

Association of Information  
Technology Professionals

2015

Income Tax Return

**KPM**

**CPAS & ADVISORS**

1445 E. Republic Road | Springfield, MO 65804

417-882-4300 | Fax: 417-882-4343

[www.kpmcpa.com](http://www.kpmcpa.com)

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**ASSOCIATION OF INFORMATION  
TECHNOLOGY PROFESSIONALS**

\*\*-\*\*\*8687

**Net Asset / Fund Balance at Beginning of Year** 48,660

**Revenue**

Contributions				
Program service revenue		<u>145,642</u>		
Investment income				
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	<u>10,110</u>			
Direct expenses	<u>4,458</u>			
Net income		<u>5,652</u>		
Other income				
<b>Total revenue</b>			<u>151,294</u>	

**Expenses**

Program services				
Management and general				
Fundraising				
<b>Total expenses</b>			<u>127,336</u>	
<b>Excess / (deficit)</b>				<u>23,958</u>

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 72,618

**Reconciliation of Revenue**

Total revenue per financial statements				
Less:				
Unrealized gains				
Donated services				
Recoveries				
Other				
Plus:				
Investment expenses				
Other				
<b>Total revenue per return</b>				

**Reconciliation of Expenses**

Total expenses per financial statements				
Less:				
Donated services				
Prior year adjustments				
Losses				
Other				
Plus:				
Investment expenses				
Other				
<b>Total expenses per return</b>				

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>48,660</u>	<u>72,618</u>	
Liabilities			
<b>Net assets</b>	<u>48,660</u>	<u>72,618</u>	<u>23,958</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 08/15/16  
 Failure to file penalty \_\_\_\_\_



June 21, 2016

**CONFIDENTIAL**

Association of Information  
Technology Professionals  
405 N. Jefferson Avenue  
Springfield, MO 65806-1110

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

KPM CPAs, PC

## **Filing Instructions**

### **Association of Information Technology Professionals**

#### **Exempt Organization / Private Foundation Tax Return(s)**

#### **Taxable Year Ended December 31, 2015**

##### **Federal Filing Instructions**

None is required. Your Form 990-EZ for the year ended 12/31/15 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

KPM CPAs, PC  
1445 E Republic Rd  
Springfield, MO 65804

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or fiscal year beginning . . . . ., 2015, and ending . . . . ., 20 . . . . .

**u Do not send to the IRS. Keep for your records.**

**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2015

Name of exempt organization	<b>ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS</b>	Employer identification number	<b>** - *** 8687</b>
Name and title of officer	<b>RYAN UZZELL PRESIDENT</b>		

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	<b>151,294</b>
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

##### Officer's PIN: check one box only

I authorize **KPM CPAS, PC** to enter my PIN **10299** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } **05/31/16**

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**\*\*\*\*\***  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **BARBARA J. HOUSER, CPA** Date } **05/31/16**

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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 foundations)

OMB No. 1545-1150

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

} Do not enter social security numbers on this form as it may be made public.

} Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Name of organization <b>ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS</b>	<b>D</b> Employer identification number <b>** - *** 8687</b>	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number <b>417-818-6390</b>
<input type="checkbox"/> Initial return		<b>405 N. JEFFERSON AVENUE</b>	<b>F</b> Group Exemption Number <b>u</b>
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return		<b>SPRINGFIELD MO 65806-1110</b>	
<input type="checkbox"/> Application pending			

**G** Accounting Method:  Cash  Accrual Other (specify)                     

**H** Check  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)  501(c) ( **6** ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  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 u \$ **155,752**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		u \$
Check if the organization used Schedule O to respond to any question in this Part I <span style="float: right;"><input checked="" type="checkbox"/></span>		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b> <b>113,000</b>
	<b>3</b> Membership dues and assessments	<b>3</b> <b>32,642</b>
	<b>4</b> Investment income	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>
	<b>6</b> Gaming and fundraising events	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>
<b>b</b> Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b> <b>10,110</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b> <b>4,458</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b> <b>5,652</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less: cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b> <b>151,294</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b> <b>1,489</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b> <b>1,800</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b> <b>124,047</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b> <b>127,336</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> <b>23,958</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b> <b>48,660</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b> <b>72,618</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

**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	48,660	22	72,618
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	48,660	25	72,618
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,660	27	72,618

**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

What is the organization's primary exempt purpose?

EDUCATION & NETWORKING OF INFORMATION TECH PROFESSIONALS

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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 AND NETWORKING PROVIDED MONTHLY THROUGH MEETINGS FOR 240 MEMBERS TO NETWORK AND RECEIVE EDUCATION VIA PROFESSIONAL PRESENTATIONS ON TECHNICAL TOPICS IN THE IT FIELD. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u <input type="checkbox"/>	28a
29	SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	u <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	u	32

**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
RYAN UZZELL PRESIDENT	3.00	0	0	0
JASON KLEIN VICE PRESIDENT	2.00	0	0	0
DAVE SHARON SECRETARY	2.00	0	0	0
DEK PRENTICE TREASURER	3.00	0	0	0
ROBIN BYLER PAST PRESIDENT	2.00	0	0	0
ERIC HAM DIRECTOR	2.00	0	0	0
RANDY BAKER DIRECTOR	5.00	0	0	0
LUKE SHEPARD DIRECTOR	2.00	0	0	0
JEREMY BARTLEY DIRECTOR	2.00	0	0	0
MICHELLE HULETT DIRECTOR	2.00	0	0	0
RUSS ANDREWS DIRECTOR	2.00	0	0	0
NICK LOFARO DIRECTOR	2.00	0	0	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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)? If "Yes," enter the name of the foreign country:
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)



	Yes	No
<b>46</b> 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 .....		<b>X</b>

**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
<b>47</b> 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 .....		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....		
<b>b</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 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.

<b>Sign Here</b>	Signature of officer	Date
	<b>RYAN UZZELL</b> Type or print name and title	<b>PRESIDENT</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>BARBARA J. HOUSER, CPA</b>	<b>BARBARA J. HOUSER, CPA</b>	<b>06/21/16</b>		<b>*****</b>
	Firm's name } <b>KPM CPAS, PC</b>	Firm's EIN } <b>** - ***9768</b>			
	Firm's address } <b>1445 E REPUBLIC RD</b> <b>SPRINGFIELD, MO 65804</b>	Phone no. <b>417-882-4300</b>			

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2015**Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**ASSOCIATION OF INFORMATION  
TECHNOLOGY PROFESSIONALS**

Employer identification number

**\*\* - \*\*\*8687****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION** **AMOUNT****EXPENSES**

<b>ADVERTISING AND PROMOTION</b>	<b>\$</b>	<b>192</b>
<b>OFFICE</b>	<b>\$</b>	<b>3,648</b>
<b>INFORMATION TECHNOLOGY</b>	<b>\$</b>	<b>21,035</b>
<b>TRAVEL</b>	<b>\$</b>	<b>110</b>
<b>CONFERENCES/MEETINGS</b>	<b>\$</b>	<b>14,419</b>
<b>INSURANCE</b>	<b>\$</b>	<b>364</b>
<b>DUES &amp; SUBSCRIPTIONS</b>	<b>\$</b>	<b>485</b>
<b>MEMBERSHIP CARE</b>	<b>\$</b>	<b>1,329</b>
<b>DUES TO NAT'L AITP</b>	<b>\$</b>	<b>17,075</b>
<b>SCHOLARSHIPS</b>	<b>\$</b>	<b>4,000</b>
<b>BANK FEES</b>	<b>\$</b>	<b>2,614</b>
<b>TIO EVENT EXPENSES</b>	<b>\$</b>	<b>23,239</b>
<b>TIO EVENT MARKETING</b>	<b>\$</b>	<b>9,392</b>
<b>TIO EVENT PRIZES</b>	<b>\$</b>	<b>2,004</b>
<b>TIO EVENT FACILITY/FOOD</b>	<b>\$</b>	<b>22,891</b>
<b>CHARITABLE CONTRIBUTIONS</b>	<b>\$</b>	<b>1,250</b>
<b>TOTAL</b>	<b>\$</b>	<b>124,047</b>

**FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT**

**HELD 6TH 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. 800 ATTENDEES, 55**

Name of the organization

Employer identification number

**ASSOCIATION OF INFORMATION**

**\*\* - \*\*\*8687**

**EXHIBITORS.**

**FORM 990-EZ, PART V - PERSONAL BENEFIT CONTRACT**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS,**

**DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL**

**BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR,**

**PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL**

**BENEFIT CONTRACT.**