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Form 990-EZ

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOFTWARE INFORMATION AND TECHNOLOGY ASSOCIATION OF KANSAS INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 8527 BLUEJACKET ST. City or town, state or country, and ZIP + 4: LENEXA, KS 66214

D Employer identification number: 26-2852304. E Telephone number. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [x] Other (specify)

I Website: N/A

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

J Organization type (check only one): [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 67,019

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows 22-27 include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? To operate as an alliance network for members of the Corporation for the purpose of the creation, growth and success of Kansas' software and information technology industry		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 Expenses incurred are to serve the members of the organization and attract new members to join the organization (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	No
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 unpaid at the start of the period covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 <i>501(c)(7) organizations.</i> Enter		
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41 List the states with which a copy of this return is filed ▶ <u>KS</u>		
42a The books are in care of ▶ <u>LIREL HOLT</u> Telephone no ▶ <u>(913) 438-2282</u> 8527 BLUEJACKET ST Located at ▶ <u>LENEXA, KS</u> ZIP + 4 ▶ <u>66214</u>		
b 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)?	42b	No
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No
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 <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44 Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating 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?		
49b If "Yes," was the related organization(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here

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.

Signature of officer _____ Date 2010-06-04

Lirel Holt, Chairman
Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: JAMES M LONG Date: _____ Check if self-employed: Preparer's PTIN (See Gen Inst X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: LONG CPA PA, 10115 CHERRY LN, LENEXA, KS 662209763
EIN: _____ Phone no: (913) 829-7676

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

Additional Data**Software ID:****Software Version:****EIN:** 26-2852304**Name:** SOFTWARE INFORMATION AND TECHNOLOGY
ASSOCIATION OF KANSAS INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Miriam Ubben 8527 Bluejacket Street Lenexa, KS 66214	President 40 00	0		
Rob Herrington 10 East Ninth St Ste G Lawrence, KS 66044	Boardmember 0	0		
Wayne Morgan 3500 W 75th St Ste 350 Prairie Village, KS 66208	Boardmember 0	0		
Joseph Evans 2335 Irving Hill Road Lawrence, KS 66045	Boardmember 0	0		
Trish Brasted 7829 E Rockhill Rd 307 Wichita, KS 67206	Boardmember 0	0		
Ann Martin 3718 N Rock Road Wichita, KS 67226	Boardmember 0	0		
Michelle Weigand 214 SW 6th Topeka, KS 66603	Boardmember 0	0		
Virgil Wallentine 234 Nichols Hall Manhattan, KS 66506	Boardmember 0	0		
Ravi Pendse 109 Morrison Hall Wichita, KS 67260	Boardmember 0	0		
John Repko PO Box 40331 Overland Park, KS 66204	Boardmember 0	0		
Joel Wiggins 8527 Bluejacket St Lenexa, KS 66214	Boardmember 0	0		
Scott Coons 22701 W 68th Terrace Shawnee, KS 66226	Boardmember 0	0		
Clint Batman 1617 St Andrews Dr Ste 201 Lawrence, KS 66047	Boardmember 0	0		
Toby Rush 8527 Bluejacket St Lenexa, KS 66214	Boardmember 0	0		
Randy Roebuck 301 S Grove Wichita, KS 67211	Boardmember 0	0		
Laurie Minard 1200 E 151st St Olathe, KS 66062	Boardmember 0	0		
Lirel Holt 16200 Foster St Overland Park, KS 66085	Vice Chairman 0	0		
Perry Puccetti 6330 Lamar Ste 230 Overland Park, KS 66202	Treasurer 0	0		
Neal Sharma 10808 Mastin St 130 Overland Park, KS 66210	Secretary 0	0		
Joel Keller 125 N Emporia Ste 100 Wichita, KS 67202	Chairman 0	0		

TY 2008 Other Assets Schedule

Name: SOFTWARE INFORMATION AND TECHNOLOGY
ASSOCIATION OF KANSAS INC

EIN: 26-2852304

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges		1,290
Accounts Receivable		1,975

TY 2008 Other Expenses Schedule

Name: SOFTWARE INFORMATION AND TECHNOLOGY
ASSOCIATION OF KANSAS INC

EIN: 26-2852304

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
TELEPHONE	153
SUPPLIES	158
Conferences, Conventions, and Meetings	544
BANK FEES	742
Advertising and Promotion	5,339

TY 2008 Other Liabilities Schedule

Name: SOFTWARE INFORMATION AND TECHNOLOGY
ASSOCIATION OF KANSAS INC

EIN: 26-2852304

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses		1,438