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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning 9/1/2014, and ending 8/31/2015

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization Copier Dealers Association, Inc
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
4141 Colorado Boulevard
 City or town State ZIP code
Denver CO 80216
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 22-2514466
E Telephone number (303) 295-0741

F Name and address of principal officer
Brad Knepper 4141 Colorado Blvd, Denver, CO 80216

G Gross receipts \$ 221,432

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.cdainfo.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation 1993 **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities CDA serves approximately 80 members who come together to pool knowledge and share information. The organization allows the exchange of ideas and concepts to work for the improvement of its members and the copier industry

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>18</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>18</u>
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>5</u>	<u>0</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>236,400</u>	<u>221,262</u>
9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>105</u>	<u>170</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>236,505</u>	<u>221,432</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>74,344</u>	<u>54,419</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>109,516</u>	<u>174,019</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>183,860</u>	<u>228,438</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>52,645</u>	<u>-7,006</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>341,077</u>	<u>334,070</u>
21 Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>341,077</u>	<u>334,070</u>

Part II Signature Block

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 Brad Knepper Date 7-19-16
 Type or print name and title Treasurer

Paid Preparer Use Only Print/Type preparer's name Barbara L Ratliff Preparer's signature Barbara L Ratliff Date 7/14/2016 Check ☒ if self-employed PTIN P00646718
 Firm's name Barbara L Ratliff Firm's EIN 904-743-6197
 Firm's address 6659 Fincannon Rd Jacksonville, FL 32277 Phone no _____

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2014)

SCANNED AUG 11 2016

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

JUL 20 2016

ODDEN, UT

G18

2

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

Share knowledge and information within the copier industry.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

CDA serves approximately 80 members who come together to pool knowledge and share information

The organization allows the exchange of ideas and concepts to work for the improvement of its members and the copier industry

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 0

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.		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.		
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.		X
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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 IV.		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.		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
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).		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.		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.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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)		
28a a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		1a	1b	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0																																
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0																															
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																	
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.			0																														
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).																																	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.																																	
4a	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)?																																	
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																	
7	Organizations that may receive deductible contributions under section 170(c).																																	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																	
d	If "Yes," indicate the number of Forms 8282 filed during the year.																																	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																	
9	Sponsoring organizations maintaining donor advised funds.																																	
a	Did the sponsoring organization make any taxable distributions under section 4966?																																	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																	
10	Section 501(c)(7) organizations. Enter:																																	
a	Initiation fees and capital contributions included on Part VIII, line 12.																																	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.																																	
11	Section 501(c)(12) organizations. Enter:																																	
a	Gross income from members or shareholders.																																	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																	
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.																																	
a	Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans.																																	
c	Enter the amount of reserves on hand.																																	
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.																																	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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 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.	18		
b Enter the number of voting members included in line 1a, above, who are independent	18		
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		X
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		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	X	

Section 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	X
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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
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	X
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	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

Brad Knepper

303 295 0741

4141 Colorado Boulevard, Denver, CO 80216

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Please see attached list of Officers and Directors										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 78,600				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 142,662				
	g Noncash contributions included in lines 1a-1f.	\$ 0				
	h Total. Add lines 1a-1f		221,262			
Program Service Revenue	Business Code					
	2a _____		0			
	b _____		0			
	c _____		0			
	d _____		0			
	e _____		0			
	f All other program service revenue		0			
g Total. Add lines 2a-2f		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		170			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	0 0				
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b Less: direct expenses	b 0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less: direct expenses	b 0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a 0				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a _____		0				
b _____		0				
c _____		0				
d All other revenue		0				
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions.		221,432	0	0	0	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	54,419			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
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.	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	11,201			
c Accounting.	300			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion.	0			
13 Office expenses.	0			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	0			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	126,004			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0	0	0	0
23 Insurance.	0			
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.)				
a Insurance.	0			
b Administrative.	1,717			
c Other Professional Fees.	34,797			
d	0			
e All other expenses.	0			
25 Total functional expenses. Add lines 1 through 24e.	228,438	0	0	0
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	123,650	1	96,436
	2 Savings and temporary cash investments	201,427	2	201,589
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	5	
	6 Loans and other 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). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,000	9	36,045
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11.	0	12	0
	13 Investments—program-related. See Part IV, line 11.	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11.	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34).	341,077	16	334,070	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	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 of Schedule D.	0	25	0
26 Total liabilities. Add lines 17 through 25.	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	194,535	27	190,087
	28 Temporarily restricted net assets	146,542	28	143,983
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	341,077	33	334,070	
34 Total liabilities and net assets/fund balances.	341,077	34	334,070	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	221,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,438
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	341,077
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	334,071

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

Employer identification number

22-2514466

Copier Dealers Association, Inc

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

HTA

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
College Scholarships					
1	51	54,419			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I Line 2 Scholarship candidates go through an application process. Candidates are screened to confirm enrollment in a qualified

institution. Whenever possible, scholarship funds are distributed directly to the institution

Fiscal year September 1, 2014 through August 31, 2015

	Class of activity	Grantee's name	Address	City	State	Zip Code	Amount Given	Relationship
	1 College Scholarship	Kevin Barber	4761 Sycamore St	Elida	OH	45807	\$ 1,250	none
	2 College Scholarship	Wreny Blick	310 Federation Rd	Twin Falls	ID	83301	500	none
	3 College Scholarship	Ashley Brown	607 Chatham Rd	Fairless Hills	PA	19030	750	none
	4 College Scholarship	Kaylea Cobb	3401 Patricia Drive	Urbandale	IA	50322	900	none
	5 College Scholarship	Kelsie Crotts	1011 Sterlingshire Drive	Hendersonville	TN	37075	750	none
	6 College Scholarship	Mercede Davis	251 Pleasant Lane	Chaska	MN	55318	750	none
	7 College Scholarship	Justin DeMareo	1213 Hampton Ct	West Deptford	NJ	08086	750	none
	8 College Scholarship	Katharine Dempsey	215 Nottingham Dr	Sing City	PA	19475	750	none
	9 College Scholarship	Caitlin Denning	1007 Baltimore Street	Waterloo	IA	50702	500	none
	10 College Scholarship	Lauren Denning	1007 Baltimore Street	Waterloo	IA	50702	1,250	none
	11 College Scholarship	Bryce Eck	1176 E Hoewisher Rd	Sydney	OH	45365	750	none
	12 College Scholarship	Lucille Giordullo	5158 Parkside Drive	Mason	OH	45040	1,250	none
	13 College Scholarship	Ross Grilliot	10371 Cliffwood Rd	Perrysburg	OH	43551	750	none
	14 College Scholarship	Ashley Harrison	228 Osborne Av	Cantonsville	MD	21228	1,250	none
	15 College Scholarship	Kailah Hartsfield	5000 Timberun Ct	Chesterfield	VA	23832	900	none
	16 College Scholarship	Samantha Hays	2603 Cedarhurst Dr	Reisterstown	MD	21136	1,250	none
	17 College Scholarship	Karlene Izer	1613 Laverne Ln	CedarFalls	IA	50613	500	none
	18 College Scholarship	Derik Jensen	2132 N Fastwater Av	Boise	ID	83713	1,500	none
	19 College Scholarship	Leah Jensen	1620 8th St SE	East Grand Forks	MN	56721	500	none
	20 College Scholarship	Austin Kayser	721 Perry Street	Van Wert	OH	45891	500	none
	21 College Scholarship	Dalton Kayser	12479 Cooper Rd	Van Wert	OH	45891	2,750	none
	22 College Scholarship	Jacob Kirby	920 Greenland Dr Apt 103	Murfreesboro	TN	37130	750	none
	23 College Scholarship	Jordan Kirby	920 Greenland Dr Apt 103	Murfreesboro	TN	37130	750	none
	24 College Scholarship	Lucas Kirch	826 Basswood Av	Verona	WI	53593	500	none
	25 College Scholarship	Renee Kirch	826 Basswood Av	Verona	WI	53593	500	none
	26 College Scholarship	Danielle LeBlanc	4012 Cargill Dr	Round Rock	TX	78681	750	none
Total - this Page							\$ 23,300	

Schedule I, Part III: Grants paid schedule

	Class of activity	Grantee's name	Address	City	State	Zip Code	Amount Given	Relationship
27	College Scholarship	Morgan MacGregor	36 Evans Street	Frederiction	NB	Canada	\$ 500	none
28	College Scholarship	Derek Manger	4421 Raeann Dr	Cincinnati	OH	45252	750	none
29	College Scholarship	Ian Manger	4421 Raeann Dr	Cincinnati	OH	45252	750	none
30	College Scholarship	Shara McCalicher	4435 Prestwick Drive	Reading	PA	19606	750	none
31	College Scholarship	Benjamin Meier	232 Orchard Rd	Fleetwood	PA	19522	1,650	none
32	College Scholarship	Chad Meier	232 Orchard Rd	Fleetwood	PA	19522	1,650	none
33	College Scholarship	Madeline Muller	408 Sunset Lane	Maple Hill	KS	66507	2,500	none
34	College Scholarship	Chase Onken	721 Kiterman Circle	Norwalk	IA	50211	500	none
35	College Scholarship	Lauren Ostrowski	4 Sunni Meadow Ct	Perry Hall	Md	21128	2,500	none
36	College Scholarship	Garrett Pelko	66 Carriage Circle	Oley	PA	19547	1,250	none
37	College Scholarship	Adrienn Peterson	1261 Vermillion St	Centerville	SD	57014	2,000	none
38	College Scholarship	Michael Purvy	3960 Becker St	Schenectady	NY	12304	2,500	none
39	College Scholarship	Anne Reisener	1012 E Henderson PL	Indianola	IA	50125	500	none
40	College Scholarship	Kelsey Shepley	2211 Library Ln #104	Grand Forks	ND	58201	750	none
41	College Scholarship	Alyssa Show	770 Appleyard Dr Apt 5G	Tallahassee	FL	32304	500	none
42	College Scholarship	Felicia Stitt	2285 Chantala Av	Pueblo	CO	81006	1,250	none
43	College Scholarship	Scott Thenhaus	203 Benton St NM	Blairstown	IA	52209	500	none
44	College Scholarship	Anthony Tomeo	1964 Cedar Top Road	Reading	PA	19607	2,000	none
45	College Scholarship	Brianna Tomeo	1964 Cedar Top Road	Reading	PA	19607	1,569	none
46	College Scholarship	Sergio Valdez	1025 Gerard Av Apt 4C	Bronx	NY	10452	2,500	none
47	College Scholarship	Daniel Vonderhaar	6413 Holly Hill Lane	West Chester	OH	45069	750	none
48	College Scholarship	Nathan Wallace	4237 Harmony Church Rd	Adams	TN	37010	750	none
49	College Scholarship	Payton Weatherford	106 Wheatley	Hot Springs	AR	71913	750	none
50	College Scholarship	Haley Yaremch	4095 Bruff	Fowlerville	MI	48836	1,250	none
51	College Scholarship	Sydney Zerante	1551 Adak Av	Lima	OH	45805	750	none
Total - this Page							\$ 31,119	
Grand Total - Pages 1 and 2							\$ 54,419	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Copier Dealers Association, Inc.

Employer identification number

22-2514466

Form 990, Part VI, Section A, Line 6: CDA is comprised entirely of dues-paying members

Form 990, Part VI, Section A, Line 7: Directors and Officers are elected by the members, at

quarterly meetings

Form 990, Part VI, Section A, Line 9: Please see attached list of Officers and Directors with

addresses

Form 990, Part VI, Section B, Line 11b: Financial Secretary reviews financial information and

Form 990 with the accountant to ensure accurate reporting. Other officers and directors

receive electronic copies of Form 990.

Form 990, Part VI, Section B, Line 19: Documents and records of CDA are available to the

public upon request. They can be obtained by having them mailed or transmitted electronically

to interested parties