



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

**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 2012 calendar year, or tax year beginning 01 July, 2012, and ending 30 June, 2013

- 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) (6) (insert no.) 4947(a)(1) or 527

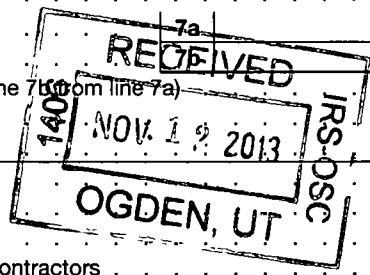
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization 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																								2610			
	4	Investment income																								5			
	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																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																								0			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																								28,960				
c	Less: direct expenses from gaming and fundraising events																								46,263				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								(17,303)				
7a	Gross sales of inventory, less returns and allowances																								0				
b	Less: cost of goods sold																								0				
c	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																								(14,688)				
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																								4970			
	14	Occupancy, rent, utilities, and maintenance																								0			
	15	Printing, publications, postage, and shipping																								0			
	16	Other expenses (describe in Schedule O)																								0			
17	Total expenses. Add lines 10 through 16																								4970				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								(19,658)			
	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)																								22,060			
	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																								2,402			



SCANNED NOV 26 2013

17P

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	22,060	22 2,402
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	22,060	25 2,402
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)	22,060	27 2,402

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? _____

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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
Vacant	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
Vacant	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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

	Yes	No
47 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	<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	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

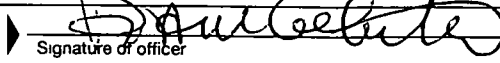
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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	 Signature of officer	7-16/10 2013 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
		Tech Conference (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: _____
- _____
- _____

