# OFFICER INFORMATION



**GENERAL INFORMATION**
NAME: DAVID GUTSCHICK

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**

| | |
|---|---|
| PRINCIPAL? | NO |
| SIGNATURE? | NO |
| USE ORG ADDR? | NO |

**OTHER INFORMATION**

| | |
|---|---|
| POSITION | TRUSTEE/DIRECTOR |
| BOOKS IN CARE? | NO |
| FORMER? | NO |
| TITLE | DIRECTOR |
| OFFICER TYPE | INDIVIDUAL |

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**
EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**
FIRST:
SECOND:
THIRD:
OTHER:

Need all our addresses?

# OFFICER INFORMATION



**GENERAL INFORMATION**

NAME: VINCENT GUTSCHICK
VINCENT GUTSCHICK
ADDRESS 4904 CALABAZILLA DRIVE

CITY, STATE ZIP CODE: LAS CRUCES, NM 88011
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**

PRINCIPAL? YES
SIGNATURE? YES
USE ORG ADDR? YES

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER
BOOKS IN CARE? YES
FORMER? NO
TITLE CHAIRMAN OF BOARD
OFFICER TYPE INDIVIDUAL

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**

EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**

NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST:
SECOND:
THIRD:
OTHER:

# OFFICER INFORMATION



**GENERAL INFORMATION**
NAME: KIMBERLY CICHUNIEC

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? NO

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**
EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**
FIRST:
SECOND:
THIRD:
OTHER:

Remove

# OFFICER INFORMATION



**GENERAL INFORMATION**
NAME: PAUL DEASON

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? NO

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**
EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**
FIRST:
SECOND:
THIRD:
OTHER:

**GENERAL INFORMATION**
NAME: PRITISH CHAMANIA

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? NO

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR AND OFFICER
BOOKS IN CARE? NO
FORMER? NO
TITLE TREASURER
OFFICER TYPE INDIVIDUAL

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**
EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**
FIRST:
SECOND:
THIRD:
OTHER:

# OFFICER INFORMATION



**GENERAL INFORMATION**

NAME: SUSANNA SALAMANCA-RIBA

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**

| | |
|---|---|
| PRINCIPAL? | NO |
| SIGNATURE? | NO |
| USE ORG ADDR? | NO |

**OTHER INFORMATION**

| | |
|---|---|
| POSITION | TRUSTEE/DIRECTOR |
| BOOKS IN CARE? | NO |
| FORMER? | NO |
| TITLE | DIRECTOR |
| OFFICER TYPE | INDIVIDUAL |

| COMPENSATION | ORGANIZATION | RELATED |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| SCHEDULE J | ORGANIZATION | RELATED |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**

EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**

| | |
|---|---|
| PROGRAM SERVICE: | |
| MANAGEMENT & GENERAL: | |
| FUNDRAISING: | |

**INCOME ALLOCATION**

| | |
|---|---|
| NET INVESTMENT: | |
| ADJUSTED NET: | |
| CHARITABLE PURPOSE: | |

**PROGRAM SERVICE ACCOMPLISHMENTS**

| | |
|---|---|
| FIRST: | |
| SECOND: | |
| THIRD: | |
| OTHER: | |

**GENERAL INFORMATION**
NAME: ELIZABETH BRASHER

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

**HOURS PER WEEK**
ORGANIZATION:
RELATED:

**CONTACT**
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? NO

**OTHER INFORMATION**

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR/ INSTRUCTOR
OFFICER TYPE INDIVIDUAL

| **COMPENSATION** | **ORGANIZATION** | **RELATED** |
|---|---|---|
| BASE: | | |
| BONUS/INCENTIVE: | | |
| OTHER: | | |
| RETIREMENT/DEFERRED BENEFITS: | | |
| OTHER COMP/NONTAXABLE: | | |

| **SCHEDULE J** | **ORGANIZATION** | **RELATED** |
|---|---|---|
| NONTAXABLE BENEFITS: | | |
| PRIOR YEAR: | | |

**OTHER**
EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

**SCHEDULE K**
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

**FUNCTIONAL EXPENSE ALLOCATION**
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

**INCOME ALLOCATION**
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**
FIRST:
SECOND:
THIRD:
OTHER: