

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC. GROUP RETURN Doing business as DECA INC.		D Employer identification number 23-7079474
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1908 ASSOCIATION DRIVE	E Telephone number (703) 860-5000	
	City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 20191		G Gross receipts \$ 23,087,565.
	F Name and address of principal officer: FRANK PETERSON SAME AS C ABOVE		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 STMT 2
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 1151

J Website: **WWW.DECA.ORG** **K** Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile:

Part I Summary		Prior Year	Current Year
Activities & Governance	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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	489
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	483
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	7850
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,267,750.	1,625,862.
	9 Program service revenue (Part VIII, line 2g)	5,353,383.	21,198,915.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	488,120.	17,979.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,209.	239,571.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,150,462.	23,082,327.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	305,820.	355,074.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	675,584.	994,495.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 32,221.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,796,406.	22,167,663.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,777,810.	23,517,232.	
19 Revenue less expenses. Subtract line 18 from line 12	372,652.	-434,905.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,551,880.	End of Year 11,910,370.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,551,880.	11,910,370.

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		
	FRANK PETERSON, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AARON M. FOX	AARON M. FOX	11/15/22		P01365820
	Firm's name MARCUM LLP	Firm's EIN 11-1986323		Phone no. (202) 227-4000	
	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

Form 990 (2021)

23-7079474 Page 2

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 20,938,784. including grants of \$ 355,074.) (Revenue \$ 21,198,915.)
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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **20,938,784.**

Form 990 (2021)

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

Form 990 (2021)

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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
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	

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

Form 990 (2021)

23-7079474 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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	1a	88
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Form 990 (2021)

23-7079474 Page 5

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

		Yes	No
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		
	2a		16
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 on 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?		
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		
	7d		
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Form 990 (2021)

23-7079474 Page **6**

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	489		
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	483		
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, 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 on 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 on 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 on 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	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ▶
FRANK PETERSON - (703) 860-5000
1908 ASSOCIATION DRIVE, RESTON, VA 20191

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

Form 990 (2021)

23-7079474 Page 7

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LORI HAIRSTON DIRECTOR	51.00	X					135,000.	0.	0.	
(2) JOSH SHANKLE STATE ADVISOR	40.00			X			83,133.	0.	0.	
(3) PAMELA O'BRIEN STATE ADVISOR	40.00			X			78,754.	0.	0.	
(4) SHANNON AARON STATE ADVISOR	40.00			X			65,704.	0.	0.	
(5) JANICE BROWN DIRECTOR & STATE ADVISOR	36.00	X		X			47,800.	0.	0.	
(6) JOHN STILES DIRECTOR & STATE ADVISOR	41.00	X		X			43,860.	0.	0.	
(7) JAMES BENEDICT DIRECTOR	40.00	X					41,500.	0.	0.	
(8) JERRY DIGIOVANNI STATE ADVISOR	20.00			X			40,000.	0.	0.	
(9) CHERYL CRANFORD DIRECTOR	25.00	X					35,700.	0.	0.	
(10) PAUL GRETHEL STATE ADVISOR	9.00			X			13,000.	0.	0.	
(11) COURTNEY WESTVOLD DIRECTOR & STATE ADVISOR	2.00	X		X			10,736.	0.	0.	
(12) FELECIA MANDEVILLE STATE ADVISOR	1.00			X			5,400.	0.	0.	
(13) JAMES WEBER DIRECTOR	20.00	X					5,000.	0.	0.	
(14) MARK LYONS DIRECTOR	20.00	X					5,000.	0.	0.	
(15) DENNIS KELLY STATE ADVISOR	1.00			X			4,900.	0.	0.	
(16) MICHAEL DIPASQUALE TREASURER	1.00	X		X			4,400.	0.	0.	
(17) KAREN MENDEZ DIRECTOR	1.00	X					3,500.	0.	0.	

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

Form 990 (2021)

23-7079474 Page **8**

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GRACE MCCLOSKEY DIRECTOR	1.00	X					3,000.	0.	0.	
(19) DALTON TONNE STATE ADVISOR	1.00			X			2,000.	0.	0.	
(20) GALE FANALE DIRECTOR	1.00	X					1,624.	0.	0.	
(21) LISA DELAMPAN DIRECTOR	2.00	X		X			1,198.	0.	0.	
(22) KRISTIN LIDSTROM DIRECTOR	1.00	X					1,025.	0.	0.	
(23) CAROL VON TERSCH ACCOUNTANT	1.00			X			1,000.	0.	0.	
(24) RACHEL JONES DIRECTOR	1.00	X					925.	0.	0.	
(25) ROB HOLMAN DIRECTOR	1.00	X					900.	0.	0.	
(26) AMBER REED DIRECTOR	1.00	X					675.	0.	0.	
1b Subtotal							635,734.	0.	0.	
c Total from continuation sheets to Part VII, Section A							7,393.	0.	0.	
d Total (add lines 1b and 1c)							643,127.	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, 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

Form **990** (2021)

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

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) MARJORIE FITZGIBBON CHAIR	1.00	X		X				600.	0.	0.
(28) LAURA FECAK DIRECTOR	1.00	X						600.	0.	0.
(29) LISA SCOTT DIRECTOR	1.00	X						600.	0.	0.
(30) MELISSA DIETZ DIRECTOR	1.00	X						600.	0.	0.
(31) DAVID BURKE DIRECTOR	3.00	X						599.	0.	0.
(32) JAMES DUFFY DIRECTOR	1.00	X						599.	0.	0.
(33) JEAN ATTIG DIRECTOR	3.00	X						599.	0.	0.
(34) JENNIFER WEBER DIRECTOR	1.00	X						599.	0.	0.
(35) KAREN BEAR DIRECTOR	7.00	X						599.	0.	0.
(36) KEVIN JONES DIRECTOR	1.00	X						599.	0.	0.
(37) MARY HEARTZ DIRECTOR	1.00	X						599.	0.	0.
(38) TAMMI CONN DIRECTOR	2.00	X						550.	0.	0.
(39) WILLIAM COULSON DIRECTOR	1.00	X						250.	0.	0.
(40) AARON GIRDNER CHAIR	1.00	X		X				0.	0.	0.
(41) BECKY KUEHL CHAIR	2.00	X		X				0.	0.	0.
(42) BRAXTON WARREN CHAIR	1.00	X		X				0.	0.	0.
(43) CAROL BOLIN FOUNDATION CHAIR & STATE ADVISOR	4.00	X		X				0.	0.	0.
(44) CLAYTON EVANS CHAIR	4.00	X		X				0.	0.	0.
(45) DENISE MAGASICH CHAIR	1.00	X		X				0.	0.	0.
(46) DIANNE JOLOVICH CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) DREW GOLDFINGER CHAIR	1.00	X		X				0.	0.	0.
(48) GEORGANNA MANSFIELD CHAIR	1.00	X		X				0.	0.	0.
(49) GRACE QI CHAIR	8.00	X		X				0.	0.	0.
(50) HEATHER BALDWIN CHAIR	1.00	X		X				0.	0.	0.
(51) HEATHER VANDYKE CHAIR	1.00	X		X				0.	0.	0.
(52) JASON HOLTER CHAIR	2.00	X		X				0.	0.	0.
(53) KAREN MEUWISSEN CHAIR	2.00	X		X				0.	0.	0.
(54) KERRY MOQUETT CHAIR	1.00	X		X				0.	0.	0.
(55) KEVING BUENING CHAIR	2.00	X		X				0.	0.	0.
(56) KIM EDWARDS CHAIR	5.00	X		X				0.	0.	0.
(57) LEO SAENZ CHAIR	1.00	X		X				0.	0.	0.
(58) LISA HOFFMAN CHAIR	1.00	X		X				0.	0.	0.
(59) LORI MEREIDETH CHAIR	5.00	X		X				0.	0.	0.
(60) MARC HILLESTAD CHAIR	1.00	X		X				0.	0.	0.
(61) MICHAELA KAVANAGH CHAIR	1.00	X		X				0.	0.	0.
(62) MISTY RATHER CHAIR	1.00	X		X				0.	0.	0.
(63) SANDY DUNOVANT CHAIR	3.00	X		X				0.	0.	0.
(64) SARA WHELAN CHAIR	2.00	X		X				0.	0.	0.
(65) SCOTT DONISTHORPE CHAIR	1.00	X		X				0.	0.	0.
(66) SHAYNA BROWN CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) TED THOMPSON CHAIR	1.00	X		X				0.	0.	0.
(68) VINCE MERRIL CHAIR	1.00	X		X				0.	0.	0.
(69) LISA GRECO CHAIR ELECT	1.00	X		X				0.	0.	0.
(70) AARAV JILKA VICE CHAIR	6.00	X		X				0.	0.	0.
(71) ABBY GRAND VICE CHAIR	6.00	X		X				0.	0.	0.
(72) AERIAL ROME VICE CHAIR	1.00	X		X				0.	0.	0.
(73) ALAIN BAZILE VICE CHAIR	1.00	X		X				0.	0.	0.
(74) ALINA HUGHES VICE CHAIR	1.00	X		X				0.	0.	0.
(75) AMANDA CHERRY VICE CHAIR	1.00	X		X				0.	0.	0.
(76) ANGELA BAILEY VICE CHAIR	1.00	X		X				0.	0.	0.
(77) BETTY O'CONNOR VICE CHAIR	1.00	X		X				0.	0.	0.
(78) BRYAN VENEMA VICE CHAIR	1.00	X		X				0.	0.	0.
(79) CAITLIN HEUSCHER VICE CHAIR	1.00	X		X				0.	0.	0.
(80) CAROLYN MASSIAH VICE CHAIR	1.00	X		X				0.	0.	0.
(81) CATHERINE FARINA VICE CHAIR	1.00	X		X				0.	0.	0.
(82) CHLOE KNIPPERS VICE CHAIR	1.00	X		X				0.	0.	0.
(83) COLLIN SUMMERS VICE CHAIR	1.00	X		X				0.	0.	0.
(84) DAWN BEKAERT VICE CHAIR	1.00	X		X				0.	0.	0.
(85) DELICIA YOUNG VICE CHAIR	1.00	X		X				0.	0.	0.
(86) ELISA BEARDSLEY-DODD VICE CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) ERIN HENRY VICE CHAIR	1.00	X		X				0.	0.	0.
(88) FEDERICO BALDO VICE CHAIR	1.00	X		X				0.	0.	0.
(89) FORREST SOLON VICE CHAIR	1.00	X		X				0.	0.	0.
(90) GUILA MATARASSO VICE CHAIR	1.00	X		X				0.	0.	0.
(91) JACOB WARD VICE CHAIR	2.00	X		X				0.	0.	0.
(92) JACQUELINE PEETERS VICE CHAIR	1.00	X		X				0.	0.	0.
(93) JESSICA CHRISTENSEN VICE CHAIR	1.00	X		X				0.	0.	0.
(94) JOANNE SULLIVAN VICE CHAIR	1.00	X		X				0.	0.	0.
(95) JUSTIN GIPE VICE CHAIR	1.00	X		X				0.	0.	0.
(96) JUSTON GLASS VICE CHAIR	1.00	X		X				0.	0.	0.
(97) KALEN CARLSON VICE CHAIR	1.00	X		X				0.	0.	0.
(98) KATHY LUPO VICE CHAIR	1.00	X		X				0.	0.	0.
(99) KRISTY WILLIAMS VICE CHAIR	5.00	X		X				0.	0.	0.
(100) KYLE WINSLOW VICE CHAIR	1.00	X		X				0.	0.	0.
(101) LAURA DOUD VICE CHAIR	1.00	X		X				0.	0.	0.
(102) MACKENZIE BOLINO VICE CHAIR	6.00	X		X				0.	0.	0.
(103) MONICA PANEQUE VICE CHAIR	1.00	X		X				0.	0.	0.
(104) NICCI CLARK VICE CHAIR	1.00	X		X				0.	0.	0.
(105) NICOLE SMALL VICE CHAIR	1.00	X		X				0.	0.	0.
(106) OREN HERTZ VICE CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) RACHAEL DUBROW VICE CHAIR	1.00	X		X				0.	0.	0.
(108) SHERRY DENO VICE CHAIR	1.00	X		X				0.	0.	0.
(109) TED NEWFIELD VICE CHAIR	1.00	X		X				0.	0.	0.
(110) TIA LIGGETT KNAPP VICE CHAIR	1.00	X		X				0.	0.	0.
(111) TRESA WARNER VICE CHAIR	1.00	X		X				0.	0.	0.
(112) TROY DAVIS VICE CHAIR	1.00	X		X				0.	0.	0.
(113) VICKI WILES VICE CHAIR	1.00	X		X				0.	0.	0.
(114) WENDY ROSCHE VICE CHAIR	1.00	X		X				0.	0.	0.
(115) ZACH BAKER VICE CHAIR	1.00	X		X				0.	0.	0.
(116) AMANDA GRAHAM-BISHOP SECRETARY	1.00	X		X				0.	0.	0.
(117) ASHLEY TESSMER SECRETARY	2.00	X		X				0.	0.	0.
(118) BRAD FULK SECRETARY	1.00	X		X				0.	0.	0.
(119) CARRIE MCCORMICK SECRETARY	1.00	X		X				0.	0.	0.
(120) CHARLES FURLOW SECRETARY	2.00	X		X				0.	0.	0.
(121) EMILY JACOBSON SECRETARY	1.00	X		X				0.	0.	0.
(122) GINA LYMAN SECRETARY	20.00	X		X				0.	0.	0.
(123) JAMES ELVIDGE SECRETARY	2.00	X		X				0.	0.	0.
(124) JUSTIN STAUB SECRETARY	1.00	X		X				0.	0.	0.
(125) KIM STECKMAN SECRETARY	1.00	X		X				0.	0.	0.
(126) LEAH LOVELL SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) LISA CLINE SECRETARY	1.00	X		X				0.	0.	0.
(128) MARIANNE IRELAND SECRETARY	1.00	X		X				0.	0.	0.
(129) MIVIDA PARHAM SECRETARY	1.00	X		X				0.	0.	0.
(130) NINA WILSON SECRETARY	1.00	X		X				0.	0.	0.
(131) PAYTON ARRINGTON SECRETARY	1.00	X		X				0.	0.	0.
(132) RITA VIEIRA SECRETARY	2.00	X		X				0.	0.	0.
(133) ROCHELLE STANFILL SECRETARY	1.00	X		X				0.	0.	0.
(134) TANNER CUREY SECRETARY	1.00	X		X				0.	0.	0.
(135) TIANA BRIONES SECRETARY	1.00	X		X				0.	0.	0.
(136) ZORICA WACKER SECRETARY	1.00	X		X				0.	0.	0.
(137) ANGELA PARKER TREASURER	2.00	X		X				0.	0.	0.
(138) BAILEY FORD TREASURER	5.00	X		X				0.	0.	0.
(139) BRAD MEHR TREASURER	1.00	X		X				0.	0.	0.
(140) BRIAN MCFALL TREASURER	4.00	X		X				0.	0.	0.
(141) BRIAN NOBREGA TREASURER	1.00	X		X				0.	0.	0.
(142) CYNDEE BARKLEY TREASURER	1.00	X		X				0.	0.	0.
(143) CYNTHIA PEREZ TREASURER	1.00	X		X				0.	0.	0.
(144) DENNIS VOLENTINE TREASURER	1.00	X		X				0.	0.	0.
(145) JAYNE HARRIS TREASURER	3.00	X		X				0.	0.	0.
(146) JEFFREY TALKINGTON TREASURER	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) JULIE YEARGO TREASURER	1.00	X		X				0.	0.	0.
(148) JULIEANNE ASH TREASURER	1.00	X		X				0.	0.	0.
(149) LISA TALLQUIST TREASURER	1.00	X		X				0.	0.	0.
(150) LORI JOHNSON TREASURER	2.00	X		X				0.	0.	0.
(151) MATT WELLS TREASURER	1.00	X		X				0.	0.	0.
(152) MICHAEL ACHEATEL TREASURER	1.00	X		X				0.	0.	0.
(153) MICHELE MCGAFFIN TREASURER	2.00	X		X				0.	0.	0.
(154) ROBERT D'AREZZO TREASURER	2.00	X		X				0.	0.	0.
(155) SHANNON STEWARD TREASURER	1.00	X		X				0.	0.	0.
(156) TAMMY VAIL TREASURER	2.00	X		X				0.	0.	0.
(157) TIMOTHY MAROTTE TREASURER	1.00	X		X				0.	0.	0.
(158) BRAD PEER DIRECTOR & STATE ADVISOR	3.00	X		X				0.	0.	0.
(159) BRYCEN WOODLEY DIRECTOR & STATE ADVISOR	26.00	X		X				0.	0.	0.
(160) CRYSTAL DORTCH DIRECTOR & STATE ADVISOR	11.00	X		X				0.	0.	0.
(161) KEVIN REISENAUER DIRECTOR & STATE ADVISOR	2.00	X		X				0.	0.	0.
(162) LARRY ANDERS DIRECTOR & STATE ADVISOR	42.00	X		X				0.	0.	0.
(163) LISA OAKES DIRECTOR & STATE ADVISOR	41.00	X		X				0.	0.	0.
(164) SCOTT JONES DIRECTOR & STATE ADVISOR	21.00	X		X				0.	0.	0.
(165) SHAUNA WILLIAMS DIRECTOR & STATE ADVISOR	6.00	X		X				0.	0.	0.
(166) TIM FANDEK DIRECTOR & STATE ADVISOR	11.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) ADAM MOUKAD DIRECTOR	1.00	X						0.	0.	0.
(168) ADITYA VENKAT DIRECTOR	1.00	X						0.	0.	0.
(169) ALAN BALSDON DIRECTOR	15.00	X						0.	0.	0.
(170) ALEX ELLSWORTH DIRECTOR	1.00	X						0.	0.	0.
(171) ALEXANDRIA BROCK DIRECTOR	1.00	X						0.	0.	0.
(172) AMANDA BREZNAY DIRECTOR	3.00	X						0.	0.	0.
(173) AMANDA FIELDS DIRECTOR	2.00	X						0.	0.	0.
(174) AMANDA MORRIS DIRECTOR	2.00	X						0.	0.	0.
(175) AMBER HALL DIRECTOR	2.00	X						0.	0.	0.
(176) AMY GRANAHAH DIRECTOR	1.00	X						0.	0.	0.
(177) AMY WELCH DIRECTOR	3.00	X						0.	0.	0.
(178) ANDREA CALL DIRECTOR	1.00	X						0.	0.	0.
(179) ANDREA MOHR DIRECTOR	1.00	X						0.	0.	0.
(180) ANDREW MERRILL DIRECTOR	1.00	X						0.	0.	0.
(181) ANDY STEVENS DIRECTOR	2.00	X						0.	0.	0.
(182) ANGELIQUE STALLWORTH DIRECTOR	1.00	X						0.	0.	0.
(183) ANGIE LARSEN DIRECTOR	2.00	X						0.	0.	0.
(184) ANN DAY DIRECTOR	26.00	X						0.	0.	0.
(185) ANN MUIRHEAD DIRECTOR	10.00	X						0.	0.	0.
(186) ANNA SCHAFHAUSER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) ANNE LISE NORTON DIRECTOR	1.00	X						0.	0.	0.
(188) ARIEL PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(189) ARTHUR KHAMKHOSY DIRECTOR	1.00	X						0.	0.	0.
(190) ASHLEIGH WAGONER DIRECTOR	2.00	X						0.	0.	0.
(191) ASHLEY HAWKER DIRECTOR	1.00	X						0.	0.	0.
(192) ASHLEY SEVERT DIRECTOR	1.00	X						0.	0.	0.
(193) ASHLEY STANFORD DIRECTOR	1.00	X						0.	0.	0.
(194) ASHLEY WILSON DIRECTOR	1.00	X						0.	0.	0.
(195) AUTUMN WILLIAMS DIRECTOR	5.00	X						0.	0.	0.
(196) AVA SHEPHERD DIRECTOR	2.00	X						0.	0.	0.
(197) AVARIL MCNAMARA DIRECTOR	2.00	X						0.	0.	0.
(198) BARBARA GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(199) BEN BRUEGLER DIRECTOR	1.00	X						0.	0.	0.
(200) BETH RICKARD DIRECTOR	1.00	X						0.	0.	0.
(201) BETTY MONTGOMERY DIRECTOR	2.00	X						0.	0.	0.
(202) BILL ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(203) BLAKE BODENBURG DIRECTOR	1.00	X						0.	0.	0.
(204) BOB JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(205) BOBBIE ROBERTSON DIRECTOR	2.00	X						0.	0.	0.
(206) BRAD KENNETT DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) BRANDON OGDEN DIRECTOR	1.00	X						0.	0.	0.
(208) BRANDON REITH DIRECTOR	4.00	X						0.	0.	0.
(209) BRANT PEPPAS DIRECTOR	1.00	X						0.	0.	0.
(210) BREANNE NELSON DIRECTOR	1.00	X						0.	0.	0.
(211) BRIAN COLBURN DIRECTOR	1.00	X						0.	0.	0.
(212) BRIAN MCNEAL DIRECTOR	1.00	X						0.	0.	0.
(213) BRIDGETTE JONES DIRECTOR	2.00	X						0.	0.	0.
(214) BRITTANY FRANCIS DIRECTOR	2.00	X						0.	0.	0.
(215) BRYAN LONG DIRECTOR	1.00	X						0.	0.	0.
(216) BRYCE FLAMMANG DIRECTOR	5.00	X						0.	0.	0.
(217) CARL HERT DIRECTOR	2.00	X						0.	0.	0.
(218) CAROL BORSKEY DIRECTOR	1.00	X						0.	0.	0.
(219) CAROL LILL DIRECTOR	1.00	X						0.	0.	0.
(220) CAROL LYNN NUTE DIRECTOR	3.00	X						0.	0.	0.
(221) CARRIE PLOSS DIRECTOR	1.00	X						0.	0.	0.
(222) CARSON CARERE DIRECTOR	2.00	X						0.	0.	0.
(223) CASSIE GRIGSBY DIRECTOR	1.00	X						0.	0.	0.
(224) CATY SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(225) CHAD ROSS DIRECTOR	2.00	X						0.	0.	0.
(226) CHANCE BROWNELL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) CHERYL CHAMBERLAIN DIRECTOR	5.00	X						0.	0.	0.
(228) CHRIS EADY DIRECTOR	1.00	X						0.	0.	0.
(229) CHRIS HEREK DIRECTOR	1.00	X						0.	0.	0.
(230) CHRIS HUGHES DIRECTOR	1.00	X						0.	0.	0.
(231) CHRISSY HOOD DIRECTOR	1.00	X						0.	0.	0.
(232) CRISTAL REID DIRECTOR	1.00	X						0.	0.	0.
(233) CHRISTINE GROCHOWSKI DIRECTOR	1.00	X						0.	0.	0.
(234) CHRYSTAL BRYANT DIRECTOR	3.00	X						0.	0.	0.
(235) CLAUDE COMMISSO DIRECTOR	5.00	X						0.	0.	0.
(236) COURTNEY BUSHNELL DIRECTOR	2.00	X						0.	0.	0.
(237) COURTNEY KERBY DIRECTOR	2.00	X						0.	0.	0.
(238) CRYSTAL WHITE DIRECTOR	1.00	X						0.	0.	0.
(239) DAIRA LLOYD DIRECTOR	1.00	X						0.	0.	0.
(240) DALE POLLARD DIRECTOR	5.00	X						0.	0.	0.
(241) DAN GRAVEN DIRECTOR	15.00	X						0.	0.	0.
(242) DAN SHEEKS DIRECTOR	2.00	X						0.	0.	0.
(243) DANA BOICE DIRECTOR	1.00	X						0.	0.	0.
(244) DANIELLE TROUVE DIRECTOR	1.00	X						0.	0.	0.
(245) DANNEL PORTER DIRECTOR	1.00	X						0.	0.	0.
(246) DAVE WAIT DIRECTOR	41.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) DAVID DECKER DIRECTOR	2.00	X						0.	0.	0.
(248) DAVID WILBURN DIRECTOR	1.00	X						0.	0.	0.
(249) DAWN GRESSETTE DIRECTOR	3.00	X						0.	0.	0.
(250) DEBORAH HUTCHISON DIRECTOR	1.00	X						0.	0.	0.
(251) DEE STRAUSS DIRECTOR	1.00	X						0.	0.	0.
(252) DENNIS MIFFLIN DIRECTOR	1.00	X						0.	0.	0.
(253) DIANE BARAY DIRECTOR	1.00	X						0.	0.	0.
(254) DREW BURTON DIRECTOR	1.00	X						0.	0.	0.
(255) ED GROCHOWSKI DIRECTOR	1.00	X						0.	0.	0.
(256) ED O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
(257) EILEEN FISCHER DIRECTOR	1.00	X						0.	0.	0.
(258) ELA RIVERE DIRECTOR	1.00	X						0.	0.	0.
(259) ELEANOR WESLEY DIRECTOR	1.00	X						0.	0.	0.
(260) ELENA SOBAMPO DIRECTOR	1.00	X						0.	0.	0.
(261) ELENA TERCERO DIRECTOR	1.00	X						0.	0.	0.
(262) EMILY JUNDI DIRECTOR	1.00	X						0.	0.	0.
(263) EMILY SMOLLER DIRECTOR	1.00	X						0.	0.	0.
(264) EMMA WEBER DIRECTOR	2.00	X						0.	0.	0.
(265) EMMANUEL CORPARRAL DIRECTOR	1.00	X						0.	0.	0.
(266) EMMY CORN DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) ERIC ROESLER DIRECTOR	1.00	X						0.	0.	0.
(268) ERIC WAGNER DIRECTOR	1.00	X						0.	0.	0.
(269) ERICA PADZIK DIRECTOR	2.00	X						0.	0.	0.
(270) ERIN GRANTHAM DIRECTOR	2.00	X						0.	0.	0.
(271) FRANK ROSA DIRECTOR	1.00	X						0.	0.	0.
(272) GEN BENNETT DIRECTOR	2.00	X						0.	0.	0.
(273) GEN CRAFT DIRECTOR	1.00	X						0.	0.	0.
(274) GENEIVE SHUTT DIRECTOR	2.00	X						0.	0.	0.
(275) GINGER HILL DIRECTOR	40.00	X						0.	0.	0.
(276) GREG MENIG DIRECTOR	2.00	X						0.	0.	0.
(277) HALIE BISSELL DIRECTOR	1.00	X						0.	0.	0.
(278) HANNAH SHIN DIRECTOR	1.00	X						0.	0.	0.
(279) HEATHER CARTER DIRECTOR	3.00	X						0.	0.	0.
(280) HECTOR APONTE DIRECTOR	1.00	X						0.	0.	0.
(281) HEMANTH TADEPALLI DIRECTOR	1.00	X						0.	0.	0.
(282) HOLLY PORTER DIRECTOR	2.00	X						0.	0.	0.
(283) INDIANA TROUPE DIRECTOR	1.00	X						0.	0.	0.
(284) IZZY RASMUSSEN DIRECTOR	2.00	X						0.	0.	0.
(285) JACKI BAUMAN DIRECTOR	1.00	X						0.	0.	0.
(286) JACKIE SCHILLER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) JAMES CASINI DIRECTOR	2.00	X						0.	0.	0.
(288) JAMES DOW DIRECTOR	1.00	X						0.	0.	0.
(289) JAMES ROLLINS DIRECTOR	1.00	X						0.	0.	0.
(290) JAMIE RILEY DIRECTOR	1.00	X						0.	0.	0.
(291) JAMIE YOUNG DIRECTOR	2.00	X						0.	0.	0.
(292) JANAE HELVIK DIRECTOR	1.00	X						0.	0.	0.
(293) JANE BRUCE DIRECTOR	2.00	X						0.	0.	0.
(294) JARED KEGLER DIRECTOR	1.00	X						0.	0.	0.
(295) JASON CROWE DIRECTOR	1.00	X						0.	0.	0.
(296) JASON UHRY DIRECTOR	1.00	X						0.	0.	0.
(297) JEFFREY BAUGHMAN DIRECTOR	1.00	X						0.	0.	0.
(298) JENNIFER CLEMONS DIRECTOR	1.00	X						0.	0.	0.
(299) JENNIFER MASON DIRECTOR	1.00	X						0.	0.	0.
(300) JENNIFER MILKE DIRECTOR	1.00	X						0.	0.	0.
(301) JEREMY DAVIS DIRECTOR	2.00	X						0.	0.	0.
(302) JEREMY NADLER DIRECTOR	1.00	X						0.	0.	0.
(303) JESSICA FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(304) JESSICA SPAULDING DIRECTOR	1.00	X						0.	0.	0.
(305) JESSICA TILLMAN DIRECTOR	1.00	X						0.	0.	0.
(306) JILL THOMPSON DIRECTOR	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) JILL VALENTINE DIRECTOR	2.00	X						0.	0.	0.
(308) JIM SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(309) JIM WEBBER DIRECTOR	1.00	X						0.	0.	0.
(310) JODY BENNET DIRECTOR	2.00	X						0.	0.	0.
(311) JOE SANTOS DIRECTOR	5.00	X						0.	0.	0.
(312) JOHN DIXON DIRECTOR	1.00	X						0.	0.	0.
(313) JOHN FOISY DIRECTOR	1.00	X						0.	0.	0.
(314) JOHN SHAW DIRECTOR	1.00	X						0.	0.	0.
(315) JOHN WEBSTER DIRECTOR	2.00	X						0.	0.	0.
(316) JOLYNN BARAL DIRECTOR	2.00	X						0.	0.	0.
(317) JON KRAUTH DIRECTOR	1.00	X						0.	0.	0.
(318) JOSH MUNRO DIRECTOR	1.00	X						0.	0.	0.
(319) JUAN ACEVEDO DIRECTOR	1.00	X						0.	0.	0.
(320) JULIA DALRYMPLE DIRECTOR	1.00	X						0.	0.	0.
(321) JULIE COOLEY DIRECTOR	1.00	X						0.	0.	0.
(322) KARA MARTIN DIRECTOR	1.00	X						0.	0.	0.
(323) KAREN CHARNEY DIRECTOR	1.00	X						0.	0.	0.
(324) KAREN STOLL DIRECTOR	1.00	X						0.	0.	0.
(325) KARLI CARTER DIRECTOR	1.00	X						0.	0.	0.
(326) KATE MEYERS DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) KATHERINE FRANK DIRECTOR	1.00	X						0.	0.	0.
(328) KATHY FROMMER DIRECTOR	2.00	X						0.	0.	0.
(329) KATIE PAULSON DIRECTOR	1.00	X						0.	0.	0.
(330) KAY WALTERS DIRECTOR	1.00	X						0.	0.	0.
(331) KEISHA MADDOX DIRECTOR	1.00	X						0.	0.	0.
(332) KEITH JUREK DIRECTOR	1.00	X						0.	0.	0.
(333) KEITH TRAYLOR DIRECTOR	1.00	X						0.	0.	0.
(334) KEITH WARTZENLUFT DIRECTOR	2.00	X						0.	0.	0.
(335) KELESY JONES DIRECTOR	1.00	X						0.	0.	0.
(336) KELLEN SCOTT DIRECTOR	1.00	X						0.	0.	0.
(337) KELLI CLICK DIRECTOR	1.00	X						0.	0.	0.
(338) KELLY DAMRON DIRECTOR	1.00	X						0.	0.	0.
(339) KENNETH CHUCKWUBA DIRECTOR	1.00	X						0.	0.	0.
(340) KEVIN KRIZAN DIRECTOR	1.00	X						0.	0.	0.
(341) KIM ADAMS DIRECTOR	1.00	X						0.	0.	0.
(342) KIMBERLY GUSTIN DIRECTOR	1.00	X						0.	0.	0.
(343) KRIS EVANS DIRECTOR	2.00	X						0.	0.	0.
(344) KRISTA ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(345) KRISTA SCHENCK DIRECTOR	2.00	X						0.	0.	0.
(346) KRISTEN SANTERO DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) KRISTINA CAREY DIRECTOR	1.00	X						0.	0.	0.
(348) KRISTY DILLINGHAM DIRECTOR	1.00	X						0.	0.	0.
(349) KRYSTI CONLIN DIRECTOR	1.00	X						0.	0.	0.
(350) KURT KLUCK DIRECTOR	1.00	X						0.	0.	0.
(351) KYLE BRITTO DIRECTOR	1.00	X						0.	0.	0.
(352) KYLE STANGER DIRECTOR	1.00	X						0.	0.	0.
(353) LANETTE FARGASON DIRECTOR	2.00	X						0.	0.	0.
(354) LARRY D'ANZA DIRECTOR	1.00	X						0.	0.	0.
(355) LAURA LAUINGER DIRECTOR	1.00	X						0.	0.	0.
(356) LAURA WHEELER DIRECTOR	1.00	X						0.	0.	0.
(357) LAUREN WORLEY DIRECTOR	1.00	X						0.	0.	0.
(358) LAURIE SALANDER DIRECTOR	1.00	X						0.	0.	0.
(359) LEIGH ANN OJEDA DIRECTOR	5.00	X						0.	0.	0.
(360) LETTIA ROMAS DIRECTOR	2.00	X						0.	0.	0.
(361) LETTY BROWN DIRECTOR	1.00	X						0.	0.	0.
(362) LEVI DAWES DIRECTOR	1.00	X						0.	0.	0.
(363) LIAM MARONEY DIRECTOR	5.00	X						0.	0.	0.
(364) LIAM MCPHAIL DIRECTOR	1.00	X						0.	0.	0.
(365) LILLY P'POOL DIRECTOR	1.00	X						0.	0.	0.
(366) LILY ABEYTA DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) LINDSAY DELUCCA DIRECTOR	15.00	X						0.	0.	0.
(368) LINDSAY EDY DIRECTOR	2.00	X						0.	0.	0.
(369) LISA CHESTNUTT DIRECTOR	1.00	X						0.	0.	0.
(370) LOGAN JACKSON DIRECTOR	1.00	X						0.	0.	0.
(371) LYNN BENALI DIRECTOR	1.00	X						0.	0.	0.
(372) MADISON MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(373) MALLORY CLEVELAND DIRECTOR	2.00	X						0.	0.	0.
(374) MANUEL FLORES DIRECTOR	5.00	X						0.	0.	0.
(375) MARCI PORTER DIRECTOR	1.00	X						0.	0.	0.
(376) MARK STEEDLY DIRECTOR	1.00	X						0.	0.	0.
(377) MARRY SCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
(378) MARY PERES DIRECTOR	25.00	X						0.	0.	0.
(379) MARYELLEN GATES DIRECTOR	1.00	X						0.	0.	0.
(380) MASON FLYNT DIRECTOR	1.00	X						0.	0.	0.
(381) MATT MAGNUSON DIRECTOR	2.00	X						0.	0.	0.
(382) MAUREEN RANKIN DIRECTOR	1.00	X						0.	0.	0.
(383) MEGAN FISHER DIRECTOR	2.00	X						0.	0.	0.
(384) MEGAN METEUSZCZYK DIRECTOR	1.00	X						0.	0.	0.
(385) MEGHAN BEAULIEU DIRECTOR	1.00	X						0.	0.	0.
(386) MELINDA HIUNTLEY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) MELISSA SCOTT DIRECTOR	1.00	X						0.	0.	0.
(388) MELVIN BARROW DIRECTOR	1.00	X						0.	0.	0.
(389) MICHAEL JONES DIRECTOR	2.00	X						0.	0.	0.
(390) MICHAEL LIROSI DIRECTOR	1.00	X						0.	0.	0.
(391) MICHAEL PATTI DIRECTOR	2.00	X						0.	0.	0.
(392) MICHAEL SIAKPERE DIRECTOR	1.00	X						0.	0.	0.
(393) MICHAEL THOMAS DIRECTOR	1.00	X						0.	0.	0.
(394) MICHAEL VASICEK DIRECTOR	1.00	X						0.	0.	0.
(395) MICHELE NELSON DIRECTOR	2.00	X						0.	0.	0.
(396) MICHELLE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(397) MICHELLE LEWIS DIRECTOR	1.00	X						0.	0.	0.
(398) MICKI VOLK DIRECTOR	2.00	X						0.	0.	0.
(399) MIKE GUMP DIRECTOR	1.00	X						0.	0.	0.
(400) MIKE KALUZA DIRECTOR	1.00	X						0.	0.	0.
(401) MIKE MILLER DIRECTOR	1.00	X						0.	0.	0.
(402) MINDY ROSE DIRECTOR	1.00	X						0.	0.	0.
(403) MITCHELL BERESA DIRECTOR	25.00	X						0.	0.	0.
(404) MOLLY ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(405) NADINE FREEDLINE DIRECTOR	2.00	X						0.	0.	0.
(406) NAKIA JONES DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) NANCY MUNOZ DIRECTOR	1.00	X						0.	0.	0.
(408) NAT ELLIS DIRECTOR	1.00	X						0.	0.	0.
(409) NATALIE CLARK DIRECTOR	4.00	X						0.	0.	0.
(410) NATASHA WILLIAMS DIRECTOR	3.00	X						0.	0.	0.
(411) NATE MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(412) NATHAN SIMPSON DIRECTOR	1.00	X						0.	0.	0.
(413) NEIL SCHLAGEL DIRECTOR	1.00	X						0.	0.	0.
(414) NELA HAWTHORNE DIRECTOR	2.00	X						0.	0.	0.
(415) NICHOLAS STAVITSKI DIRECTOR	1.00	X						0.	0.	0.
(416) NICOLE HALPIN DIRECTOR	1.00	X						0.	0.	0.
(417) NICOLE SANTERO DIRECTOR	1.00	X						0.	0.	0.
(418) PAMELA MANDEL DIRECTOR	2.00	X						0.	0.	0.
(419) PARKER SELLERS DIRECTOR	1.00	X						0.	0.	0.
(420) PAUL KIMBLER DIRECTOR	1.00	X						0.	0.	0.
(421) PEGGY ARNOLD DIRECTOR	2.00	X						0.	0.	0.
(422) PHILLIP VANDENBERG DIRECTOR	1.00	X						0.	0.	0.
(423) RACHAEL ROUTT DIRECTOR	1.00	X						0.	0.	0.
(424) RACHEL PILOTTE DIRECTOR	1.00	X						0.	0.	0.
(425) RAE BROUSSARD DIRECTOR	1.00	X						0.	0.	0.
(426) RANDY WILSON DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) REHAM HERRATI DIRECTOR	1.00	X					0.	0.	0.	
(428) RICARDO RAMOS DIRECTOR	2.00	X					0.	0.	0.	
(429) RICH GRATIS DIRECTOR	2.00	X					0.	0.	0.	
(430) RICHARD EURICH DIRECTOR	1.00	X					0.	0.	0.	
(431) RICHARD FAULKNER DIRECTOR	1.00	X					0.	0.	0.	
(432) RICHARD TOTTEN DIRECTOR	1.00	X					0.	0.	0.	
(433) ROB AINBINDER DIRECTOR	2.00	X					0.	0.	0.	
(434) ROBIN PERRY DIRECTOR	1.00	X					0.	0.	0.	
(435) RON DODGE DIRECTOR	1.00	X					0.	0.	0.	
(436) RYAN DOGGETT DIRECTOR	2.00	X					0.	0.	0.	
(437) RYAN HARRISON DIRECTOR	1.00	X					0.	0.	0.	
(438) RYAN KROGER DIRECTOR	2.00	X					0.	0.	0.	
(439) RYLEE DINGES DIRECTOR	2.00	X					0.	0.	0.	
(440) SAECILIA JACKSON DIRECTOR	1.00	X					0.	0.	0.	
(441) SAM SOTER DIRECTOR	1.00	X					0.	0.	0.	
(442) SANDRA TUCKER DIRECTOR	1.00	X					0.	0.	0.	
(443) SARA HIEMENZ DIRECTOR	1.00	X					0.	0.	0.	
(444) SARA MOSSMAN DIRECTOR	2.00	X					0.	0.	0.	
(445) SARA PARRIOTT DIRECTOR	1.00	X					0.	0.	0.	
(446) SARAH WELKIN DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

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) SCOTT LARSEN DIRECTOR	1.00	X						0.	0.	0.
(448) SEAN ELSER DIRECTOR	1.00	X						0.	0.	0.
(449) SEBASTIAN ALZUA DIRECTOR	2.00	X						0.	0.	0.
(450) SHARON ACUFF DIRECTOR	1.00	X						0.	0.	0.
(451) SHARON ASHLOCK DIRECTOR	1.00	X						0.	0.	0.
(452) SHARON KOJO DIRECTOR	1.00	X						0.	0.	0.
(453) SHAYE STEPHENS DIRECTOR	3.00	X						0.	0.	0.
(454) SHELBY LERCH DIRECTOR	1.00	X						0.	0.	0.
(455) SHELLEY PEWITT DIRECTOR	2.00	X						0.	0.	0.
(456) SHERRY SILER DIRECTOR	1.00	X						0.	0.	0.
(457) SHERRY STONE DIRECTOR	3.00	X						0.	0.	0.
(458) SHIRLEY NESBITT DIRECTOR	1.00	X						0.	0.	0.
(459) SIERRA LARKIN DIRECTOR	1.00	X						0.	0.	0.
(460) SLOANE FOSTER DIRECTOR	1.00	X						0.	0.	0.
(461) SONJA WEILER DIRECTOR	1.00	X						0.	0.	0.
(462) SOPHIA FREEMAN DIRECTOR	2.00	X						0.	0.	0.
(463) STACY WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(464) SUE UTZ DIRECTOR	2.00	X						0.	0.	0.
(465) SUSAN EVANS DIRECTOR	5.00	X						0.	0.	0.
(466) SUSAN EVERHART DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) SUSAN SIMONSON DIRECTOR	1.00	X						0.	0.	0.
(468) SUZANNE GUT DIRECTOR	1.00	X						0.	0.	0.
(469) TABITHA HUDSON DIRECTOR	2.00	X						0.	0.	0.
(470) TABITHA STALLWORTH DIRECTOR	1.00	X						0.	0.	0.
(471) TALITHA OLIVERI DIRECTOR	1.00	X						0.	0.	0.
(472) TANYA BLEHM DIRECTOR	5.00	X						0.	0.	0.
(473) TAYLOR PETERSON DIRECTOR	2.00	X						0.	0.	0.
(474) TENA MARTINN DIRECTOR	2.00	X						0.	0.	0.
(475) TERENCE REESE DIRECTOR	5.00	X						0.	0.	0.
(476) TERESA BROOKS DIRECTOR	1.00	X						0.	0.	0.
(477) THOMAS GAUTHIER DIRECTOR	1.00	X						0.	0.	0.
(478) THOMAS MONSON DIRECTOR	1.00	X						0.	0.	0.
(479) TIAUNA YOUNG DIRECTOR	1.00	X						0.	0.	0.
(480) TIM PAROCHOJUK DIRECTOR	1.00	X						0.	0.	0.
(481) TINA MILLER DIRECTOR	10.00	X						0.	0.	0.
(482) TOM GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(483) TOM SOUSA DIRECTOR	1.00	X						0.	0.	0.
(484) TOM WOODRUFF DIRECTOR	1.00	X						0.	0.	0.
(485) TONY LINKOWSKI DIRECTOR	2.00	X						0.	0.	0.
(486) TRACI BUCKNER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) TRACY LAIRD DIRECTOR	1.00	X						0.	0.	0.
(488) TRAVIS CRAWFORD DIRECTOR	1.00	X						0.	0.	0.
(489) TRAVIS KENTON DIRECTOR	1.00	X						0.	0.	0.
(490) TYLER THOMPSON DIRECTOR	4.00	X						0.	0.	0.
(491) VINCENT LOPICCOLO DIRECTOR	1.00	X						0.	0.	0.
(492) WHITNEY MILLER DIRECTOR	2.00	X						0.	0.	0.
(493) WYATT ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(494) ZANE ALLEE DIRECTOR	5.00	X						0.	0.	0.
(495) MICHAEL STONEMAN DIRECTOR	1.00	X						0.	0.	0.
(496) ALISHIA JONAS DIRECTOR	1.00	X						0.	0.	0.
(497) OWEN HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(498) ANNIKA HUFF DIRECTOR	1.00	X						0.	0.	0.
(499) ADAM FEAZELL STATE ADVISOR	15.00			X				0.	0.	0.
(500) ALEXANDER LOUDEN STATE ADVISOR	1.00			X				0.	0.	0.
(501) ASHLEY MARTINEZ STATE ADVISOR	1.00			X				0.	0.	0.
(502) BECKY MCCORMICK STATE ADVISOR	1.00			X				0.	0.	0.
(503) BRENNAN BARTLETT STATE ADVISOR	10.00			X				0.	0.	0.
(504) CATHERINE RICE STATE ADVISOR	25.00			X				0.	0.	0.
(505) CHRISTINA ISONG STATE ADVISOR	5.00			X				0.	0.	0.
(506) CHRISTINA SHIOI STATE ADVISOR	11.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) DEBORAH CLINE STATE ADVISOR	1.00			X				0.	0.	0.
(508) DIANA HEGMANN STATE ADVISOR	1.00			X				0.	0.	0.
(509) DONNA DAIL STATE ADVISOR	40.00			X				0.	0.	0.
(510) DONNA MCFADDEN STATE ADVISOR	1.00			X				0.	0.	0.
(511) DR. JEFFREY VICTOR STATE ADVISOR	40.00			X				0.	0.	0.
(512) GORDON NICHOLSON STATE ADVISOR	1.00			X				0.	0.	0.
(513) JACKLYN SCHILLER STATE ADVISOR	1.00			X				0.	0.	0.
(514) JENNIFER SHOUSE-KLASSEN STATE ADVISOR	25.00			X				0.	0.	0.
(515) JILL HESS STATE ADVISOR	20.00			X				0.	0.	0.
(516) JULIE CROCKET STATE ADVISOR	40.00			X				0.	0.	0.
(517) JULIE ELLIS STATE ADVISOR	20.00			X				0.	0.	0.
(518) KYLE BARBER STATE ADVISOR	1.00			X				0.	0.	0.
(519) MARY-LOU TUPPER STATE ADVISOR	5.00			X				0.	0.	0.
(520) MARY JANSSEN STATE ADVISOR	20.00			X				0.	0.	0.
(521) MIKE OECHSNER STATE ADVISOR	20.00			X				0.	0.	0.
(522) NICOLE WILLIS STATE ADVISOR	5.00			X				0.	0.	0.
(523) PAMELA LEE STATE ADVISOR	40.00			X				0.	0.	0.
(524) PAXTON CAVIN STATE ADVISOR	15.00			X				0.	0.	0.
(525) TAMMY STAINS STATE ADVISOR	40.00			X				0.	0.	0.
(526) JEFF KEITH ACCOUNTANT	2.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

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) VALERIE MCBANE ACCOUNTANT	4.00			X				0.	0.	0.
(528) VIRGINIA DICKERSON ACCOUNTANT	3.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								7,393.		

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

Form 990 (2021)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	43,064.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	994,601.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	588,197.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,625,862.			
Program Service Revenue	2 a CONFERENCE	Business Code					
		900099	19,110,464.	19110464.			
	b MEMBERSHIP DUES	900099	1,427,419.	1,427,419.			
	c OTHER PROGRAM SERVICES	900099	661,032.	661,032.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			21,198,915.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,853.			6,853.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,126.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	11,126.				
	d Net gain or (loss)			11,126.		11,126.	
8 a Gross income from fundraising events (not including \$ 43,064. of contributions reported on line 1c). See Part IV, line 18	8a	7,217.					
	8b	5,238.					
c Net income or (loss) from fundraising events			1,979.		1,979.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	237,592.			237,592.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			237,592.				
12 Total revenue. See instructions			23,082,327.	21198915.	0.	257,550.	

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

Form 990 (2021)

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 ...	125,400.	125,400.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	229,674.	229,674.		
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	658,365.	276,629.	368,236.	13,500.
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	255,556.	176,297.	70,899.	8,360.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,211.	4,429.	521.	261.
9 Other employee benefits	31,658.	27,974.	2,456.	1,228.
10 Payroll taxes	43,705.	26,455.	16,066.	1,184.
11 Fees for services (nonemployees):				
a Management	495,958.	249,412.	241,360.	5,186.
b Legal	88.	33.	55.	
c Accounting	151,226.	19,863.	129,948.	1,415.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,460.		3,460.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	101,076.	47,572.	52,417.	1,087.
12 Advertising and promotion	45,948.	30,676.	15,272.	
13 Office expenses	265,907.	209,555.	56,352.	
14 Information technology	96,995.	55,995.	41,000.	
15 Royalties	1,100.		1,100.	
16 Occupancy	122,327.	85,715.	36,612.	
17 Travel	145,088.	87,306.	57,782.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,186,008.	18,926,564.	1,259,444.	
20 Interest	121,384.	15,355.	106,029.	
21 Payments to affiliates	43,762.	43,762.		
22 Depreciation, depletion, and amortization				
23 Insurance	231,857.	173,163.	58,694.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	155,479.	126,955.	28,524.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	23,517,232.	20,938,784.	2,546,227.	32,221.
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. GROUP RETURN**

Form 990 (2021)

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	11,136,677.	1	10,807,054.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	1,415,203.	11	1,103,316.
	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 33)	12,551,880.	16	11,910,370.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,551,880.	27	11,910,370.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,551,880.	32	11,910,370.
	33 Total liabilities and net assets/fund balances	12,551,880.	33	11,910,370.

Form **990** (2021)

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

Form 990 (2021)

23-7079474 Page **12**

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	23,082,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,517,232.
3	Revenue less expenses. Subtract line 2 from line 1	3	-434,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,551,880.
5	Net unrealized gains (losses) on investments	5	-172,120.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-650,024.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	615,539.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,910,370.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on 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? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1307454.	1508275.	1298823.	1267750.	1625862.	7008164.
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	24498630.	27086628.	16604139.	5353383.	21198915.	94741695.
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	25806084.	28594903.	17902962.	6621133.	22824777.	101749859
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.)						101749859

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	25806084.	28594903.	17902962.	6621133.	22824777.	101749859
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	130,221.	152,871.	79,899.	488,120.	6,853.	857,964.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	130,221.	152,871.	79,899.	488,120.	6,853.	857,964.
11 Net income from unrelated business activities not included on 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.)	218,533.	106,530.	127,589.	51,012.	237,592.	741,256.
13 Total support. (Add lines 9, 10c, 11, and 12.)	26154838.	28854304.	18110450.	7160265.	23069222.	103349079

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	98.45 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	98.51 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.83 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.98 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

Schedule A (Form 990) 2021

23-7079474 Page 6

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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).		

Schedule A (Form 990) 2021

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

Schedule A (Form 990) 2021

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

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

2017 AMOUNT: \$ 218,533.

2018 AMOUNT: \$ 106,530.

2019 AMOUNT: \$ 127,589.

2020 AMOUNT: \$ 51,012.

2021 AMOUNT: \$ 237,592.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization DISTRIBUTIVE EDUCATION CLUBS OF AMERICA, INC. GROUP RETURN	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
1	<hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>128,607.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>87,885.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>65,217.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>60,000.</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. GROUP RETURN	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	<hr/> <hr/> <hr/>	\$ <u>59,992.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>30,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>28,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>26,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>26,000.</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. GROUP RETURN	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	<hr/> <hr/> <hr/>	\$ <u>23,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>22,197.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>15,669.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>13,100.</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. GROUP RETURN	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		\$ <u>12,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ <u>7,500.</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. GROUP RETURN	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	<hr/> <hr/> <hr/>	\$ <u>7,385.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>5,000.</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. GROUP RETURN	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. GROUP RETURN	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 CIR - NORTH POLE, AK 99705-6597	23-7066212
AL DECA	50 N RIPLEY ST, SUITE 3311 - MONTGOMERY, AL 36130	63-6155284
AR DECA	3 CAPITOL MALL - LITTLE ROCK, AR 77201-1013	71-6059985
AZ DECA-COLLEGIATE DECA	PO BOX 1440 - OWASSO, OK 74055	86-6052333
CA DECA	PO BOX 1440 - OWASSO, OK 74055-1440	91-1918358
CO DECA	9101 E LOWRY BLVD - DENVER, CO 80230	84-6044839
CT DECA	72 GOODSPEED AVE - MERIDEN, CT 06451	51-0164028
FLORIDA COLLEGIATE DECA ASSOCIATION AND FOUNDATION, INC.	1169 STONEHAM DR, LAKE COUNTY - GROVELAND, FL 34736	81-3977195
FL DECA	PO BOX 770969 - WINTER GARDEN, FL 34777	59-6173273
GA DECA	PO BOX 189 - OXFORD, GA 30054-0189	58-6053488
HI DECA	475 22ND AVE RM 217 - HONOLULU, HI 96816-4400	99-6011098
IA DECA	308 W 3RD ST - SUMNER, IA 50674	42-6093339
ID DECA - COLLEGIATE DECA	650 W STATE ST, STE 324 - BOISE, ID 83702-5936	51-0164044
IL DECA	1131 MONTICELLO DR - AURORA, IL 60506-5741	37-6058635

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

IN DECA	12631 WEST RD - ZIONSVILLE, IN 46077-9212	35-6065007
KANSAS DECA INC.	900 SW JACKSON ST - TOPEKA, KS 67601	81-4336891
KY DECA	300 SOWER BLVD. 5TH FLOOR - FRANKFORT, KY 40601	61-6033495
LA DECA	26236 WAX RD. - DENHAM SPRINGS, LA 70726	72-6025338
MA DECA	BUNKER HILL COMMUNITY COLLEGE, 250 RUTHERFORD AVE., BOX 101 - BOSTON, MA 02	04-6139055
MD DECA	200 WEST BALTIMORE STREET, 3RD FLOOR - BALTIMORE, MD 21201	52-6066963
ME DECA	PO BOX 397 - CONCORD, NH 03302	23-7066211
MI COLLEGIATE DECA	3831 S GLEANER RD - SAGINAW, MI 48609-9111	90-0518859
MI DECA	PO BOX 980432 - YPSILANTI, MI 48198-0432	38-6119972
MN COLLEGIATE DECA	9875 221ST AVE NW - ELK RIVER, MN 55330	41-6039597
MN DECA	21576 NE PICKEREL LAKE RD - DETROIT LAKES, MN 56501-7524	90-0518858
FOUNDATION FOR MO DECA	205 JEFFERSON STREET - JEFFERSON CITY, MO 65101	26-2739430
MO DECA-COLLEGIATE DECA	205 JEFFERSON STREET - JEFFERSON CITY, MO 65101	43-6064528
MS DECA-COLLEGIATE DECA	359 N WEST ST - JACKSON, MS 39201-1502	64-6028211
MT DECA	502 S 19TH AVE STE 108B - BOZEMAN, MT 59718-6827	81-6017160
NC DECA	PO BOX 27 - PITTSBORO, NC 27312-0027	56-6073305
ND DECA-COLLEGIATE DECA	600 E BOULEVARD AVE DEPT 270 - BISMARCK, ND 58505-0602	45-6015497
NE DECA	PO BOX 95072 - LINCOLN, NE 68510	47-0794142
NH DECA	1 QUINCY LANE - MERRIMACK, NH 03054	23-7174475
NJ DECA	C/O KEAN UNIVERSITY, 1000 MORRIS AVE - UNION, NJ 07083-7133	22-6066043
NM DECA	1500 S AVE K ENMU STATION 61 - PORTALES, NM 88130	51-0164058
NV DECA	PO BOX 1440 - OWASSO, OK 74055	88-6006805
NY DECA	285 HILL RD - GOSHEN, NY 10924	14-6035822
OH DECA	25 S FRONT ST MSC 604 - COLUMBUS, OH 43215-4176	31-6035469
OK DECA	1500 W 7TH AVE - STILLWATER, OK 74074-4398	73-6108722
OR DECA	PO BOX 1440 - OWASSO, OK 74055-1440	93-6037452
PA DECA	306 S 13TH ST APT 5 - PHILADELPHIA, PA 19107-5963	23-6416579
RI COLLEGIATE DECA	14 JAFFREY STREET - JOHNSTON, RI 02919	05-0395332

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

23-7079474

RI DECA	125 EMERSON RD - HARRISVILLE, RI 02830-1001	91-1918365
SC DECA	427 TRAILSSEND ST - ROCK HILL, SC 29732-1041	57-6028893
SD DECA	BEACOM SCHOOL OF BUSINESS, ROOM 108, 414 EAST CLARK STREET - VERMILLION, SD	46-6017083
TX COLLEGIATE DECA	6642 N. RIVERSIDE DR., #610 - FORT WORTH, TX 76137	91-1918388
TX DECA	6642 N. RIVERSIDE DR., #610 - FORT WORTH, TX 76137	74-6052810
UT DECA-COLLEGIATE DECA	PO BOX 978 - CLEARFIELD, UT 84089	87-6123242
VA DECA	PO BOX 310 - QUINTON, VA 23141-0310	54-6052332
WA COLLEGIATE DECA	3000 LANDERHOLM CIR SE A254 - BELLEVUE, WA 98007-6406	91-1602361
WA DECA	16040 CHRISTENSEN RD STE 215 - TUKWILA, WA 98188-2966	91-1308496
WI COLLEGIATE DECA	2453 WAUKESHA ROAD - CALEDONIA, WI 53108	91-1918374
WI DECA	125 SOUTH WEBSTER STREET - MADISON, WI 53707	39-6095491
WV DECA	PO BOX 323 - ROMNEY, WV 26757-0323	55-6028198
WYOMING ASSOCIATION OF DECA	164 TOPONCE DR. - EVANSTON, WY 82930	83-6009360

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS NOT INCLUDED IN GROUP RETURN

STATEMENT 2

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
DE DECA	401 FEDERAL ST DEPT OF ED - DOVER, DE 19901-3639	51-6019989
VT DECA	628 BORDOVILLE RD - ENOSBURG FLS, VT 05450-5830	03-6012617

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, staff hours, expenses, and 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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 make significant use of its collection items (check all that apply):
- | | |
|--|--|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange program</p> <p>e <input type="checkbox"/> Other _____</p> |
|--|--|
- 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	651,788.	648,402.	651,080.	607,767.	38,358.
b Contributions				12,175.	
c Net investment earnings, gains, and losses	-43,768.	6,586.	-678.	34,338.	1,869.
d Grants or scholarships	3,200.	3,200.	2,000.	3,200.	3,230.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	604,820.	651,788.	648,402.	651,080.	36,997.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 100 %
- b Permanent endowment ▶ .0000 %
- c Term endowment ▶ .0000 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | X |
- 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. GROUP RETURN**

Schedule D (Form 990) 2021

23-7079474 Page **3**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

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.

EASTERN MICHIGAN UNIVERSITY FOUNDATION OPENED AN ENDOWMENT FUND TO PROVIDE SUPPORT TO MICHIGAN DECA IF THE STATE OF MICHIGAN DECIDES TO QUIT OR REDUCE FUNDING TO MICHIGAN DECA.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

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))
		EMERGING LEADERS LUNC (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	38,910.		38,910.
	2	Less: Contributions	0.		
	3	Gross income (line 1 minus line 2)	38,910.		38,910.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,563.		1,563.
	8	Entertainment			
	9	Other direct expenses	1,455.		1,455.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				35,892.

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			
	2	Cash prizes			
Direct Expenses	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: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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

2021

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Inspection**

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

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GRANADA HILLS CHARTER SCHOOL 10535 ZELZAH AVENUE GRANADA HILLS, CA 91344	05-0570400	501(C)(3)	6,724.	0.			CHAPTER SUPPORT
MONTA VISTA HIGH SGOOL 21840 MCELLAN ROAD CUPERTINO, CA 95014	77-0296140	501(C)(3)	6,290.	0.			CHAPTER SUPPORT

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

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) 2021

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

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	894	188,924.	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. \$188,924 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 THEY WERE ALL AWARDED AS SCHOLARSHIPS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,
INC. GROUP RETURN

Employer identification number
23-7079474

FORM 990, LINE H(B), STATEMENT 1, AFFILIATED ORGANIZATIONS IN GROUP RETURN:
THE FOLLOWING AFFILIATED ORGANIZATIONS WERE NOT LISTED ON STATEMENT 1
AS INCLUDED IN THE GROUP RETURN. THEIR FINANCIAL INFORMATION AND OTHER
DISCLOSURES HAVE BEEN REPORTED IN THE GROUP FILING, AND THEY ARE
WORKING THROUGH REINSTATEMENT EFFORTS TO BE PROPERLY REFLECTED IN THE
IRS DATABASE RECORDS.

CENTRAL REGION DECA - PO BOX 980432, YPSILANTI, MI 48189 - EIN
83-2124806

TENNESSEE DECA - 710 JAMES ROBERTSON PARKWAY, ANDREW JOHNSON TOWER,
11TH FLOOR, NASHVILLE, TN 37243 - EIN 62-6063230

WESTERN REGION OF DECA - 11037 GREENVIEW NE, ALBUQUERQUE, NM 87111 -
EIN 04-3523567

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.

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

Schedule O (Form 990) 2021

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

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:

NEW AFFILIATES IN RETURN	615,539.
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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

2021

Open to Public Inspection

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

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. GROUP RETURN**

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)			

DISTRIBUTIVE EDUCATION CLUBS OF AMERICA,

INC. GROUP RETURN

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

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

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

Part VII Supplemental Information

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

Horizontal lines for supplemental information.