DLN: 93493060015119 OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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 <u>www IRS gov/form990</u> Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 D Employer identification number B Check if applicable Business Technology Association □ Address change 95-1624714 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 12411 Wornall Road ☐ Application pending (816) 303-4040 City or town, state or province, country, and ZIP or foreign postal code Kansas City, MO 641451166 G Gross receipts \$ 2,873,123 F Name and address of principal officer **H(a)** Is this a group return for Brent Hoskins ☐Yes ☑No subordinates? 12411 Wornall Road H(b) Are all subordinates Kansas City, MO 64145 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www bta org L Year of formation 1926 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities 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 office technology 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 Activities & Governance news, trends and products in the industry, strong educational offerings, and industry-specific publications Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 0 Total number of volunteers (estimate if necessary) . . . 7a 389.595 Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 503,958 524,019 Program service revenue (Part VIII, line 2g) 709,468 659,665 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 258,733 838,377 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 203,837 265,146 1,675,996 2,287,207 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 92,997 79,007 497,158 467,658 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 995.826 1,130,121 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,585,981 1,676,786 19 Revenue less expenses Subtract line 18 from line 12 . 90.015 610,421 Assets or Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 8,007,416 8,106,030 21 Total liabilities (Part X, line 26) . 792,922 668,997 7,437,033 22 Net assets or fund balances Subtract line 21 from line 20 . 7,214,494 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

Sign

Signature of officer

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

	Brent Hoskins Executive Director Type or print name and title									
/ Paid	Print/Type preparer's name Steven V Wiebler		Check I if self-employed	PTIN P00268044						
Preparer	Firm's name	Firm's name House Park Dobratz & Wiebler PC								
Use Only	Firm's address ► 605 W 47th Stree	Firm's address ▶ 605 W 47th Street Suite 301								
OSC Only	I	Kansas City, MO 64112								

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

2019-02-23

✓ Yes 🗆 No

Form	990 (2	017)				Page 2				
Par	t III	Statement	of Program Service Acc	complishments						
		Check if Sched	dule O contains a response or	note to any line in this Part III .		🗹				
1	Briefly	describe the o	rganization's mission							
mani servi in the of th shar	ufacture ces, inc e indust e Associ oly focus	rs and distribut luding free lega ry, strong educ lation is to prov sed on meeting	ors in the business equipmer I advice and guidance, busing ational offerings, and industrated and essential services that he the most critical needs that	sociation serving independent dealer and systems industry. The Associaes benchmarking studies and reporty specific publications, the Office Tealer independent technology resellers are vital to the success of its core conduction, training and certification	ation helps its members profit th ts, information on the latest new chnology magazine and BTA Hot to succeed in a changing marke istomers. The mission of the Ass	rough a wide variety of vs, trends, and products line online The purpose otplace The Association is				
2		-	,	gram services during the year which	n were not listed on	□ Yes ☑ No				
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program									
3	services?									
	If "Yes," describe these changes on Schedule O									
_		•	•							
4	Sectio	n 501(c)(3) and		nplishments for each of its three lare required to report the amount of g service reported						
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	See Ad	ditional Data				· ·				
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)				
	See Ad	ditional Data								
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)				
	See Ad	ditional Data								
4d			tes (Describe in Schedule O)							
	(Expe	nses \$	ıncludıng	grants of \$) (Revenue \$)				
4e	Total	program serv	rice expenses ▶							

or X as applicable

Page 3

No

Νo

Νo

Nο

No

Nο

Nο

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No

Nο

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Nο

No

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Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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12b

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14b

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Yes

Yes

Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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t IV Checklist of Required Schedules (continued)			
		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? If "Yes," complete Schedule I, Parts I and II 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? If "Yes," complete Schedule I, Parts I and III 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,"	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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24b

24c

24d

25a

25b

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Yes

Form **990** (2017)

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orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Č	In rest, to fine sa of sp, and the organization me rount occor in the first in the	5c		
	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
а	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)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
	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			
С	Enter the amount of reserves on hand			
	<u> </u>	· I		No
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		140

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Par	art VI Governance, Management, and Disclosure For each "Yes" responses				" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this F	_					✓
Se	Section A. Governing Body and Management	alt VI	•	<u> </u>	• •		
	Joseph January and Hanagonion					Yes	No
1a	1a Enter the number of voting members of the governing body at the end of	the tax year	1a	7			
	If there are material differences in voting rights among members of the go body, or if the governing body delegated broad authority to an executive of similar committee, explain in Schedule O						
b	b Enter the number of voting members included in line 1a, above, who are in	ndependent	1b	7	,		
2	2 Did any officer, director, trustee, or key employee have a family relationsh officer, director, trustee, or key employee?	nip or a busine		tionship with any other	2		No
3	3 Did the organization delegate control over management duties customarily of officers, directors or trustees, or key employees to a management comp				3		No
4	4 Did the organization make any significant changes to its governing docum	ents since the	prior F	Form 990 was filed?	4		No
5	5 Did the organization become aware during the year of a significant diversity	on of the orga	nızatıo	n's assets? .	5		No
6	6 Did the organization have members or stockholders?				6		No
7a	7a Did the organization have members, stockholders, or other persons who h	ad the power	to elec	t or appoint one or more			
	members of the governing body?				7a		No
b	b Are any governance decisions of the organization reserved to (or subject to persons other than the governing body?	o approval by) mem	bers, stockholders, or	7 b		No
8	8 Did the organization contemporaneously document the meetings held or with following	ritten actions	undert	taken during the year by			
а	a The governing body?				8a	Yes	
b	\boldsymbol{b} $$ Each committee with authority to act on behalf of the governing body? $$.				8 b	Yes	
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, S organization's mailing address? If "Yes," provide the names and addresses			t be reached at the	9		No
Se	Section B. Policies (This Section B requests information about polici	cies not requ	ııred b	y the Internal Revenu	e Code	e.)	
						Yes	No
	0a Did the organization have local chapters, branches, or affiliates?				10a		No
b	b If "Yes," did the organization have written policies and procedures governing and branches to ensure their operations are consistent with the organizations.				10b		
11a	1a Has the organization provided a complete copy of this Form 990 to all mer form?	nbers of its go	vernin •	g body before filing the	11a		No
b	b Describe in Schedule O the process, if any, used by the organization to rev	view this Form	990				
12a	2a Did the organization have a written conflict of interest policy? <i>If "No," go t</i>	o line 13 .			12a	Yes	
b	b Were officers, directors, or trustees, and key employees required to disclo conflicts?	se annually in	terests • •	that could give rise to	12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compl Schedule O how this was done		policy •	? If "Yes," describe in	12c	Yes	
13	3 Did the organization have a written whistleblower policy?				13		No
14	4 Did the organization have a written document retention and destruction po	olicy?			14		No
15	5 Did the process for determining compensation of the following persons inc persons, comparability data, and contemporaneous substantiation of the d						
а	${f a}$ The organization's CEO, Executive Director, or top management official .				15a		No
b	\boldsymbol{b} Other officers or key employees of the organization				15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instruc	tions)					
16a	6a Did the organization invest in, contribute assets to, or participate in a join taxable entity during the year?		mılar a	errangement with a	16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring in joint venture arrangements under applicable federal tax law, and take s status with respect to such arrangements?	teps to safegu	ard th				
					16b		
	Section C. Disclosure 7. List the States with which a copy of this Form 990 is required to be filed.						
17	7 List the States with which a copy of this Form 990 is required to be filed▶	IL, MO					
18	8 Section 6104 requires an organization to make its Form 1023 (or 1024 if a available for public inspection. Indicate how you made these available. Chi			990-T (501(c)(3)s only)			
	\square Own website \square Another's website $ ewline olimits$ Upon request \square Other	(explain in S	chedul	e O)			
19	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 ►Brent Hoskins 12411 Wornall Road Kansas City, MO 64145 (816) 303-4		iization	's books and records			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check 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 • 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, or 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 (B) (A) (C) (D)

(A) Name and Title	(B) Average hours per week (list any hours	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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) Jim Donnellon Director	1 00	Х		х				0	0	0	
(2) Dan Castaneda President	1 00	х		х				0	0	0	
(3) John Eckstrom President-Elect	1 00	х		х				О	0	0	
(4) Erik Crane Director	1 00	Х		х				0	0	0	
(5) Robert Evans Vice-President	1 00	Х		х				0	0	0	
(6) Tim Renegar Director	1 00	х		х				0	0	0	
(7) John Hines Director	1 00	Х		х				0	0	0	
(8) Brent Hoskins Executive Director	40 00					X		178,245	0	0	
										Form 990 (2017)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and Title Average hours per week (list any hours		Position (do not check more than one box, unless person is both an officer and a director/trustee) Report competitions of the competition of the						Report compe from organiza	(D) (E) ortable ensation im the cation (W- organizations (**)				
	for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee key employee Officer Institutional Trustee Individual trustee			o-MISC)	2/1099-MISC)	organizati relati organiza	ed			
											_		
1b Sub-Total			٠.	٠.		 					\perp		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)			٠.			▶ [1	78,245		0		0
Total number of individuals (including of reportable compensation from the	but not limited	to thos					rece	eived mor	e than \$	100,000	<u> </u>		
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>										d employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization										lividual for	5	103	No
Section B. Independent Contract	ors						_						
Complete this table for your five high- from the organization. Report comper											npens	sation	
<u> </u>	(A) and business addre		•							(B) cription of services		(C Compen	
Schoenberg Finkel Newman & Rosenberg LL Legal Services								120,000					
222 S Riverside Plaza Suite 2100 Chicago, IL 60606													

Part \	7			a respo	onse or note to any	line in this	s Part VIII				🗆
		Check ii Schedu	ic o contains	и гезр	Shipe of Hote to any	(A) Total rev)	Relat exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				rev	enue		512-514
ants ants	Ŀ	• Membership dues		1b	523,919						
Gra not		: Fundraising events		1c							
	6	f Related organization	ns	1d							
<u> </u>		Government grants (c	ontributions)	1e							
ons, Sim	f	All other contributions and similar amounts n	, gıfts, grants, ot ıncluded	<u> </u>	100						
Contributions, Giffs, Grants and Other Similar Amounts	9	above Noncash contribution		1f	100						
ngu	 	in lines 1a-1f \$ Total.Add lines 1a-1	ı f		•						
	<u> "</u>	Total.Add lilles 1a-1		• •	Business		24,019			1	
Program Service Revenue	2a	Educational services			Business	611710	39:	3,405	393,4	05	
3	_	Office Technology ad sa	ies			511120		2,248		162,24	.8
<u> </u>		Pro Tech Certification				611710	6	2,922	62,9	22	
ž	d	Membership services				611710	4	1,090			41,09
8	e										
gran		All other program se	rvice revenue	:							
P.		Fotal. Add lines 2a-2			6	59,665					
		investment income (i			interest, and other	1					
	S	ımılar amounts) .			•	<u> </u>	193,920				193,92
		income from investm									
	5 F	Royalties	() D		ı	<u> </u>					
	62	Gross rents	(ı) Rea	I	(II) Personal	-					
	va	Gross rents									
	b	Less rental expenses				1					
		Rental income or				-					
	Ĭ	(loss)									
	d	Net rental income o	r (loss)			<u>] </u>					
			(ı) Securi	ties	(II) Other	1					
		Gross amount from sales of	1,2	230,373							
		assets other than inventory									
	b	Less cost or				1					
	_	other basis and sales expenses		85,916							
	c	Gain or (loss)	(544,457		1					
	d	Net gain or (loss)			>	<u> </u>	644,457				644,45
	8a	Gross income from f	undraising ev	ents of							
Other Revenue		(not including \$ contributions reports	ed on line 1c)		J						
e e		See Part IV, line 18				1					
ď		Less direct expense				_					
he		Net income or (loss) Gross income from g		_	ents •	1					
δ		See Part IV, line 19									
				а]					
		Less direct expense		b							
		Net income or (loss)		activit	ies •	1					
ľ		Gross sales of invent returns and allowand									
				а							
	b	Less cost of goods s	sold	b							
	С	Net income or (loss)		invent							
-	11	Miscellaneous			Business Code 541800	1	227,347			227,347	
	11.	a Dealer group spons	ors		341600	<u>'</u>	227,347			227,347	
	h				525990		37,799				37,79 [.]
	ט	Royalty Income			323990		31,133				37,79
	С										
		All -th									
		All other revenue . Total. Add lines 11a									
					•		265,146				
	12	Total revenue. See	Instructions		· · · •		2,287,207		456,327	389,595	917,266
											Form 000 (2017

Part IX Statement of Functional Expenses	
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orm 990 (2017)				Page 1 0
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	anızatıons must com	nplete column (A)	
Check if Schedule O contains a response or note to a	ny line in this Part IX		<u> </u>	<u> 🗆 </u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Par IV, line 22	t			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members	79,007			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (a defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	s			
7 Other salaries and wages	390,864			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,940			
9 Other employee benefits	38,195			
10 Payroll taxes	27,659			
11 Fees for services (non-employees)				
a Management				
b Legal	121,500			
c Accounting	36,633			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	47,979			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
.2 Advertising and promotion	23,924			
.3 Office expenses	29,306			
.4 Information technology	288,084			
.5 Royalties				
L6 Occupancy	4,171			
. 7 Travel	86,229			
1.8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9 Conferences, conventions, and meetings	244,430			
20 Interest				
21 Payments to affiliates				
2 Depreciation, depletion, and amortization	7,447			
23 Insurance	9,390			
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 Education and seminars	101,307			
b Printing and publicatio	77,918			
c Pro Tech Certification	39,438			
d Information services	3,244			
e All other expenses	9,121			
Total functional expenses. Add lines 1 through 24e	1,676,786			
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 In If following SOP 98-2 (ASC 958-720)				

13

14

15

16

17

24

25

32

33

34

Net

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Unsecured notes and loans payable to unrelated third parties

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Other liabilities (including federal income tax, payables to related third parties,

Intangible assets

Other assets See Part IV, line 11 .

Page **11**

256,423

55,908

15,421

8.106.030

7,437,033

8.106.030

Form **990** (2017)

265,188

13

14

15

16

17

24

25

32

33

34

7,214,494

8.007.416

8.007.416

247.939

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

		Beginning of year		End of ye
1	Cash-non-interest-bearing	216,235	1	
2	Savings and temporary cash investments	251,715	2	
3	Pledges and grants receivable, net		3	

201.799 2 3 94.837 4 146,442 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . 1.250.000 Inventories for sale or use . 8 75.468 9 Prepaid expenses and deferred charges

1.250.000 10a Land, buildings, and equipment cost or other 10a 206,754 basis Complete Part VI of Schedule D 191.333 18.539 b Less accumulated depreciation 10b 10c 6.100.622 6.180.037 11 Investments—publicly traded securities . 11 Investments—other securities See Part IV, line 11 . 12 12

Accounts payable and accrued expenses 18 18 Grants payable . . . 19 544.983 19 403,809 Deferred revenue . . . Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 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 23 Secured mortgages and notes payable to unrelated third parties

and other liabilities not included on lines 17-24) Complete Part X of Schedule D 792.922 26 Total liabilities. Add lines 17 through 25 . 26 668,997 Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and complete lines 27 through 29, and lines 33 and 34. 7.136.872 27 Unrestricted net assets

Fund Balances 27 7,188,107 28 77.622 28 Temporarily restricted net assets

248.926 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34. Assets or 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes

7,437,033 Part XII No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 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? 2a Nο

Yes

Yes

Nο

Form 990 (2017)

3a

3b

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 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,

2b consolidated basis, or both

Consolidated basis ☐ Both consolidated and separate basis Separate basis 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c

Additional Data

Software ID:

Software Version:

EIN: 95-1624714

Name: Business Technology Association

Form 990 (2017)

Opportunity AnalysisInfoTrends reports

Form 990, Part III, Line 4a: Channel Trends & Statistics ALL LINK REFERENCES ARE TO THE ASSOCIATION'S WEBSITE www bta org Business Equipment Quota Index (BEQI)Buyers Lab industry intelligenceFree Channel's Choice ReportFree Compensation ReportFree Financial Benchmarking ReportFree Service Productivity ReportInfoTrends Dealer Vertical Market

Business Support Services ALL LINK REFERENCES ARE TO THE ASSOCIATION'S WEBSITE www bta org Ask the Analyst serviceBackground checksBusiness valuation servicesCollection servicesCredit card processingCredit report and business information servicesEmployee assessment toolsJob descriptionsNew sales rep trainingOn-hold messaging serviceOnline office supplies shopping cart servicePayroll processingPeer collaboration groups. PRO Dealer Group and Select Dealer GroupRecruitment

Form 990, Part III, Line 4b:

servicesRelationship management/CRMTelemarketing/lead generation

Form 990, Part III, Line 4c:

webinarsTargeted educational programs for dealersOnline IT training coursesUser productivity courseware

Education ALL LINK REFERENCES ARE TO THE ASSOCIATION'S WEBSITE www bta org \$400 in educational discounts with a one-year membership or \$950 in discounts with

a two-year membershipCompTIA exam voucher discountsDistrict events and workshopsEducational alliances and member training providersMonthly Building My Business

SCHEDULE D

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

DLN: 93493060015119

OMB No 1545-0047

Supplemental Financial Statements

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

Cat No 52283D Schedule D (Form 990) 2017

(Form 990)

	anent of the freezent	 Attach to Form 990. m 990) and its instructions is at www.ii 	Open to Public rs.gov/form990. Inspection					
	me of the organization		Employer identification number					
Bus	iness Technology Association		95-1624714					
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	I					
	Complete if the organization answered "Ye							
	Takal mumban ak and af usan	(a) Donor advised funds	(b)Funds and other accounts					
1 2	Total number at end of year Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		Ivised funds are the					
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		be used only for					
Pa	rt III Conservation Easements. Complete if th	ie organization answered "Yes" on Forr	n 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)						
	Preservation of land for public use (e g , recreation	n or education) \qed Preservation of an	historically important land area					
	Protection of natural habitat	Preservation of a c	certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a conservation Held at the End of the 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	, ,	2c					
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06, and not on a historic	2d					
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organization during the					
4	Number of states where property subject to conservatio	n easement is located >						
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds		of violations, Yes No					
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conser	vation easements during the year					
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(H)^2$	above satisfy the requirements of section 1	70(h)(4)(B)(ı)					
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and					
Par	the organization's accounting for conservation easement TIII Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.					
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f						
b	provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items							
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$					
	i)Assets included in Form 990, Part X		<u> </u>					
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		· ———					
а	Revenue included on Form 990, Part VIII, line 1	· -	▶ \$					
b	Assets included in Form 990, Part X		▶ \$					

Pai	t III	Organizations Maintaining Col	lections of Art,	Histori	cal Tre	asures, or	Other	Similar As	sets (co	ontinued)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records	, check	any of th	e following t	hat are a	sıgnıfıcant u	se of its	collection	
а		Public exhibition		d		oan or excha	ange prog	ırams			
b		Scholarly research		e		ther					
c		Preservation for future generations									
4	Provi Part	de a description of the organization's col XIII	lections and explain	how the	y further	r the organiz	ation's ex	kempt purpos	se in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						nılar	☐ Yes	N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part I\	/, line 9, or	reporte	ed an amou	nt on Fo	orm 990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contribu	tions or othe	er assets	not	Yes	N	0
b	If "Y	es," explain the arrangement in Part XIII	and complete the f	ollowing	table			Ar	mount		_
С	Begir	nning balance	·	_			1c				_
d	Addıt	cions during the year					1d				_
e	Dıstr	ibutions during the year					1e				_
f	Endır	ng balance					1f				_
2a	Dıd t	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrow o	r custodial a	ccount lia	ability?	☐ Yes	. D N	_
b		es," explain the arrangement in Part XIII									
Pa	art V	Endowment Funds. Complete If	 								
1-	Daguer	one of work halance	(a)Current year	(b) Pi	rior year	(c)Two ye	ears back	(d)Three yea	rs back ((e) Four yea	rs back_
	-	ning of year balance									
		butions									
		vestment earnings, gains, and losses									
		s or scholarships									
	and pr	expenditures for facilities rograms									
		istrative expenses									
g		year balance									
2		de the estimated percentage of the curre	ent year end balanc	e (line 1	g, columr	n (a)) held a	S				
а		d designated or quasi-endowment >									
b		anent endowment >									
С	•	porarily restricted endowment									
٦-		percentages on lines 2a, 2b, and 2c shou						41			
3а		here endowment funds not in the posses nization by	sion of the organiza	ition thai	are neid	a and admini	stered ro	rtne		Yes	No
	(i) u	nrelated organizations							3a((i)	
	(ii) r	related organizations							3a((ii)	
b		es" on 3a(11), are the related organization	•						31	b	
4		ribe in Part XIII the intended uses of the		wment f	unds						
Pa	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		rm 000	Dart IV	/ line 11a	Soo Eo	-m 000 Bar	rt V lunz	. 10	
	Descr	ription of property (a) Cost or oth (investme	ner basis (b) Cos		basis (oth	· .		depreciation	•) Book valu	e
1a	Land										
		ngs									
		nold improvements									
		ment			206,	754		191,333			15,421
	Other							151,555			
		ines 1a through 1e (Column (d) must e	ual Form 990. Part	X, colur	nn (B). li	 ne 10(c)		>			15,421
			,	.,		· - · · - / / ·	-	1			,

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
E)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) b) part X Part X .) Federal (Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Part XI

2

b

b

Part XII

5

1

2

c

d

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

-418,192

2,239,228

47,979

2,287,207

1,689,607

60,800

47,979

1.676.786

Schedule D (Form 990) 2017

1,628,807

Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lii

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, but not o

c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1

d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
}	Subtract line 2e from line 1
	Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

4b

2a

2b

2c

2d

4a

4b

Explanation

-478.992

60.900

-100

47,979

60,900

-100

47.979

2e

3

4c

5

2e

3

4c

Page 5		Schedule D (Form 990) 2017 Part XIII Supplemental Informa				
	ormation (continued)					
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 95-1624714

Name: Business Technology Association

Supplemental Information

Return Reference	Explanation				
Part X, Line 2	The Association's accounting policy is to provide liabilities for uncertain income tax provisions when a liability is probable and estimable. The Association has no uncertain income tax positions for the years ended June 30, 2018 and 2017. Management is not aware of any violation of its status as an organization exempt from income tax. The Association is no longer subject to audits for periods prior to fiscal 2015.				

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Items netted on 990 vs f/s (agrees to reconciliation of expense amount)

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Items netted on 990 vs f/s (agrees to reconciliation of income amount)

S

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19306	0015	119	
Sch	nedule J	Co	ompensati	ion Information	OM	1B No	1545-0	0047	
(Form 990)		▶ Attach to Form 990.					2017 Open to Public		
•	tment of the Treasury al Revenue Service	▶ Information al		I (Form 990) and its instructions i .gov/form990.	is at C		to Pul ectio		
Nar	me of the organiz				Employer identificat				
Bus	iness Technology As.	sociation			95-1624714				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
		companions	님	Payments for business use of person					
		nification and gross-up payment	s 📙	Health or social club dues or initiation					
	□ Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cher)				
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b			
2				or allowing expenses incurred by all	. 1-3	2			
	airectors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e Ta,				
3	organization's C	EO/Executive Director Check al	I that apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	☐ Compens	ation committee		Written employment contract					
		ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b		r receive payment from, a suppl		lified retirement plan?		4b		No	
C		r receive payment from, an equ	,	<u> </u>		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	: III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9					
5	For persons liste		n A, line 1a, did	the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	n?				6a			
b	Any related orga					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixed art III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017	

Part 11 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

			y Employees, and Hi								
instructions, on row (ii)	For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual										
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive compensation reportable compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990			
1 Brent Hoskins	(i)	174,855	3,390	0	0	0	178,245	0			
Executive Director	(ii)	0	0	0	0	0	0	0			
								_			

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493060015119
SCHEDUL (Form 990 or EZ)	Form 990 or 990-EZ ses to specific questions on additional information. 990-EZ. 90-EZ) and its instructions is at	OMB No 1545-0047 2017 Open to Public Inspection	
Name of the org Business Technolo		95-1624714	tification number
Return Reference	Explan	ation	
Form 990, Part VI, Section B, Inne 11b	A copy of the Form(s) 990 and 990-T are emailed to each Officer or along with a letter of explanation from the Executive Director	n the Board of Directors	

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c
In Association has a written conflict of interest policy that requires the Directors to a nnually disclose potential conflicts of themselves and their family members on a questiona ire distributed by the Executive Director. The Executive Director ensures that all questionaires are completed, reviews them for conflicts, and submits to the Board of Directors for review any questionnaires that disclose actual or potential conflicts.

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15

A written or oral review is generally not completed, however, when raises are granted they are approved by the National President of the Board of Directors and Executive Director
The Department of Labor's Consumer Price Index is used as a guideline

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C,
We post our by-laws on our website and make the following available upon request Conflict
of interest policy Form 1023 Application for Tax Exemption Form 990 Audited financial sta

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, AIMED group merger 124,650 AIMED member dues -33,540

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

(Form 990)

Department of the Treasury

Name of the organization Business Technology Association

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2017

Schedule R (Form 990) 2017

Employer identification number

DLN: 93493060015119

OMB No 1545-0047

Open to Public Inspection

1

➤ Attach to Form 990.
➤ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

95-1624714 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)Business Technology Association Scholarship Foudation SCHOLARSHIPS ΙL 501(c)(3) No 12411 Wornall Road N/A Kansas City, MO 64145 23-7157221 IL (2) Business Technology Association Welfare Benefit Trust BENEFITS 501(c)(9) No 12411 Wornall Road N/A Kansas City, MO 64145 20-0777387

Cat No 50135Y

		(b) Primary	1										
(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Schedule R (Form 990) 2017		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a		No
b Gıft, grant, or capıtal contribution to related organization(s)	. 1b		No
c Gift, grant, or capital contribution from related organization(s)	-	:	No
d Loans or loan guarantees to or for related organization(s)	. 1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g	\Box	No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	\rightarrow	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
_	Charges of facilities accommend weather another control well-read eventually (a)	1n	-	No

i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1 p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
	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		

I Exchange of assets with related organization(s)			•	+	NO			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No			
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No			
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No			
o Sharing of paid employees with related organization(s)				10	No			
p Reimbursement paid to related organization(s) for expenses				1p	No			
q Reimbursement paid by related organization(s) for expenses				1q	No			
r Other transfer of cash or property to related organization(s)				1r	No			
f s Other transfer of cash or property from related organization(s)				1s	No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trar	nsaction thresholds	•				
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining amount								
	1							

Schedule R (Form 990) 2017

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

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 investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017