					0.	0.	0.	
(264) EMMY CORN DIRECTOR	1.00	X					0.	0.	0.	
(265) CHARLES FURLOW DIRECTOR	1.00	X					0.	0.	0.	
(266) ELLEN MACHADO DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(267) GAIL MCDOUGHAL DIRECTOR	1.00	X						0.	0.	0.
(268) ANDREW WEATHERMAN DIRECTOR	1.00	X						0.	0.	0.
(269) DYLAN HENEGHAN DIRECTOR	1.00	X						0.	0.	0.
(270) ANDERSON RAINES DIRECTOR	1.00	X						0.	0.	0.
(271) WILL THORNHILL DIRECTOR	1.00	X						0.	0.	0.
(272) LEAH CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(273) KELLI SITZLER CHAIR	2.00	X		X				0.	0.	0.
(274) DUSTIN NORBY VICE CHAIR	2.00	X		X				0.	0.	0.
(275) NIKKI HEINLE SECRETARY	2.00	X		X				0.	0.	0.
(276) DON FRY DIRECTOR	2.00	X						0.	0.	0.
(277) MORGAN SCHWARTZENBERGER DIRECTOR	2.00	X						0.	0.	0.
(278) KEVIN REISENAUER DIRECTOR	2.00	X						0.	0.	0.
(279) ALLY GILIN DIRECTOR	1.00	X						0.	0.	0.
(280) VICTORIA WILES DIRECTOR	1.00	X						0.	0.	0.
(281) JANET BUTLER DIRECTOR	1.00	X						0.	0.	0.
(282) DEREK DEAVER DIRECTOR	1.00	X						0.	0.	0.
(283) MATT MAW DIRECTOR	1.00	X						0.	0.	0.
(284) MARY JANSSEN DIRECTOR	1.00	X						0.	0.	0.
(285) MAGGIE SCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
(286) STEPHANIE MORROW DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(287) ADAM BARRICKMAN CHAIR	1.00	X						0.	0.	0.
(288) FORREST SOLON DIRECTOR	1.00	X						0.	0.	0.
(289) SHELBY LEARCH DIRECTOR	1.00	X						0.	0.	0.
(290) JEFFREY TALKINGTON DIRECTOR	1.00	X						0.	0.	0.
(291) KATHRYN TREMBLAY TREASURER	1.00	X		X				0.	0.	0.
(292) LESA MCQUESTEN DIRECTOR	1.00	X						0.	0.	0.
(293) MARY HEARTZ DIRECTOR	1.00	X						0.	0.	0.
(294) TIM MAROTTE DIRECTOR	1.00	X						0.	0.	0.
(295) JOHN PICO CHAIR	1.00	X						0.	0.	0.
(296) KAREN MENDEZ DIRECTOR	1.00	X						1,000.	0.	0.
(297) GALE FANALE DIRECTOR	1.00	X						1,150.	0.	0.
(298) ROWENA GIANFREDI DIRECTOR	1.00	X						0.	0.	0.
(299) DEBORAH STAPENSKI DIRECTOR	1.00	X						600.	0.	0.
(300) NICOLE HALPIN DIRECTOR	1.00	X						0.	0.	0.
(301) LISA MARIE SCOTT DIRECTOR	1.00	X						600.	0.	0.
(302) LAURA BETH FECAK DIRECTOR	1.00	X						300.	0.	0.
(303) MELISSA DERPILBOSIAN DIRECTOR	1.00	X						600.	0.	0.
(304) EILEEN FISCHER DIRECTOR	1.00	X						0.	0.	0.
(305) BARBARA LOWERY DIRECTOR	1.00	X						600.	0.	0.
(306) DEBI CLINE CHAIR	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(307) RAY HENDERSON TREASURER	2.00	X		X				0.	0.	0.
(308) LACEE MANUS SECRETARY	2.00	X		X				0.	0.	0.
(309) STACY WASHINGTON CHAIR	2.00	X		X				0.	0.	0.
(310) SHERRY LOBER CHAIR	2.00	X		X				0.	0.	0.
(311) AARON GIRDNER DIRECTOR	2.00	X						0.	0.	0.
(312) CRUCITA MEDINA DIRECTOR	2.00	X						0.	0.	0.
(313) STEVE MEDINA DIRECTOR	2.00	X						0.	0.	0.
(314) RICHARD FAULKNER DIRECTOR	2.00	X						0.	0.	0.
(315) RICARDO CORNEJO ROJAS SECRETARY	2.00	X		X				0.	0.	0.
(316) TERRY ERTMAN VICE CHAIR	2.00	X		X				0.	0.	0.
(317) MARCELLE CRUZADO DIRECTOR	2.00	X						0.	0.	0.
(318) CARIELA SANTANA CHAIR	2.00	X		X				0.	0.	0.
(319) GABRIEL SILVA DIRECTOR	2.00	X						0.	0.	0.
(320) NICOLE LEE DIRECTOR	2.00	X						0.	0.	0.
(321) MORGAN HEATH-POWERS DIRECTOR	2.00	X						0.	0.	0.
(322) ALAN FULKS DIRECTOR	2.00	X						0.	0.	0.
(323) LAURA NOWLAN DIRECTOR	2.00	X						0.	0.	0.
(324) JULIO MEZA DIRECTOR	2.00	X						0.	0.	0.
(325) MELISSA SCOTT DIRECTOR	2.00	X						0.	0.	0.
(326) MITCHELL BERESA CHAIR	25.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(327) NELA J HAWTHORNE VICE CHAIR	5.00	X		X				0.	0.	0.
(328) LINDSAY DELUCCA DIRECTOR	5.00	X						0.	0.	0.
(329) CLAUDE COMMISSO DIRECTOR	8.00	X						0.	0.	0.
(330) DAN GREVAN DIRECTOR	5.00	X						0.	0.	0.
(331) MICHELLE NELSON DIRECTOR	3.00	X		X				0.	0.	0.
(332) RICH GRAETIN DIRECTOR	3.00	X						0.	0.	0.
(333) LETTIA ROMAS DIRECTOR	3.00	X						0.	0.	0.
(334) SUSAN UTZ DIRECTOR	3.00	X						0.	0.	0.
(335) ALAN BALSDON DIRECTOR	5.00	X						0.	0.	0.
(336) CHERYL CHAMBERLAIN DIRECTOR	3.00	X						0.	0.	0.
(337) KRIS CASTO DIRECTOR	3.00	X						0.	0.	0.
(338) JAMES CASINI DIRECTOR	8.00	X						0.	0.	0.
(339) JOSSEPH SANTO DIRECTOR	3.00	X						0.	0.	0.
(340) NELLIE TURKEN DIRECTOR	2.00	X						0.	0.	0.
(341) GREG MENIG DIRECTOR	2.00	X						0.	0.	0.
(342) MARY PERES DIRECTOR	3.00	X						0.	0.	0.
(343) JEREMY NADLER DIRECTOR	1.00	X						0.	0.	0.
(344) VALERIE ROBESON DIRECTOR	1.00	X						0.	0.	0.
(345) HEIDI LISI DIRECTOR	1.00	X						0.	0.	0.
(346) HEATHER SPROULL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(347) JOE DEANGELO DIRECTOR	1.00	X						0.	0.	0.
(348) TERRI ROTHFUSS DIRECTOR	1.00	X						0.	0.	0.
(349) ERIC WELLS DIRECTOR	1.00	X						0.	0.	0.
(350) CAROLYN HOLT-BALIS DIRECTOR	1.00	X						0.	0.	0.
(351) SUSAN SCHUTTE DIRECTOR	1.00	X						0.	0.	0.
(352) REBECCA GLADDEN DIRECTOR	1.00	X						0.	0.	0.
(353) CHERYL BOURLAND DIRECTOR	1.00	X						6,500.	0.	0.
(354) WILLIAM HUANG CHAIR	8.00	X						0.	0.	0.
(355) GEORGIA STEVENSON CHAIR	6.00	X						0.	0.	0.
(356) BRYAN MOSES VICE CHAIR	6.00	X						0.	0.	0.
(357) RONNIE NUQUI VICE CHAIR	6.00	X						0.	0.	0.
(358) DESTYNI WILLIAMS VICE CHAIR	6.00	X						0.	0.	0.
(359) FIZZA SATTAR VICE CHAIR	6.00	X						0.	0.	0.
(360) RON DODGE DIRECTOR	2.00	X		X				0.	0.	0.
(361) ROB REINHARDT DIRECTOR	2.00	X						0.	0.	0.
(362) HEALTHER BALDWIN CHAIR	2.00	X						0.	0.	0.
(363) GREG FISHER DIRECTOR	2.00	X						0.	0.	0.
(364) JOHN DIXON TREASURER	2.00	X		X				0.	0.	0.
(365) BRENT LEONG SECRETARY	2.00	X						0.	0.	0.
(366) MIKE GUMP DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(367) NAT ELLIS DIRECTOR	2.00	X						0.	0.	0.
(368) TIANA BRIONES DIRECTOR	2.00	X						0.	0.	0.
(369) MARY LOU TUPPER DIRECTOR	5.00	X						0.	0.	0.
(370) CHRYS CAFFREY DIRECTOR	5.00	X						0.	0.	0.
(371) PATRICIA DIONNE DIRECTOR	5.00	X						0.	0.	0.
(372) TOM GAUTHIER DIRECTOR	5.00	X						0.	0.	0.
(373) ZACK ALLEN DIRECTOR	5.00	X						0.	0.	0.
(374) GAGE WATKINS DIRECTOR	2.00	X						0.	0.	0.
(375) COLE CHISM DIRECTOR	2.00	X						0.	0.	0.
(376) PATRICK DOYLE DIRECTOR	1.00	X						0.	0.	0.
(377) THOMAS HENDERSON DIRECTOR	1.00	X						0.	0.	0.
(378) LEO SAENZ CHAIR	1.00	X		X				0.	0.	0.
(379) KIM ADAMS DIRECTOR	1.00	X						0.	0.	0.
(380) TRACI BUCKNER TREASURER	1.00	X		X				0.	0.	0.
(381) LISA GRECO SECRETARY	1.00	X		X				0.	0.	0.
(382) DIANA SALAZAR DIRECTOR	1.00	X						0.	0.	0.
(383) MIKE MILLER DIRECTOR	1.00	X						0.	0.	0.
(384) JULIEANNE ASH DIRECTOR	1.00	X						0.	0.	0.
(385) STEWART BURNS DIRECTOR	1.00	X						0.	0.	0.
(386) HEATHER ALLEN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(387) JENNIFER URBANEK DIRECTOR	1.00	X						0.	0.	0.
(388) ARACELI GARCIA DIRECTOR	1.00	X						0.	0.	0.
(389) MICHELLE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(390) JOANNE SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(391) EMILY SMOLLER DIRECTOR	1.00	X						0.	0.	0.
(392) JENNIFER MASON VICE CHAIR	1.00	X						0.	0.	0.
(393) DOROTHY HARING DIRECTOR	1.00	X						0.	0.	0.
(394) CYNDEE BARKLEY DIRECTOR	1.00	X						0.	0.	0.
(395) LYNDSAY HASHEN DIRECTOR	1.00	X						0.	0.	0.
(396) TERESA DELLICOMPAGNI SECRETARY	1.00	X						0.	0.	0.
(397) DENISE MAGASICH TREASURER	1.00	X						0.	0.	0.
(398) LISA WATERS CHAIR	1.00	X						0.	0.	0.
(399) JEREMI MADDEN CHAIR	3.00	X						0.	0.	0.
(400) AMY WELCH DIRECTOR	3.00	X						0.	0.	0.
(401) LISA SKINNER DIRECTOR	3.00	X						0.	0.	0.
(402) PAT JACKSON DIRECTOR	3.00	X						0.	0.	0.
(403) LOU ELLEN BLACKMON DIRECTOR	3.00	X						0.	0.	0.
(404) TERRY STUTTS DIRECTOR	3.00	X						0.	0.	0.
(405) RICKY ROBBINS DIRECTOR	3.00	X						0.	0.	0.
(406) HEATHER CARTER DIRECTOR	3.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(407) PAM SMITH DIRECTOR	3.00	X						0.	0.	0.
(408) VALENCIA KIINLAW-SCOTT DIRECTOR	3.00	X						0.	0.	0.
(409) RUHAMA TEREDA CHAIR	5.00	X						0.	0.	0.
(410) SHAIV KITTUR VICE CHAIR	5.00	X						0.	0.	0.
(411) NAREEN BARWARI VICE CHAIR	5.00	X						0.	0.	0.
(412) SHONDY NGUYEN VICE CHAIR	5.00	X						0.	0.	0.
(413) AVERY SCOTT VICE CHAIR	5.00	X						0.	0.	0.
(414) MIA JONES VICE CHAIR	5.00	X						0.	0.	0.
(415) DALE POLLARD DIRECTOR	5.00	X						0.	0.	0.
(416) DANNEL PORTER DIRECTOR	2.00	X						0.	0.	0.
(417) DREW BURTON DIRECTOR	2.00	X						0.	0.	0.
(418) RACHEL ROUTT DIRECTOR	2.00	X						0.	0.	0.
(419) LEANNE NAUTA DIRECTOR	2.00	X						0.	0.	0.
(420) SAM ROGERS DIRECTOR	2.00	X						0.	0.	0.
(421) JEREMY BROOKS DIRECTOR	2.00	X						0.	0.	0.
(422) MARCI PORTER DIRECTOR	2.00	X						0.	0.	0.
(423) CALVIN BARNUM DIRECTOR	2.00	X						0.	0.	0.
(424) ANDREA CALL DIRECTOR	2.00	X						0.	0.	0.
(425) AMY GRANAHAH DIRECTOR	1.00	X						0.	0.	0.
(426) KELLEN SCOTT CHAIR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(427) ANNIE HULSE DIRECTOR	1.00	X						0.	0.	0.
(428) SANDRA TUCHER DIRECTOR	1.00	X						0.	0.	0.
(429) HEATHER VANDYKE DIRECTOR	1.00	X						0.	0.	0.
(430) DEE STRAUSS DIRECTOR	1.00	X						0.	0.	0.
(431) PA'TRICE DAYOWENS DIRECTOR	1.00	X						0.	0.	0.
(432) ASHLEY HOUCHINS DIRECTOR	1.00	X						0.	0.	0.
(433) THERESA CAFFEE DIRECTOR	1.00	X						0.	0.	0.
(434) JANE WERNER DIRECTOR	1.00	X						0.	0.	0.
(435) MALLORY CROMER DIRECTOR	1.00	X						0.	0.	0.
(436) LYNN AMEY DIRECTOR	1.00	X						0.	0.	0.
(437) LYDIA ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(438) JENNIFER COREY DIRECTOR	1.00	X						0.	0.	0.
(439) JULIE SHAW DIRECTOR	1.00	X						0.	0.	0.
(440) LAURI WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(441) SUSAN DANA DIRECTOR	1.00	X						0.	0.	0.
(442) SARA-JO WILLEY DIRECTOR	1.00	X						0.	0.	0.
(443) WAYNE GOULET DIRECTOR	1.00	X						0.	0.	0.
(444) TAMI-JO DICKINSON DIRECTOR	1.00	X						0.	0.	0.
(445) BRITTANY LANGEVIN DIRECTOR	1.00	X						0.	0.	0.
(446) JANE SCOTT STATE ADVISOR/TREASURER	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(447) GENA HOXHA CHAIR	5.00	X		X				0.	0.	0.
(448) GREG RICHARDS DIRECTOR	5.00	X						0.	0.	0.
(449) GREG MCCORMICK CHAIR	1.00	X		X				0.	0.	0.
(450) MARC HILLESTAD VICE CHAIR	1.00	X		X				0.	0.	0.
(451) KANDICE HERNDON TREASURER	1.00	X		X				0.	0.	0.
(452) NATE LUCE SECRETARY	1.00	X		X				0.	0.	0.
(453) BILL ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(454) LISA TALLQUIST DIRECTOR	1.00	X						0.	0.	0.
(455) TOM ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(456) BRENDA GRABSKI DIRECTOR	1.00	X						0.	0.	0.
(457) KARI TOMS DIRECTOR	1.00	X						0.	0.	0.
(458) DOUG AUBERT DIRECTOR	1.00	X						0.	0.	0.
(459) CHRIS CHELIN DIRECTOR	1.00	X						0.	0.	0.
(460) RYAN FLORES DIRECTOR	1.00	X						0.	0.	0.
(461) MARIE GALLANAR DIRECTOR	1.00	X						0.	0.	0.
(462) MARNI NESS DIRECTOR	1.00	X						0.	0.	0.
(463) BRYAN VENEMA DIRECTOR	1.00	X						0.	0.	0.
(464) LANCE WRZENSKI DIRECTOR	1.00	X						0.	0.	0.
(465) BOB HUTCHISON CHAIR	2.00	X						0.	0.	0.
(466) STEFANIE FUDE SECRETARY	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(467) HEIDI WARREN DIRECTOR	2.00	X						0.	0.	0.
(468) GINGER VERHULST DIRECTOR	2.00	X						0.	0.	0.
(469) PHIL HUFF DIRECTOR	2.00	X						0.	0.	0.
(470) SARAH HART OLSON DIRECTOR	2.00	X						0.	0.	0.
(471) MELISSA BAHNSON DIRECTOR	2.00	X						0.	0.	0.
(472) JASON HOLTER DIRECTOR	2.00	X						0.	0.	0.
(473) ANNA MICHALSKI DIRECTOR	2.00	X						0.	0.	0.
(474) KAITEY CROSBY DIRECTOR	2.00	X						0.	0.	0.
(475) LAUREN CHRISTENSEN DIRECTOR	2.00	X						0.	0.	0.
(476) LORI MEREDITH CHAIR	5.00	X						0.	0.	0.
(477) CHERYL CRANFORD VICE CHAIR	5.00	X						0.	0.	0.
(478) JILL THOMPSON DIRECTOR	5.00	X						0.	0.	0.
(479) KYLE POSTEN DIRECTOR	5.00	X						0.	0.	0.
(480) MANUEL FLORES DIRECTOR	5.00	X						0.	0.	0.
(481) ANN MUIRHEAD DIRECTOR	5.00	X						0.	0.	0.
(482) BRYCE FLAMMANG DIRECTOR	5.00	X						0.	0.	0.
(483) ANN MERCER DIRECTOR	5.00	X						0.	0.	0.
(484) KRISTY WILLIAMS DIRECTOR	5.00	X						0.	0.	0.
(485) JULIE MASTERS DIRECTOR	5.00	X						0.	0.	0.
(486) DUSTIN GROCHENOUR DIRECTOR	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(487) SUZAN NEWBERRY DIRECTOR	5.00	X						0.	0.	0.
(488) MICHAEL SIAKPERE CHAIR	10.00	X						0.	0.	0.
(489) FRANK LANKO DIRECTOR	5.00	X						0.	0.	0.
(490) RYAN BOGNAR DIRECTOR	5.00	X						0.	0.	0.
(491) KYRSTEN STOCKUS DIRECTOR	5.00	X						0.	0.	0.
(492) JUSTIN KACZMAREK DIRECTOR	5.00	X						0.	0.	0.
(493) CHRIS HEREK DIRECTOR	5.00	X						0.	0.	0.
(494) KATHY LUPO CHAIR	1.00	X		X				0.	0.	0.
(495) KIM STECKMAN VICE CHAIR	1.00	X						0.	0.	0.
(496) GEORGANNA MANSFIELD SECRETARY	1.00	X						0.	0.	0.
(497) JULIE YEARGO TREASURER	1.00	X						0.	0.	0.
(498) JEFF DARR CHAIR	4.00	X						0.	0.	0.
(499) TYLER THOMPSON VICE CHAIR	2.00	X						0.	0.	0.
(500) BRIAN MCFALL TREASURER	2.00	X						0.	0.	0.
(501) CHASE TOPLIFF DIRECTOR	2.00	X						0.	0.	0.
(502) CLAYTON EVANS DIRECTOR	2.00	X						0.	0.	0.
(503) PEGGY ARNOLD CHAIR - ID & MO DECA	2.00	X						0.	0.	0.
(504) DEDE MOORE DIRECTOR - ID & MO DECA	2.00	X						0.	0.	0.
(505) CAROL BOLIN DIRECTOR - ID & MO DECA	2.00	X						0.	0.	0.
(506) SHARON ASHLOCK STATE ADVISOR	1.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(507) ROCHELLE SEALS STATE ADVISOR	1.00			X				0.	0.	0.
(508) CHRISTINE BENNETT STATE ADVISOR	10.00			X				0.	0.	0.
(509) KATHY FORMMER STATE ADVISOR	40.00			X				0.	0.	0.
(510) EV VAUGHAN STATE ADVISOR	40.00			X				0.	0.	0.
(511) DENNIS KELLY STATE ADVISOR	10.00			X				8,000.	0.	0.
(512) LISA WILSON STATE ADVISOR	1.00			X				0.	0.	0.
(513) DENISE CHRISTIANSEN STATE ADVISOR	1.00			X				0.	0.	0.
(514) LYNORE LEVENHAGEN STATE ADVISOR	25.00			X				2,500.	0.	0.
(515) SHANNON AARON STATE ADVISOR	40.00			X				62,824.	0.	0.
(516) ELISE ONO STATE ADVISOR	2.00			X				0.	0.	0.
(517) MORGAN PETERSEN STATE ADVISOR	10.00			X				3,000.	0.	0.
(518) SHAUNA WILLIAMS STATE ADVISOR	15.00			X				0.	0.	0.
(519) LISA COSTA STATE ADVISOR	20.00			X				0.	0.	0.
(520) JAMES WEBER STATE ADVISOR	10.00			X				5,000.	0.	0.
(521) CATHIE BRYANT DIRECTOR	10.00			X				11,083.	0.	0.
(522) JANICE BROWN STATE ADVISOR	30.00			X				41,500.	0.	0.
(523) BRENDA COLVIN ACCOUNTANT	1.00			X				0.	0.	0.
(524) MICHAEL HAMILTON STATE ADVISOR	1.00			X				0.	0.	0.
(525) PAUL GRETHEL STATE ADVISOR	39.00			X				13,000.	0.	0.
(526) ASHLEY MARTINEZ STATE ADVISOR	4.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(527) DONNA MCFADDEN STATE ADVISOR	2.00			X				0.	0.	0.
(528) BRIAN NOBREGA TREASURER	2.00			X				6,500.	0.	0.
(529) KEISHA MADDOX STATE ADVISOR	1.00			X				0.	0.	0.
(530) DAVID WAIT STATE DIRECTOR	40.00			X				0.	0.	0.
(531) ANN DAY ACCOUNTANT	30.00			X				0.	0.	0.
(532) CATHERINE RICE STATE ADVISOR	25.00			X				0.	0.	0.
(533) HOLLY PORTNER STATE ADVISOR	25.00			X				0.	0.	0.
(534) JACKLYN SCHILLER STATE ADVISOR	1.00			X				0.	0.	0.
(535) CINDY SHANNON STATE ADVISOR MO DECA, MO DECA-COLL. & MO DECA FDN	40.00			X				0.	0.	0.
(536) KATHY PARRETT TREASURER - ID & MO DECA	20.00			X				14,450.	0.	0.
(537) SANDRA PARKER STATE ADVISOR	40.00			X				0.	0.	0.
(538) VIRGINIA DICKERSON ACCOUNTANT	3.00			X				0.	0.	0.
(539) PAMELA O'BRIEN STATE ADVISOR	30.00			X				66,683.	0.	0.
(540) GORDON NICHOLSON STATE ADVISOR	20.00			X				0.	0.	0.
(541) JEFFREY VICTOR STATE ADVISOR	40.00			X				0.	0.	0.
(542) CHRISTINE PHIPPS STATE ADVISOR	20.00			X				0.	0.	0.
(543) CURTIS HALEY STATE ADVISOR	20.00			X				0.	0.	0.
(544) JEFF KEITH ACCOUNTANT	2.00			X				0.	0.	0.
(545) JERRY KHUN STATE ADVISOR	20.00			X				0.	0.	0.
(546) DEE STURGILL STATE ADVISOR	5.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

COPY

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990

23-7079474

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 line)	(C) Position (check all that apply)						(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			
(547) KEVIN WILLIAMS STATE ADVISOR	10.00			X				0.	0.	0.
(548) MARK BURCH STATE ADVISOR	10.00			X				0.	0.	0.
(549) ANGELA JONES ACCOUNTANT	4.00			X				0.	0.	0.
(550) JOSEPH ESPOSITO STATE ADVISOR	1.00			X				0.	0.	0.
(551) ALYSSA DUNCAN STATE ADVISOR	1.00			X				0.	0.	0.
(552) MARSHA BOCK STATE ADVISOR	13.00			X				0.	0.	0.
(553) KATHY WALTON STATE ADVISOR	10.00			X				0.	0.	0.
(554) JOSH SHANKLE STATE ADVISOR	1.00			X				71,803.	0.	0.
(555) PATRICIA WHITE ACCOUNTANT	1.00			X				8,220.	0.	0.
(556) JERRY DIGIOVANNI STATE ADVISOR	20.00			X				40,000.	0.	0.
(557) GINGER HILL STATE ADVISOR	40.00			X				0.	0.	0.
(558) JEAN CLARKE STATE ADVISOR	15.00			X				0.	0.	0.
(559) JON HANSEN STATE ADVISOR	20.00			X				0.	0.	0.
(560) DONNA ROUSH STATE ADVISOR	40.00			X				0.	0.	0.
(561) SHARON ACUFF DIRECTOR	1.00			X				0.	0.	0.
(562) NYKKI CRITZER ACCOUNTANT	1.00			X				0.	0.	0.
(563) JOYCE KEMP STATE ADVISOR	20.00			X				0.	0.	0.
(564) MARTHA GAGNER ACCOUNTANT	2.00			X				0.	0.	0.
(565) LORI HAIRSTON DIRECTOR	50.00			X				103,060.	0.	0.
(566) TIM FANDEK STATE ADVISOR	10.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990 (2017)

23-7079474 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	58,085.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,008,532.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	240,837.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,307,454.				
	Program Service Revenue	2 a CONFERENCE	Business Code 900099	22,556,822.	22,556,822.		
b MEMBERSHIP DUES		900099	1,549,764.	1,549,764.			
c OTHER PROGRAM SERVICES		900099	392,044.	392,044.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			24,498,630.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		130,221.			130,221.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 58,085. of contributions reported on line 1c). See Part IV, line 18	a	24,264.				
		b Less: direct expenses	b	19,437.			
c Net income or (loss) from fundraising events			4,827.			4,827.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	218,533.			218,533.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		218,533.					
12 Total revenue. See instructions.		26,159,665.	24,498,630.	0.	353,581.		

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990 (2017)

23-7079474 Page **10**

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	229,443.	229,443.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	172,355.	172,355.		
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	249,574.	118,030.	118,959.	12,585.
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	249,533.	216,692.	21,894.	10,947.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,869.	8,389.	987.	493.
9 Other employee benefits	91,334.	77,634.	9,133.	4,567.
10 Payroll taxes	42,088.	28,387.	12,211.	1,490.
11 Fees for services (non-employees):				
a Management	859,453.	569,652.	281,898.	7,903.
b Legal	23,751.	7,487.	16,264.	
c Accounting	91,390.	18,694.	72,696.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,013.		3,013.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	134,869.	57,194.	77,675.	
12 Advertising and promotion	37,923.	24,373.	13,550.	
13 Office expenses	258,719.	172,296.	86,423.	
14 Information technology	122,044.	105,522.	16,522.	
15 Royalties				
16 Occupancy	89,497.	77,969.	11,528.	
17 Travel	540,313.	451,493.	88,752.	68.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,632,833.	21,920,869.	711,964.	
20 Interest	5,044.	2,122.	2,922.	
21 Payments to affiliates	39,716.	14,716.	25,000.	
22 Depreciation, depletion, and amortization				
23 Insurance	232,673.	110,674.	121,999.	
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 MISCELLANEOUS	288,885.	206,926.	62,902.	19,057.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,404,319.	24,590,917.	1,756,292.	57,110.
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 if following SOP 98-2 (ASC 958-720)

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Form 990 (2017)

23-7079474 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	7,853,879.	1	8,176,548.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			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	2,904,760.	11	2,157,032.	
	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)	10,758,639.	16	10,333,580.		
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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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 SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	10,758,639.	27	10,333,580.	
	28 Temporarily restricted net assets	0.	28	0.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	10,758,639.	33	10,333,580.	
34 Total liabilities and net assets/fund balances	10,758,639.	34	10,333,580.		

Form **990** (2017)

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	26,159,665.
2 Total expenses (must equal Part IX, column (A), line 25)	2	26,404,319.
3 Revenue less expenses. Subtract line 2 from line 1	3	-244,654.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,758,639.
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	-180,405.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,333,580.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	2c		
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?	3a		X
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	3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1280671.	1145442.	1262183.	1282992.	1307454.	6278742.
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	20664410.	22877744.	22714436.	24722255.	24498630.	115477475
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	21945081.	24023186.	23976619.	26005247.	25806084.	121756217
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.)						121756217

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	21945081.	24023186.	23976619.	26005247.	25806084.	121756217
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	232,886.	123,944.	50,658.	189,911.	130,221.	727,620.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	232,886.	123,944.	50,658.	189,911.	130,221.	727,620.
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.)		71,258.	81,461.	46,912.	218,533.	418,164.
13 Total support. (Add lines 9, 10c, 11, and 12.)	22177967.	24218388.	24108738.	26242070.	26154838.	122902001

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.07 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.22 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.59 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.61 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

1 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):		
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).		

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

Schedule A (Form 990 or 990-EZ) 2017 **INC.**

23-7079474 Page 7

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

Schedule A (Form 990 or 990-EZ) 2017 INC.

23-7079474 Page 8

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2014 AMOUNT: \$ 71,258.

2015 AMOUNT: \$ 81,461.

2016 AMOUNT: \$ 46,912.

2017 AMOUNT: \$ 218,533.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.

Employer identification number

23-7079474

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>382,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>108,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>82,378.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>64,360.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>62,837.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>35,098.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>32,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>21,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>19,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>17,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>9,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>7,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
AK DECA	2195 MAVENCAMP CIRCLE - NORTH POLE, AK 99705	23-7066212
AL DECA	P.O. BOX 302101 - MONTGOMERY, AL 36130	63-6155284
AR DECA	101 BULLDOG DRIVE - PLUMERVILLE, AR 72127	71-6059985
AZ DECA-COLLEGIATE DECA	P.O. BOX 1440 - OWASSO, OK 74055	86-6052333
CA DECA	P.O. BOX 1440 - OWASSO, OK 74055	91-1918358
CO DECA	9101 E LOWRY BOULEVARD - DENVER, CO 80230	84-6044839
CT DECA	P.O. BOX 1053 - SOUTHTON, CT 06489	51-0164028
DE DECA	401 FEDERAL STREET, SUITE 2 - DOVER, DE 19901	51-6019989
FL DECA	632 BONIVIEW LANE - ALTAMONTE SPRINGS, FL 32714	59-6173273
FOUNDATION FOR MO DECA	672 JET SKI DRIVE - SUNRISE BEACH, MO 65079	26-2739430
GA DECA	P.O. BOX 189 - OXFORD, GA 30054	58-6053488
HI DECA	475 22ND AVENUE - HONOLULU, HI 96816	99-6011098
IA DECA	P.O. BOX 273 - CEDAR FALLS, IA 50613	42-6093339

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

ID DECA-COLLEGIATE DECA	650 WEST STATE STREET, SUITE 324 - BOISE, ID 83720	51-0164044
IL DECA	16452 S. WESTWOOD DRIVE - LOCKPORT, IL 60441	37-6058635
IN DECA	12631 WEST ROAD - ZIONSVILLE, IN 46077	35-6065007
KS DECA	501 S. CAMPUS DRIVE - HAYES, KS 67601	81-4336891
KY DECA	300 SOWER BOULEVARD - FRANKFORT, KY 40008	61-6033495
LA DECA	13967 J R DRIVE - WALKER, LA 70785	72-6025338
MA DECA	P.O. BOX 846 - ROTHCHESTER, MA 02770	04-6139055
MD DECA	200 W. BALTIMORE STREET, 3RD FLOOR, MSDE - BALTIMORE, MD 21201	52-6066963
ME DECA	P.O. BOX 397 - CONCORD, NH 03302	23-7066211
MI DECA	212 KING HALL EMU - YPSILANTI, MI 48197	38-6119972
MI COLLEGIATE DECA	3831 S GLEANER ROAD - SAGINAW, MI 48609	90-0518859
MN COLLEGIATE DECA	9875 221ST AVENUE, NW - ELK RIVER, MN 55330	41-6039597
MN DECA	21576 NE PICKEREL LAKE DRIVE - DETROIT LAKES, MN 56501	90-0518858
MO DECA-COLLEGIATE DECA	205 JEFFERSON STREET - JEFFERSON CITY, MO 65102	43-6064528

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

MS DECA-COLLEGIATE DECA	P.O. BOX 771 - JACKSON, MS 39205	64-6028211
MT DECA	502 SOUTH 19TH AVENUE, #108B - BOZEMAN, MT 59715	81-6017160
NC DECA	P.O. BOX 27 - PITTSBORO, NC 27312	56-6073305
ND DECA-COLLEGIATE DECA	600 EAST BOULEVARD AVENUE, DEPT 270 - BISMARCK, ND 58505	45-6015497
NE DECA	5935 S 56TH STREET, SUITE A - LINCOLN, NE 68516	47-0794142
NH DECA	83 WARREN STREET - MANCHESTER, NH 03102	23-7174475
NJ DECA	1000 MORRIS AVENUE - UNION, NJ 07083	22-6066043
NM DECA	1500 S AVENUE K - PORTALES, NM 88130	51-0164058
NV DECA	P.O. BOX 1440 - OWASSO, OK 74055	88-6006805
NY DECA	285 HILL ROAD - GOSHEN, NY 10924	14-6035822
OH DECA	25 SOUTH FRONT STREET, MAIL STOP 604 - COLUMBUS, OH 43215	31-6035469
OK DECA	1500 W 7TH AVENUE - STILLWATER, OK 74074	73-6108722
OR DECA	18051 SW LOWER BOONES FERRY ROAD, #338 - TIGARD, OR 97224	93-6037452
PA DECA	306 SOUTH 13TH STREET, SUITE 5 - PHILADELPHIA, PA 19107	23-6416579
RI DECA	993 COWESETT ROAD - WARWICK, RI 02886	91-1918365

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

RI COLLEGIATE DECA	8 ABBOTT PARK PLACE - PROVIDENCE, RI 02903	05-0395332
SC DECA	427 TRAILSEND STREET - ROCK HILL, SC 29732	57-6028893
SD DECA	1923 BALDWIN STREET - STURGIS, SD 57785	46-6017083
TX COLLEGIATE DECA	5930 MIDDLE FISKVILLE ROAD, ROOM 504.8 - AUSTIN, TX 78752	91-1918388
TX DECA	P.O. BOX 50715 - DENTON, TX 76206	74-6052810
UT DECA-COLLEGIATE DECA	395 E HORSE CREEK DRIVE - MIDVALE, UT 84047	87-6123242
VA DECA	115 TARGEE PLACE - STEPHENS CITY, VA 22655	54-6052332
VT DECA	71 SOUTH MAIN STREET - ST ALBANS CITY, VT 05478	03-6012617
WA COLLEGIATE DECA	16101 GREENWOOD AVENUE NORTH - SHORELINE, WA 98133	91-1602361
WA DECA	200 W MERCER STREET, SUITE 207 - SEATTLE, WA 98119	91-1308496
WI COLLEGIATE DECA	2720 WEXFORD ROAD - MT. PLEASANT, WI 53405	91-1918374
WI DECA	125 SOUTH WEBSTER STREET - MADISON, WI 53703	39-6095491
WV DECA	P.O. BOX 14 - ONA, WV 25545	55-6028198
WY DECA	1436 YORKSHIRE AVENUE - CASPER, WY 82609	83-6009360

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC. Employer identification number 23-7079474

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting works of art, historical treasures, etc. 1b: Reporting amounts for works of art, etc. 2: Reporting amounts for financial gain.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,358.	37,334.	40,913.	45,460.	45,703.
b Contributions			733.	125.	1,155.
c Net investment earnings, gains, and losses	1,869.	3,144.	508.	-392.	2,938.
d Grants or scholarships	3,230.	2,120.	4,820.	4,280.	4,260.
e Other expenditures for facilities and programs					76.
f Administrative expenses					
g End of year balance	36,997.	38,358.	37,334.	40,913.	45,460.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

IN JUNE OF 2006, STEVEN RHONE, JR., A DECA ALUM WAS KILLED BY A DRUNK DRIVER. DUE TO STEVEN'S POSTIVE AND LIFE CHANGING DECA EXPERIENCE, THE RHONE FAMILY STARTED AN ENDOWMENT FUND FOR WASHINGTON DECA STUDENTS. EACH YEAR, A PORTION OF THE ENDOWMENT IS AWARDED IN SCHOLARSHIPS.

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WA DECA LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	60,003.			60,003.
	2 Less: Contributions	40,946.			40,946.
	3 Gross income (line 1 minus line 2)	19,057.			19,057.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,305.			3,305.
	7 Food and beverages	7,854.			7,854.
	8 Entertainment				
	9 Other direct expenses	7,898.			7,898.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				19,057.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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

2017

**Open to Public
Inspection**

Name of the organization **DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

**Employer identification number
23-7079474**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MONTA VISTA HIGH SCHOOL DECA 21840 MCCLELLAN ROAD CUPERTINO, CA 95014	77-0296140	501(C)(3)	12,708.	0.			CHAPTER SUPPORT
LYNBROOK DECA 1280 JOHNSON AVENUE SAN JOSE, CA 95129	77-0363503	501(C)(3)	8,115.	0.			CHAPTER SUPPORT
FOOTHILL DECA 4375 FOOTHILL ROAD PLEASANTON, CA 94588	94-3062524	501(C)(3)	5,953.	0.			CHAPTER SUPPORT
GRANADA HS DECA 400 WALL STREET LIVERMORE, CA 94550	05-0570400	501(C)(3)	5,233.	0.			CHAPTER SUPPORT
DOUGHERTY VALLEY HIGH SCHOOL 10550 ALBION ROAD SAN RAMON, CA 94596	98-0273221	501(C)(3)	5,173.	0.			CHAPTER SUPPORT
SAN LEANDRO HIGH SCHOOL DECA 2200 BANCROFT AVENUE SAN LEANDRO, CA 94577	94-6002608	501(C)(3)	5,323.	0.			CHAPTER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Schedule I (Form 990)

23-7079474

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANADA HILLS CHAPTER HIGH SCHOOL DECA - 10535 ZELZAH AVENUE - GRANADA HILLS , CA 91344	94-2175582	501(C)(3)	11,357.	0.			CHAPTER SUPPORT

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	890	172,355.	0.		

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

PART I, LINE 2:

CONTRIBUTING STATE DECAS OR FOUNDATION REQUEST THE GRANT RECIPIENT ORGANIZATIONS TO PROVIDE TIMELY REPORTS ON THE USE OF GRANT FUNDS. \$172,355 IN SCHOLARSHIPS ARE GENERALLY AT \$1,000 OR LESS TO EACH RECIPIENT. THERE IS NO TRACKING MECHANISM ON HOW THE RECIPIENTS SPEND THE MONEY, ALTHOUGH THE WERE ALL AWARDED AS SCHOLARSHIPS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.** Employer identification number **23-7079474**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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Part III Supplemental Information

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

PART IV, LINE 23

SOME OF THE STATE ADVISORS GET COMPENSATION FROM UNRELATED ORGANIZATIONS FOR THE WORK THEY DO FOR THIS ORGANIZATION. AT TIMES, THE SALARY PAID BY THESE UNRELATED ORGANIZATIONS IS NOT KNOWN BY DECA, WHERE IT IS KNOWN, IT IS LISTED IN PART VII, SECTION A.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.	Employer identification number 23-7079474
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FORM 990, PART VI, SECTION A, LINE 2:

SEE BELOW.

FORM 990, PART VI, SECTION A, LINE 6:

DECA INC. IS A MEMBERSHIP ORGANIZATION FOR SECONDARY AND POST-SECONDARY STUDENTS. STUDENT MEMBERS OF A SCHOOL FORM A CHAPTER LED BY THEIR TEACHER CALLED A "CHAPTER ADVISOR". MOST OF THE STATE DEPARTMENTS OF EDUCATION MANAGE OR FACILITATE THE ACTIVITIES OR CHAPTERS WITHIN THEIR OWN STATES. STATE DECA BOARD MEMBERS ARE EITHER DESIGNATED BY THE DEPARTMENT OR ELECTED BY THE DECA CONSTITUENTS. THE IMPORTANT DECISIONS OF THE BOARD REFLECT THE CONSENSUS OF CHAPTER ADVISORS AND DEPARTMENT OFFICERS.

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

SEE ABOVE.

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

SEE ABOVE.

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

THE BOARD OF MANY STATES DECAS REQUIRE BOARD REVIEW AND APPROVAL OF FORM 990 AT ITS COMPLETION.

FORM 990, PART VI, SECTION B, LINE 15:

GOVERNING BODIES OF STATE DECAS ANNUALLY REVIEW SALARY OR COMPENSATION USING COMPARABILITY STUDIES OF SIMILARLY SIZED CORPORATIONS.

Name of the organization **DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Employer identification number
23-7079474

FORM 990, PART VI, SECTION C, LINE 19:

**THESE DOCUMENTS AND STATEMENTS ARE AVAILABLE FOR THE PUBLIC INSPECTION UPON
REQUEST.**

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT -180,405.

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC.** Employer identification number **23-7079474**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE DECA FOUNDATION - 52-0788005 1908 ASSOCIATION DRIVE RESTON, VA 20191	DORMANT	VIRGINIA	501(C)(3)	LINE 12B, II	DECA INC.		X

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

Schedule R (Form 990) 2017

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

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

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

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

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

**DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

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FORM 8868

LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
AK DECA	2195 MAVENCAMP CIRCLE - NORTH POLE, AK 99705	23-7066212
AL DECA	P.O. BOX 302101 - MONTGOMERY, AL 36130	63-6155284
AR DECA	101 BULLDOG DRIVE - PLUMERVILLE, AR 72127	71-6059985
AZ DECA-COLLEGIATE DECA	P.O. BOX 1440 - OWASSO, OK 74055	86-6052333
CA DECA	P.O. BOX 1440 - OWASSO, OK 74055	91-1918358
CO DECA	9101 E LOWRY BOULEVARD - DENVER, CO 80230	84-6044839
CT DECA	P.O. BOX 1053 - SOUTHTON, CT 06489	51-0164028
DE DECA	401 FEDERAL STREET, SUITE 2 - DOVER, DE 19901	51-6019989
FL DECA	632 BONIVIEW LANE - ALTAMONTE SPRINGS, FL 32714	59-6173273
FOUNDATION FOR MO DECA	672 JET SKI DRIVE - SUNRISE BEACH, MO 65079	26-2739430
GA DECA	P.O. BOX 189 - OXFORD, GA 30054	58-6053488
HI DECA	475 22ND AVENUE - HONOLULU, HI 96816	99-6011098
IA DECA	P.O. BOX 273 - CEDAR FALLS, IA 50613	42-6093339

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

ID DECA-COLLEGIATE DECA	650 WEST STATE STREET, SUITE 324 - BOISE, ID 83720	51-0164044
IL DECA	16452 S. WESTWOOD DRIVE - LOCKPORT, IL 60441	37-6058635
IN DECA	12631 WEST ROAD - ZIONSVILLE, IN 46077	35-6065007
KS DECA	501 S. CAMPUS DRIVE - HAYES, KS 67601	81-4336891
KY DECA	300 SOWER BOULEVARD - FRANKFORT, KY 40008	61-6033495
LA DECA	13967 J R DRIVE - WALKER, LA 70785	72-6025338
MA DECA	P.O. BOX 846 - ROTHCHESTER, MA 02770	04-6139055
MD DECA	200 W. BALTIMORE STREET, 3RD FLOOR, MSDE - BALTIMORE, MD 21201	52-6066963
ME DECA	P.O. BOX 397 - CONCORD, NH 03302	23-7066211
MI DECA	212 KING HALL EMU - YPSILANTI, MI 48197	38-6119972
MI COLLEGIATE DECA	3831 S GLEANER ROAD - SAGINAW, MI 48609	90-0518859
MN COLLEGIATE DECA	9875 221ST AVENUE, NW - ELK RIVER, MN 55330	41-6039597
MN DECA	21576 NE PICKEREL LAKE DRIVE - DETROIT LAKES, MN 56501	90-0518858
MO DECA-COLLEGIATE DECA	205 JEFFERSON STREET - JEFFERSON CITY, MO 65102	43-6064528

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DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

MS DECA-COLLEGIATE DECA	P.O. BOX 771 - JACKSON, MS 39205	64-6028211
MT DECA	502 SOUTH 19TH AVENUE, #108B - BOZEMAN, MT 59715	81-6017160
NC DECA	P.O. BOX 27 - PITTSBORO, NC 27312	56-6073305
ND DECA-COLLEGIATE DECA	600 EAST BOULEVARD AVENUE, DEPT 270 - BISMARCK, ND 58505	45-6015497
NE DECA	5935 S 56TH STREET, SUITE A - LINCOLN, NE 68516	47-0794142
NH DECA	83 WARREN STREET - MANCHESTER, NH 03102	23-7174475
NJ DECA	1000 MORRIS AVENUE - UNION, NJ 07083	22-6066043
NM DECA	1500 S AVENUE K - PORTALES, NM 88130	51-0164058
NV DECA	P.O. BOX 1440 - OWASSO, OK 74055	88-6006805
NY DECA	285 HILL ROAD - GOSHEN, NY 10924	14-6035822
OH DECA	25 SOUTH FRONT STREET, MAIL STOP 604 - COLUMBUS, OH 43215	31-6035469
OK DECA	1500 W 7TH AVENUE - STILLWATER, OK 74074	73-6108722
OR DECA	18051 SW LOWER BOONES FERRY ROAD, #338 - TIGARD, OR 97224	93-6037452
PA DECA	306 SOUTH 13TH STREET, SUITE 5 - PHILADELPHIA, PA 19107	23-6416579
RI DECA	993 COWESETT ROAD - WARWICK, RI 02886	91-1918365

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

RI COLLEGIATE DECA	8 ABBOTT PARK PLACE - PROVIDENCE, RI 02903	05-0395332
SC DECA	427 TRAILSEND STREET - ROCK HILL, SC 29732	57-6028893
SD DECA	1923 BALDWIN STREET - STURGIS, SD 57785	46-6017083
TX COLLEGIATE DECA	5930 MIDDLE FISKVILLE ROAD, ROOM 504.8 - AUSTIN, TX 78752	91-1918388
TX DECA	P.O. BOX 50715 - DENTON, TX 76206	74-6052810
UT DECA-COLLEGIATE DECA	395 E HORSE CREEK DRIVE - MIDVALE, UT 84047	87-6123242
VA DECA	115 TARGEE PLACE - STEPHENS CITY, VA 22655	54-6052332
VT DECA	71 SOUTH MAIN STREET - ST ALBANS CITY, VT 05478	03-6012617
WA COLLEGIATE DECA	16101 GREENWOOD AVENUE NORTH - SHORELINE, WA 98133	91-1602361
WA DECA	200 W MERCER STREET, SUITE 207 - SEATTLE, WA 98119	91-1308496
WI COLLEGIATE DECA	2720 WEXFORD ROAD - MT. PLEASANT, WI 53405	91-1918374
WI DECA	125 SOUTH WEBSTER STREET - MADISON, WI 53703	39-6095491
WV DECA	P.O. BOX 14 - ONA, WV 25545	55-6028198
WY DECA	1436 YORKSHIRE AVENUE - CASPER, WY 82609	83-6009360