

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 405 N JEFFERSON ROOM/SUITE 1040N
City or town, state or province, country, and ZIP or foreign postal code: SPRINGFIELD, MO 65806

D Employer identification number

43-6098687

E Telephone number

(417) 827-5697

F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.AITPSRINGFIELD.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [X] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 115,078

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 73,545, 31,154, 386, 2,293, 107,378, 71,275, 36,103, 12,785, 48,888.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,785	22 48,888
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	12,785	25 48,888
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,785	27 48,888

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)





What is the organization's primary exempt purpose?
EDUCATION & NETWORKING OF INFORMATION TECH PROFESSIONALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 EDUCATION & NETWORKING PROVIDED MONTHLY MEETING FOR 175 MEMBERS TO NETWORK & RECEIVE EDUCATION VIA PROFESSIONAL PRESENTATIONS ON TECHNICAL TOPICS IN THE IT FIELD (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,388
29 HELD 4TH ANNUAL "TECH IT OUT" CONFERENCE IN SPRINGFIELD, MO THIS IS AN ALL-DAY INFORMATION TECHNOLOGY EXPO AND SHOWCASE FEATURING PRODUCT DISPLAYS AND EDUCATIONAL SEMINARS FROM VARIOUS IT COMPANIES 650 ATTENDEES, 55 EXHIBITORS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	42,887
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	71,275

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON AMSCHLER  VICE PRESID	1 00	0		
NICOLE PLOWMAN  SECRETARY	2 00	0		
ERIC HAM  TREASURER	3 00	0		
RYAN UZZELL  PRESIDENT	5 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) questions 33-45b regarding organizational activities, financials, and compliance. Includes questions about significant activities, changes to documents, unrelated business income, political expenditures, loans, and foreign accounts.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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
ERIC HAM TREASURER
Type or print name and title
2014-08-07
Date

Paid Preparer Use Only
Print/Type preparer's name: TERRY BREAZEALE
Preparer's signature: _____
Date: 2014-08-14
Check if self-employed
PTIN: P00002298
Firm's name: STURHAHN BREAZEALE & COMPANY PC
Firm's EIN: 43-1734818
Firm's address: 3534 E SUNSHINE ST STE D
SPRINGFIELD, MO 658092913
Phone no: (417) 887-4288

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
ASSOCIATION OF INFORMATION
TECHNOLOGY PROFESSIONALS

Employer identification number

43-6098687

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES TIO CONFERENCE MKTING 4,874 PLANNING MEETINGS 2,876 MEMBERSHIP MARKETING 2,267 PAYMENT/BANKING FEES 2,113 DUES TO NAT'L ORG (NET) 10,485 MEALS FOR BOARD MEETINGS 5,499 MEETING/SPEAKER SUPPLIES 6,914 IT EVENT SPEAKER 500 PAYMENT FEES 393 IT EVENT PRIZES/TSHIRTS 3,235 IT EVENT REFUNDS 2,594 CROSSLINES DONATION 2,000 TOTAL 43,750
FORM 990-EZ, PART III, LINE 29	HELD 4TH ANNUAL "TECH IT OUT" CONFERENCE IN SPRINGFIELD, MO THIS IS AN ALL-DAY INFORMATION TECHNOLOGY EXPO AND SHOWCASE FEATURING PRODUCT DISPLAYS AND EDUCATIONAL SEMINARS FROM VARIOUS IT COMPANIES 650 ATTENDEES, 55 EXHIBITORS

TY 2013 Compensation Explanation

Name: ASSOCIATION OF INFORMATION
TECHNOLOGY PROFESSIONALS

EIN: 43-6098687

Person Name	Explanation
JASON AMSCHLER	
NICOLE FLOWMAN	
ERIC HAM	
RYAN UZZELL	