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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DATA MANAGEMENT ASSOCIATION INTL
CO LARRY C LEONARDSON

Number and street (or P O box, if mail is not delivered to street address) Room/suite
18221 102ND AVENUE NE

City or town, state or province, country, and ZIP or foreign postal code
BOTHELL, WA 98011

D Employer identification number
91-1437086

E Telephone number
(813) 778-5495

F Group Exemption Number ▶

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.DAMA.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 191,858

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.

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	166,121
	3 Membership dues and assessments	3	24,901
	4 Investment income	4	182
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	654	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	191,858	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	8,632
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	10,288
	16 Other expenses (describe in Schedule O)	16	148,623
	17 Total expenses. Add lines 10 through 16 ▶	17	167,543
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,315	
Net Assets	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)	19	360,287
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	384,602

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	322,739	22	354,767
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	42,448	24	46,121
25 Total assets	365,187	25	400,888
26 Total liabilities (describe in Schedule O).	4,900	26	16,286
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	360,287	27	384,602

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
ADVANCING THE CONCEPTS AND PRACTICES OF INFORMATION AND DATA MANAGEMENT

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	95,831

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
KATHERINE O'KEEFE	5 00	0		
VP PROF DEVL				
LAURA SEBASTIAN-COLEMAN	5 00	0		
PUBLICATIONS				
RON KLEIN	5 00	0		
ETHICS GOV OFCR				
DARAGH O'BRIAN	5 00	0		
PRIVACY OFFICER				
JAN HENDERYCKX	5 00	0		
PRES COUNCIL CH				
TONY MAZZARELLA	5 00	0		
VP ONLINE SERV				
MISSY WHITTMANN	5 00	0		
VP CONF SVC				
PETER AIKEN	5 00	0		
PAST President				
SUE GEUENS	5 00	0		
President				
MIKE JENNINGS	5 00	0		
VP FINANCE/OP				

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with 2 columns: Yes, No. Row 46: No

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 47-49b: All 'No'

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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1: NONE

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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 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: MIKE JENNINGS VP FINANCE/OP Date: 2017-09-05

Paid Preparer Use Only Print/Type preparer's name: Denise C Lawson CPA Preparer's signature: Date: Check self-employed: PTIN: P01364207 Firm's name: Anderson Swanson Mallonee & Senger PS Firm's EIN: Firm's address: 19015 North Creek Parkway 107 Bothell, WA 98011 Phone no: (425) 487-6888

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 91-1437086
Name: DATA MANAGEMENT ASSOCIATION INTL
CO LARRY C LEONARDSON

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 SPONSORED CONFERENCES AND SYMPOSIUMS FOR THE PURPOSE OF EDUCATING DATA ADMINISTRATORS (Grants \$ 62,197) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

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29 DEVELOPED A CERTIFICATION TESTING PROGRAM FOR MEMBERS TO FACILITATE PROFESSIONAL DEVELOPMENT AND PROVE COMPETENCY IN THE INDUSTRY (Grants \$ 5,837) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
DATA MANAGEMENT ASSOCIATION INTL
CO LARRY C LEONARDSON**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

2016**Open to Public
Inspection**

Employer identification number

91-1437086

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	SUPPLIES REFUNDS \$654

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$62197

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1010	Amortization \$2027

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2012

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	ADMINISTRATIVE EXPENSE \$54644

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	INTERNET & WEBSITE \$26235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	TELEPHONE \$588

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	CHAPTER SUPPORT \$500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK CHARGES \$410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	TAXES & LICENSE \$10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$23920 Accounts Receivable - Ending \$22210

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1012	Intangible Assets - Beginning \$18528 Intangible Assets - Ending \$16501

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	CHAPTER HOLDING - Beginning \$0 CHAPTER HOLDING - Ending \$7410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$4900 Accounts Payable and Accrued Expenses - Ending \$8876

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	CHAPTER HOLDING PAYABLE - Beginning \$0 CHAPTER HOLDING PAYABLE - Ending \$7410