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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2011 calendar year, or tax year beginning 01 July, 2011, and ending 30 June, 20 12

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Association for Configuration & Data Management
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 58888
 City or town, state or country, and ZIP + 4
Salt Lake City, UT 84158-8888

D Employer identification number
87 0506707

E Telephone number
864-882-6387

F Group Exemption Number ▶ **501 (c) (6)**

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.acdm.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ NA

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								0			
	2	Program service revenue including government fees and contracts																								0			
	3	Membership dues and assessments																								1910			
	4	Investment income																								10			
	5a	Gross amount from sale of assets other than inventory																								0			
	5b	Less: cost or other basis and sales expenses																								0			
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								0			
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																								0			
	6b	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)																								29,358			
6c	Less: direct expenses from gaming and fundraising events																								59,033				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								(29,675)				
7a	Gross sales of inventory, less returns and allowances																								0				
7b	Less: cost of goods sold																								0				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								0				
8	Other revenue (describe in Schedule O)																								0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								(27,775)				
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								0			
	11	Benefits paid to or for members																								0			
	12	Salaries, other compensation, and employee benefits																								0			
	13	Professional fees and other payments to independent contractors																								3,927			
	14	Occupancy, rent, utilities, and maintenance																								0			
	15	Printing, publications, postage, and shipping																								425			
	16	Other expenses (describe in Schedule O)																								0			
	17	Total expenses. Add lines 10 through 16																								4,352			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								(32,107)			
	19	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)																								54,176			
	20	Other changes in net assets or fund balances (explain in Schedule O)																								0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								22,060			

For Paperwork Reduction Act Notice, see the separate instructions.

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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	54,167	22 22,060
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	54,167	25 22,060
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)	54,167	27 22,060

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? Conduct conferences for members to discuss CM & DM.

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.

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

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	NA
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	NA
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	NA
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	NA
32 Total program service expenses (add lines 28a through 31a)	32	0

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 address	(b) Title and 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
Cindy Hauer 481 Brenda Dr, Madison, AL 35758	President, 8 Hours	0	0	0
Bonnie Johnson 480 S Churchhill Dr, Gilbert, Arizona 85296	VP Education, 6 Hours	0	0	0
Joe Roman 199 Borton Landing Rd., Moorestown, NJ 08057	VP Services, 6 Hours	0	0	0
Shirie Zulkoski 634 W Coso Ave., Ridgecrest, CA 93555	Secretary, 8 Hours	0	0	0
Ram White 1711 Merrimac Circle, Seneca, SC 29672	Treasurer, 6 Hours	0	0	0
Brian Roeder 5153 Fieldstone Trail, Canandaigua, NY 14424	CM Chair, 4 Hours	0	0	0
Rachel Verdugo 1457 W. Calle De La Plaza, Sahuarita, AZ 85629	DM Chair, 4 Hours	0	0	0
Pete Nance 300 Carlsbad Vill Dr, 108A-295, Carlsbad, CA 92008-2999	BOG Member, 2 Hours	0	0	0
Steve Easterbrook 100 Lake Ridge Dr, Forest, VA 24551	BOG Member, 2 Hours	0	0	0
Thad Henry NASA, VP31, Marshall Space Flight Center, AL 35812	BOG Member, 2 Hours	0	0	0
Donnett Murphy 6723 Odyssey Drive Northwest, Huntsville, AL 35806	BOG Member, 2 Hours	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

		Yes	No
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)?		✓
b	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. ▶ 37a _____		
b	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?		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a NA		
b	Gross receipts, included on line 9, for public use of club facilities 39b NA		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) 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		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NA		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ NA		
e	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.		
40e			
41	List the states with which a copy of this return is filed. ▶ Utah		
42a	The organization's books are in care of ▶ R. A. M. White Telephone no. ▶ 864-882-6387 Located at ▶ 1711 Merrimac Circle, Seneca, SC ZIP + 4 ▶ 29672-2392		
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)? 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.	Yes	No
42b			✓
c	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: _____	Yes	No
42c			✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 43 0		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44a			✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44b			✓
c	Did the organization receive any payments for indoor tanning services during the year?	Yes	No
44c			✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Yes	No
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	No
45a			✓
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
45b			✓

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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 address of each employee paid more than \$100,000	(b) Title and 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."

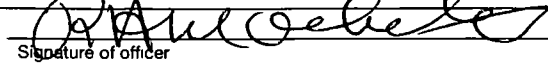
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

	12-Nov-2012
Signature of officer	Date
R. A. M. White, Treasurer	
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		<u>Tech Conference</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	29,358			29,358
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,358			29,358
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	40,137			40,137
	8 Entertainment				
	9 Other direct expenses	18,896			18,896
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(59,033)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				(29,675)	

Part III Gaming. Complete if the organization answered "Yes" to 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				
Direct Expenses	2 Cash prizes				
	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. Combine line 1, column d, and line 7 ▶				

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate 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: _____
- _____

