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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or th	ne 2011 calendar year, or tax year beginning 07/01, 20	11, and end	ding		06/30,2	0 12
_		C Name of organization	N ATTACHET	,	D Employer ide	ntification nur	nber
В с	heck if a	BUSINESS TECHNOLOGY ASSOCIATION	A VI IVOLIET		95-162	4714	
	Addre						
	Name	Number and street (or P O box if mail is not delivered to street address)	E Telephone nu	ımber			
	Initial	12411 WORNALL ROAD	3-4030				
	Term	City or town, state or country, and ZIP + 4					
	Amer				G Gross receipt	s \$ 1	,268,138.
L	Appli pend	F Name and address of principal officer BRENT HOSKINS			H(a) is this a grou affiliates?	p return for	Yes X No
		12411 WORNALL ROAD KANSAS CITY, MO 64145			H(b) Are all affiliat	es included?	Yes No
L		xempt status 501(c)(3) X 501(c) (6)	1) or	527	if "No," attac	halist (see instru	ictions)
J	Websi	ite. ▶ WWW.BTA.ORG			H(c) Group exemp	otion number	
K	Form	of organization X Corporation Trust Association Other ▶	L Yea	r of format	ion 1926 M	State of legal de	omicile IL
Pa	rt l	Summary					
	1	Briefly describe the organization's mission or most significant activities.					
Ð		THE BUSINESS TECHNOLOGY ASSOCIATION PROVIDES A	WIDE V	ARIET	Y OF		
апс	l	SERVICES, INFORMATION, EDUCATION RESOURCES, AN			NS TO ITS		
Governance		MEMBERS IN THE BUSINESS EQUIPMENT AND SYSTEMS	INDUSTR	Y.			
30	2	Check this box ▶ ☐ if the organization discontinued its operations or disposition			ı	,	
ರ	3	Number of voting members of the governing body (Part VI, line 1a)				3	7.
ties	4	Number of independent voting members of the governing body (Part VI, line 1b				4	7.
ctivities	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)				5	6.
Ac	6	Total number of volunteers (estimate if necessary)				6	8.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	160,263.
	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · ·	• • • • •			
				<u> </u>	Prior Year		rent Year
e	8	Contributions and grants (Part VIII, line 1h)			422,07		441,486.
Revenue	9	Program service revenue (Part VIII, line 2g)			583,80		587,191.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			316,97		160,381.
	11	Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)			74,10	_	79,080.
	12	Total revenue - add lines a through 1 (must edual Par VIII, column (A), line 12			1,396,95	0. 1	,268,138.
)	13	Grants and similar amounts paid (Part IX, column (A) lines 1-3)		•	79,82	<u> </u>	00 070
•	14	Benefits paid to or for mention (Part X, column (A), line 42.			367,84		80,079.
ses	15	Salaries, other compensation, employee benefits (Part IX Grumn (A), lines 5-10			307,04	0.	386,714.
Expenses	16a	Professional fundraising fees (Part X column: (A), line 1162		•			
EX	D D	Total fundraising expenses (Part X column (10), line 25)		-	752 00	12	722 476
	1	Other expenses (Part IX, column (A), lines Tta 116, 111-24e)		•	752,08 1,199,75		732,476.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		•	197,19		68,869.
- S	19	Revenue less expenses Subtract line 18 from line 12			ning of Current Y		d of Year
ats c	20 21 22	Total penetr (Part V. June 16)			6,758,41		,829,541.
Asst Balz	24	Total lassets (Part X, line 16)		.	472,30		545,927.
Let /	22	Total liabilities (Part X, line 26)		•	6,286,11		,283,614.
	rt II	Signature Block		<u> </u>	0,200,11	2.1	, 203, 011.
		nalties of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to	the best of my ki	nowledge and b	elief. it is true
		nd complete Declaration of preparer (other than officer) is based on all information of which					
		X Sent Darkens.			X /2	2/7/201	<u>ر</u>
Sig	n	Signature of Afficer			Date		
He	re	Brent Hoskins ExecutiVE	Kirpeti	2 W			
		Type or print name and title	<u> </u>	,, <u>c</u>			
		Print/Type preparer's name Preparer's signature	Date,		Check	If PTIN	·
Paid		STEVEN V. WIEBLER	1716	12012	self-employe	1	268044
	parer	Firm's name HOUSE PARK & DOBRATZ, P.C.		Ť	Firm's EIN	43-15622	09
Use	Only	Firm's address ▶ 605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 6411				816-931-	
May	the I	RS discuss this return with the preparer shown above? (see instructions)					es No
		Burnet Reduction Act Notice and the concepts instructions			<u> </u>		m 990 (2011)

	pe the organization's mission	esponse to any question in this Part III		
ATTACHM		·		
prior Form 99 If "Yes," desci	0 or 990-EZ?		• • • • • • • • • • • • • • • • • • • •	Yes X
services?		, or make significant changes in h 		
Describe the expenses Se	organization's program sei	rvice accomplishments for each of it (4) organizations and section 4947(expenses, and revenue, if any, for each	a)(1) trusts are required to r	
a (Code) (Expenses \$	including grants of \$) (Revenue \$)
				4-**
				
		· · · · · · · · · · · · · · · · · · ·		
b (Code) (Expenses \$	including grants of \$) (Revenue \$)
		-		
				
c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				
		· · · · · · · · · · · · · · · · · · ·		
	·			
				
d Other program	n services (Describe in Sche	dule O)		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			ļ
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	!		
	complete Schedule D, Part N	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	T. 1. 21.4	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	33, 30, 6	Say al	
	VII, VIII, IX, or X as applicable	2,1		J. J. 12
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		3,7	
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		- ^` -
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		<u> </u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	х	1
L.	complete Schedule D, Parts XI, XII, and XIII			
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
4 2	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate	ł		1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	

Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
4 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
_	complete Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		Х
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		Х
				
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer in despending a response to any question in time rate visit in the rate visi	<u>· · · · </u>	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	'		١.
	reportable gaming (gambling) winnings to prize winners?	1 c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. ,	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2	- 1′	v	. ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1779 4
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠ ـ		1111
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	- 	
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
h	If "Yes," enter the name of the foreign country	1,2		33.7
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u>L</u>	<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 b	, ,	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	1. 7	[` √.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	33.5	21.24	
	and services provided to the payor?	7a 7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0	-	
·	required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	المراجعة الم	يًا أور	- 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	47	rit.	و شرور :
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1	13.	1.5
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- 1-	يموني أوالم	100
	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	~ 1	7.4	10.
	Initiation fees and capital contributions included on Part VIII, line 12		1.5	1 3 4
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11	Section 501(c)(12) organizations. Enter	,	12.	30 1
	Gross income from members or shareholders		1	, , , ,
b	Gross income from other sources (Do not net amounts due or paid to other sources		17.	7 . X
	against amounts due or received from them)	1	13.5	1 1 1 1 mm
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
_	Note. See the instructions for additional information the organization must report on Schedule O		,	'
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.5	. '	''
-	the organization is licensed to issue qualified health plans			' '
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		,		

<u>Sect</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	1		İ
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	<u> </u>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
1 2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{IL, MO,} \)	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 9	i01(c)(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	finter	est p	oolicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	OFGSDITSTOR NORWE HOSETING 13411 WODDNEY DOED VANCAG CITY NO 64145			

Form 990 (2011)

	• /								
Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors			•		_		, ,	

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor	any related	orga	nıza	ition	COI	mpen	sate	d any current offic	γ-					
(A) Name and Title	(B) Average hours per Week (describe hours for related organizations in Schedule O)	box,	unle: er and	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
		trustee	al trustee		уее	Highest compensated employee					_			
(1) RONELLE INGRAM														
DIRECTOR	1.00	х	l					0	0		0			
(2) ROB RICHARDSON											-			
DIRECTOR	1.00	Х						0	0		0			
(3) RON HULETT											•			
DIRECTOR	1.00	Х						0	0		0			
(4) JERRY JACKSON											-			
DIRECTOR	1.00	Х						0	0		0			
(5) TOM OUELLETTE											-			
PRESIDENT	2.00			Х	<u> </u>			0	0		0			
(6) TODD J FITZSIMONS														
VICE PRESIDENT	1.00			Х				0	0		0			
(7) TERENCE CHAPMAN														
PRESIDENT-ELECT	1.00			Х				0	0	_	0			
(8) BRENT HOSKINS EXECUTIVE DIRECTOR	40.00					х		109,476.	0		0			
(9)											•			
_(10)											-			
								-			-			
_(12)														
_(13)					-						-			
		_	-								•			

1E1041 1 000

_	
Page	-

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(do r box,	ot cl	Pos neck ss pe d a d	tion more	than o	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from	(F) Estimated amount of other compensation	on.
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations	
											-	
											-	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						* * *	109,476. 0 109,476.		0		
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	ceived more than	\$100,000	of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes	No X
4 For any individual listed on line 1a, is the entropy organization and related organizations grandividual	eater than	\$15	0,0	00?	' If	"Yes	," (nd other compens complete Schedu	sation from le J for	the such	1.35	.: 'ग्राः X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	X
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year												
(A) Name and business add	Iress							(B) Description of se	ervices	С	(C) ompensation	
ATTACHMENT 2												_
	_											
							1					

Page 9

Part VIII Statement of Revenue N. OI KEVENUE (C) Unrelated (A) (B) (D) Related or Revenue Total revenue business excluded from tax exempt revenue function under sections 512 513 or 514 revenue Gifts, Grants lar Amounts No. Federated campaigns 1a 440,373. 1b b Membership dues Gifts, Fundraising events . . . 1 c 1d Related organizations Contributions, and Other Simi 1 e Government grants (contributions) . . f All other contributions, gifts, grants, 1.113 and similar amounts not included above . Noncash contributions included in lines 1a-1f \$ Total Add lines 1a-1f . Program Service Revenue **Business Code** 2a MEMBERSHIP SERVICE 55,113 55,113. PRO TECH CERTIFICA 146,348. 146,348 257,467. 257,467 EDUCATIONAL SVCS. MAGAZINE 511120 128,263 128,263. All other program service revenue . . . 電子提出了一個 話を登録され 587,191. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 190.258 190.258 other similar amounts)......... 0 Income from investment of tax-exempt bond proceeds 5 Royalties · · · · · · · · (i) Real (II) Personal 6a Gross rents Less rental expenses . . . Rental income or (loss) . . C Net rental income or (loss). Ч (i) Securities (II) Other Gross amount from sales of 7 a assets other than inventory Less cost or other basis b and sales expenses Gain or (loss) Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b c Net income or (loss) from fundraising events . Gross income from gaming activities See Part IV, line 19 Net income or (loss) from gaming activities . sales of inventory, less 10a returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 200 47,080. 47,080. ROYALTY INCOME 11a DEALER GR. SPONSOR 721000 32,000. 32,000. c All other revenue 79,080. Total. Add lines 11a-11d . . 72,316. 160,263. 1,268,138 594,073 Total revenue See instructions

BUSINESS TECHNOLOGY ASSOCIATION

Form **990** (2011)

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21.	0								
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22	0								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the				1					
	United States See Part IV, lines 15 and 16	0			İ					
4	Benefits paid to or for members	80,079.								
5	Compensation of current officers, directors,									
	trustees, and key employees	0								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	350,516.								
8	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)	9,289.	_							
9	Other employee benefits	0								
10	Payroli taxes	26,909.								
11	Fees for services (non-employees)									
а	Management	0								
	Legal	102,023.								
	Accounting	14,372.								
d	Lobbying	0								
е	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	0								
12	Advertising and promotion	0								
13	Office expenses	32,153.								
14	Information technology	87,635.								
15	Royalties	0								
16	Occupancy	1,077.								
17	Travel	43,361.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0		<u> </u>						
19	Conferences, conventions, and meetings	104,777.			<u> </u>					
20	Interest	0	<u>-</u>		ļ					
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	2,059.		-						
23	Insurance	7,171.								
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
_	EDUCATION & SEMINARS	156,510.								
	PRO TECH CERT.	75,014.			<u> </u>					
	PRINTING/PUBLICATIONS	82,867.								
đ	INFORMATION SERVICES	16,602.								
е	All other expenses	6,855.								
25		1,199,269.			 					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation Check here if	_								
	following SOP 98-2 (ASC 958-720)	0		l						

Page 11

	rt X	Balance Sheet			rage 11
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	45,770.		108,609.
	2	Savings and temporary cash investments	250,824.	2	371,095.
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	30,863.	4	295,250.
ŀ	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	0
ets	7	Notes and loans receivable, net	2,250,000.	7	2,000,000.
Assets	8	Inventories for sale or use	O	8	0
	9	Prepaid expenses and deferred charges	28,256.	9	56,614.
- 1	10a	Land, buildings, and equipment, cost or			
		other basis Complete Part VI of Schedule D 10a 168,069.			
	b	Less accumulated depreciation	6,723.		6,094.
- 1	11	Investments - publicly traded securities	4,145,979.	11	3,991,879.
İ	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
l	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11		15	0
\Box	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,758,415.		6,829,541.
	17	Accounts payable and accrued expenses	133,312.	17	203,839.
	18	Grants payable	0	18	0
	19	Deferred revenue ATCH 4	338,992.		342,088.
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
=	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons			
-		Complete Part II of Schedule L	<u>_</u>	22	0
1	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			0
		of Schedule D	472,304.	25	545,927.
	26	Total liabilities. Add lines 17 through 25	472,304.	26	343, 927.
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	6,212,958.	27	6,228,765.
Bal	28	Temporarily restricted net assets	73,153.	28	54,849.
힏	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
as i	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	6,286,111.	33	6,283,614.
	34	Total liabilities and net assets/fund balances	6,758,415.		6,829,541.

Form **990** (2011)

For	m 990 (2011)			Par	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			х	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,2	68,	138.
2	Total expenses (must equal Part IX, column (A), line 25)		1,1	99,2	269.
3	Revenue less expenses. Subtract line 2 from line 1			68,8	869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				111.
5	Other changes in net assets or fund balances (explain in Schedule O)		_	71,3	366.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
•	column (B))		6,2	83,6	614.
Pa	art XII Financial Statements and Reporting	, d.			
	Check if Schedule O contains a response to any question in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?	• • • • •	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were			
	issued on a separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis	1			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			ļ
	the Single Audit Act and OMB Circular A-133?	[3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2011)

SCHEDULE'D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer Identification number

BUS	SINESS TECHNOLOGY ASSOCIATION	95-1624714
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	l l l
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990. Part IV. line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		f an historically important land area
		f a certified historic structure
	Preservation of open space	ra donimoa motorio diradiare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	nts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	(i) and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements	al statements that describes the
Ba	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Accets
r a	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIV, the text of the footnote to its financial statements that described to the service of the service.	evenue statement and balance sheet cation, or research in furtherance of cribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re- works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	▶ ¢
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1	
a b		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Par	t III Organizations Maintaining Colle	ections of A	rt, Hi	stori	cal Tre	asures	s, or	Other	Similar A	ssets (d	ontinue	<u>d)</u>	
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and oth	ner re	cords	s, check	any o	of the	follow	ing that a	re a sigr	nificant u	se o	fits
а	Public exhibition		d		Loa	n or ex	chan	ge prog	rams				
b	Scholarly research		e		Oth	er							
C	Preservation for future generations	3											
4	Provide a description of the organization's	collections a	and e	хрІаіл	how t	hey fui	rther	the or	ganization's	s exemp	t purpos	e in	Part
	XIV												
5	During the year, did the organization solicit	or receive doi	natioi	ns of a	art, histo	orical tr	easu	res, or	other simil	ar			
	assets to be sold to raise funds rather than t	to be maintair	ed a	s part	of the d	rganiza	ation'	's collec	ction?	[Yes		No
Par	t IV Escrow and Custodial Arrangen line 9, or reported an amount or					ization	ans	wered	"Yes" to	Form 99	0, Part l	V,	
1 a	Is the organization an agent, trustee, custod												1
	included on Form 990, Part X?									[Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complet	e the	follov	ving tat	ole:				<u> </u>			
									A	mount			
	Beginning balance												
	Additions during the year												
е	Distributions during the year						-						
f													
2a	Did the organization include an amount on	Form 990, Pa	ırt X,	line 21	1?					L	Yes	<u></u>	No
b	If "Yes," explain the arrangement in Part XIV	<i>'</i> .											
Par	t V Endowment Funds. Complete if	f the organiz	ation	ansv	vered '	'Yes" t	o Fo	rm 99	0, Part IV,	line 10.			
	(a) Cu	rrent year	(b)	Prior y	ear	(c) Tw	o year	rs back	(d) Three y	ears back	(e) Four	years I	back
1 a	Beginning of year balance												
b	Contributions												
C	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships			-					-			-	_
	Other expenditures for facilities												
	and programs	- 1											
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the cui	rrent year end	hala	nce (line 1a	column	1/211	hold as	l				
- a	Board designated or quasi-endowment ▶			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00/0////	. (4),	11010 00					
b	Permanent endowment ▶ %		U										
	Temporarily restricted endowment ▶	%											
·	The percentages in lines 2a, 2b, and 2c sho		10/										
3.2	Are there endowment funds not in the poss	•		DIZATI	on that	ara hal	d and	d admir	ustared for	tho			
Ja	•	session of the	uiya	IIIZali	JII (IIat	ale liei	u and	u aumin	iistereu iui	uie	ſ	res	No
	organization by										3a(i)	65	NO
	(i) unrelated organizations										3a(ii)		
L	(ii) related organizations												
b	If "Yes" to 3a(II), are the related organization		•							• • • •	3b		
4_	Describe in Part XIV the intended uses of th		-										
Par	t VI Land, Buildings, and Equipment	. See Form	<u>990,</u>	<u>Part</u>	X, line	10.							
	Description of property	(a) Cost or oth (investme		sis (b) Cost c	r other ba	3515		cumulated eciation	(0	i) Book valu	ie er	
1 a	Land												
b	Buildings												
C	Leasehold improvements												
d	Equipment				1	68,0	69.	1	61,975			6,0	94.
е	Other												
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 9	90, F	Part X,	column	(B), lin	e 10	(c))	<u></u> ▶			6,0	94.
										Sabad	ulo D (For	m 990	1 2011

chedule D (Form 990) 2011 Pag

Schedule D (Form 990) 2011			Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
_(F)			
(G)			
<u>(H)</u>			····
(I)			
100000000000000000000000000000000000000	Form 000 Dort V line	42	
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on. et value
(1)			
(2)			
(3)			
(5)	<u> </u>		
(6)	-		
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. See Form 990, Part X,			
	a) Description		(b) Book value
(1)	u) Doddriphon		(B) Book value
(2)			
(3)			
(4)		-	
(5)			,
(6)			
(7)			
(8)			
(9)			
(10)			
		>	
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability	(b) Book value		The state of the s
(1) Federal income taxes			
(2)			
(3)			te Kapatha Tagist
(4)			CALL TO SERVICE
(5)			
(6)			起。 的 类的方式的
			Harry Commence
_(8)			想点发展了
(9)			All the second s
(10)		The state of the s	
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25		THE THE PERSON OF THE PERSON O	- Ab-4
Z EIN AX (AN): (AI) FOOTDOTE ID PAR XIV DROVIDE the	a tovi of the tectionic to th	ie organization's financial statements	e mar renome the

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedu	le D (Foim 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	Π	1,268,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1	1,199,269.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_ _	 	68,869.
4	Net unrealized gains (losses) on investments	4	1	
5	Donated services and use of facilities	5	 	
6	Investment expenses		├	
7	Investment expenses	6	├	
	Prior period adjustments Other (Describe in Part VIV.)	7		
8	Other (Describe in Part XIV)	<u>8</u>	 	
9	Total adjustments (net) Add lines 4 through 8	9_	 	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u> </u>	68,869.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	<u>:urn</u>		
1	Total revenue, gains, and other support per audited financial statements	L	1	1,256,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	6.		
b	Donated services and use of facilities 2b 60,90	10.		
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	\neg	2e	-10,466.
3	Subtract line 2e from line 1		3	1,267,025.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	` -	-	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV) 4b 1,11	3.		
	Add lines to and the	\neg	4 c	1,113.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,268,138.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R			1,200,130.
	Total expenses and lesses per audited financial statements		- 1	1,259,056.
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	1	1,239,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a 60,90			
b	Prior year adjustments 2b	_	İ	
C	Other losses 2c	ᆜ		
d	Other (Describe in Part XIV) 2d -1, 11	3.		
е	Add lines 2a through 2d		2e	59 , 787.
3	Subtract line 2e from line 1	. L	3	1,199,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		-	
C	Add lines 4a and 4b		4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	: [5	1,199,269.
Part	XIV Supplemental Information			<u></u> -
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp Iditional information			
SEE	PAGE 5			
				
			·	

Part XIV 'Supplemental Information (continued)

AMOUNTS NETTED FOR FINANCIAL REPORTING PURPOSES - \$1,113
PART X11 AND PART XIII

UNCERTAIN TAX POSITIONS FOOTNOTE

PART IV LINE 11F AND SCHEDULE D PART X LINE 2

THE GROUP'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR

UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND

ESTIMABLE. THE GROUP HAS NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEARS

ENDED JUNE 30, 2012 AND 2011. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF

ITS TAX STATUS AS ORGANIZATIONS EXEMPT FROM INCOME TAXES. BTA AND ITS

AFFILIATES ARE NO LONGER SUBJECT TO AUDITS FOR PERIODS PRIOR TO FISCAL

2009.

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUSINESS TECHNOLOGY ASSOCIATION

Employer Identification number 95-1624714

CONFLICT OF INTEREST POLICY

PART VI, PART B, LINE 12

WE HAVE A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES OUR DIRECTORS
TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY
MEMBERS ON A QUESTIONNAIRE DISTRIBUTED BY OUR EXECUTIVE DIRECTOR. THE
EXECUTIVE DIRECTOR ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS
THEM FOR CONFLICTS, AND SUBMITS TO THE BOARD FOR REVIEW ANY
QUESTIONNAIRES THAT DISCLOSE ACTUAL OR POTENTIAL CONFLICTS.

DOCUMENTS AVAILABLE TO PUBLIC

PART VI, PART C, LINE 19

WE POST OUR BYLAWS ON OUR WEB SITE. OUR CONFLICT OF INTEREST POLICY, FORM 1023 APPLICATION FOR TAX EXEMPTION, FORM 990, AUDITED FINANCIAL STATEMENTS, AND ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 REVIEW PROCESS

PART VI, PART B, LINE 11

A COPY OF THE FORM 990 WAS MAILED TO EACH OFFICER ON THE BOARD OF DIRECTORS ALONG WITH A LETTER OF EXPLANATION FROM THE EXECUTIVE DIRECTOR

COMPENSATION PROCESS

PART VI, PART B, LINE 15

A WRITTEN OR ORAL REVIEW IS GENERALLY NOT COMPLETED; HOWEVER WHEN RAISES

ARE GIVEN OUT THEY ARE APPROVED BY THE NATIONAL PRESIDENT OF THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR. THE DEPARTMENT OF LABOR'S CONSUMER PRICE INDEX WAS USED AS A GUIDE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE BUSINESS TECHNOLOGY ASSOCIATION (BTA) IS AN INTERNATIONAL NOT-FOR-PROFIT TRADE ASSOCIATION SERVING INDEPENDENT DEALERS, VALUE-ADDED RESELLERS, SYSTEMS INTEGRATORS, MANUFACTURERS AND DISTRIBUTORS IN THE BUSINESS EQUIPMENT AND SYSTEMS INDUSTRY. BTA HELPS ITS MEMBERS PROFIT THROUGH A WIDE VARIETY OF SERVICES, INCLUDING FREE LEGAL ADVICE AND GUIDANCE, BUSINESS BENCHMARKING STUDIES AND REPORTS, INFORMATION ON THE LATEST NEWS, TRENDS, AND PRODUCTS IN THE INDUSTRY, STRONG EDUCATIONAL OFFERINGS, AND INDUSTRY SPECIFIC PUBLICATIONS, THE OFFICE TECHNOLOGY MAGAZINE AND BTA HOTLINE ONLINE. THE PURPOSE OF BTA IS TO PROVIDE ESSENTIAL SERVICES THAT HELP INDEPENDENT TECHNOLOGY RESELLERS TO SUCCEED IN A CHANGING MARKETPLACE. BTA WILL BE SHARPLY FOCUSED ON MEETING THE MOST CRITICAL NEEDS THAT ARE VITAL TO THE SUCCESS OF ITS CORE CUSTOMERS. THE MISSION OF THE BUSINESS TECHNOLOGY ASSOCIATION IS TO HELP MAKE INFORMATION TECHNOLOGY RESELLERS SUCCESSFUL BY PROVIDING EDUCATION, TRAINING AND CERTIFICATION, SERVING AS AN INTERNATIONAL FORUM FOR THE EXCHANGE OF IDEAS, ADVOCATING INDUSTRY ISSUES AND PROVIDING ESSENTIAL BUSINESS SUPPORT SERVICES.

Name of the organization BUSINESS TECHNOLOGY ASSOCIATION Employer identification number 95-1624714

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SCHOENBERG FINKEL NEWMAN & ROSENBERG

222 S RIVERSIDE PLAZA, STE. 2100

CHICAGO, IL 60606

LEGAL SERVICES

110,440.

TOTAL COMPENSATION

110,440.

			ATTACHMENT 3
FORM 990, PART X - NOTES AND	LOANS RECEIVA	BLE	
BORROWER: ORIGINAL AMOUNT:	LEAF PROPERTIES 3,500,000		
BEGINNING BALANCE DUE ENDING BALANCE DUE			2,250,000. 2,000,000.
TOTAL BEGINNING NOTES AND LO	ANS RECEIVABLE		2,250,000.
TOTAL ENDING NOTES AND LOANS	2,000,000.		
FORM 990, PART X - DEFERRED	REVENUE		ATTACHMENT 4
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED DUES INCOME		338,992.	342,088.
	TOTALS	338,992.	342,088.

95-1624714

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

BUSINESS TECHNOLOGY ASSOCIATION

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

▼ Attach to Form 990.

OMB No 1545-0047

Open to Public

Employer identification number

95-1624714

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Prmary activity (a)Name, address, and EIN of disregarded entity Part II Ð (2) 3 € <u>(5</u> <u>(6)</u>

one of more related tax-exempt organizations dufing the tax year.)	יום ומץ אבמו י)						
(a)	(q)	(၁)	(p)		ŀ	(g)	2/h)/13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	(if section 501(c)(3))	Direct controlling entity	controlled controlled entity?	alled %
						Yes	Š
(1) BUSINESS TECHNOLOGY ASSN SCHOLARSHIP FND 23-7157221 12411 WORNALL ROAD KANSAS CITY, MO 64145	SCHOLARSHIPS	IL	501(1)(3)		N/A		×
(2) BUSINESS TECHNOLOGY ASSN WELFARE BEN TRS 20-0777387 12411 WORNALL ROAD	BENEFITS	IL	(6) (1)		N/A		×
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(k) Percentage ownership General or managing partner? Yes Nc Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a connection or trust during the tax year.) (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportorate allocatora? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Part IV 4 (3) 티 2 <u>(5)</u> <u>(</u>9)

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	nizations treated a	is a corporation	or trust during	the tax year.)			
(a) Name, address, and EiN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							i
(7)							

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Page 3

Yes No では Schedule R (Form 990) 2011 Method of determining N. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. E 79 **6** 두 5 Loans or loan guarantees to or for related organization(s) Purchase of assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s).................. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-r) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Other transfer of cash or property to related organization(s) Name of other organization Gift, grant, or capital contribution to related organization(s) Sale of assets to related organization(s) . . o a ۵ Ε æ ပ ס **Б** ... ¥ 0 € ন্ত ପ୍ର 9 Ð ଭ

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investinent partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	۰	(e) Are all partners section 501(c)(3) organizations?	(1) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	, 4 6
			section 512-514)	Yes No			Yes		Yes	
(1)										
(2)									 	
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)							<u></u>			
(12)										
(13)				•						
(14)										
(15)										
(16)										
								S	chedule R (F	Schedule R (Form 990) 2011

11/20/2010 1.50.01 DM

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JSA 1E1310 1 000 Schedule R (Form 990) 2011

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form, 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To Fire an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you ar 	e filing for an Automatic 3-Month Extension,	complete o	only Part I and check th	us box	▶ X	
If you ar	e filing for an Additional (Not Automatic) 3-Me	onth Exter	ision, complete only Pa	art II (on page 2 of this form)		
Do not com	nplete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed Form 8868	3	
a corporati 8868 to re Return for instructions	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not au forms liste al Benefit nis form, vi	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an	nsion of time. You can electronical tith the exception of Form 8870, I t be sent to the IRS in paper f d click on e-file for Chanties & Nonj	ly file Form Information ormat (see	
	utomatic 3-Month Extension of Time. Or					
Part I only All other co	ion required to file Form 990-T and requesting			Form 7004 to request an extension o		
to the incor	Name of exempt organization or other filer, see in	structions		Enter filer's identifying number, se Employer identification number		
Type or	•				(=, 0.	
print	BUSINESS TECHNOLOGY ASSOCIAT	ION		X 95-1624714		
File by the	Number, street, and room or suite no If a P.O bo	x, see instru	ctions	Social security number (SSN)		
due date for filing your	12411 WORNALL ROAD					
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions.			
instructions	KANSAS CITY, MO 64145-1166					
Enter the R	Return code for the return that this application	is for (file a	a separate application fo	or each return)	0 1	
Application	n	Return	Application		Return	
ls For		Code	ls For		Code	
Form 990		01	Form 990-T (corporat	tion)	07	
Form 990-BL			Form 1041-A			
Form 990-E		01	Form 4720		09	
Form 990-F		04	Form 5227		10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-	T (trust other than above)	06	Form 8870		12	
	ks are in the care of ► BRENT HOSKINS ne No ► 816 303-4030					
			FAX No the United States, she	ak this hav	_	
	ganization does not have an office or place of for a Group Return, enter the organization's fo				-	
	ble group, check this box					
	he names and EINs of all members the extens			and all	2011	
	est an automatic 3-month (6 months for a cor			0-T) extension of time		
until		•	•	e organization named above. The e	xtension is	
_	e organization's return for		.	•		
▶ [calendar year 20 or					
► X	tax year beginning 07/0	01 , 20 <u>1</u> 1	L, and ending	06/30,2012.		
	tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, che	ck reason: Initial r	return Final return		
nonre	application is for Form 990-BL, 990-PF, 99 fundable credits. See instructions	<u> </u>		3a \$	Non E	
	s application is for Form 990-PF, 990-T,				NONE	
	ated tax payments made Include any prior yea ace due. Subtract line 3b from line 3a. Include					
	ice due. Subtract line 3b from line 3a. Include tronic Federal Tax Payment System) See instru		ien with this lonn, if fe	3c \$	a uou	
	you are going to make an electronic fund v		with this Form 8868,		379-EO for	
payment in	structions.					