As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492062001250 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 B Check if applicable D Employer identification number C Name of organization DATA MANAGEMENT ASSOCIATION PUGET SOUND ☐ Address change ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return ECM 20365 113 Cherry St ☐ Final return/terminated (253) 336-6420 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Seattle, WA 981042205 F Group Exemption ☐ Application pending Number ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►https://dama-ps.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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 33,395 Program service revenue including government fees and contracts 2 3 3 2,200 4 4 145 5a Gross amount from sale of assets other than inventory 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ _0 fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 0 0 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с c 8 Other revenue (describe in Schedule O) . . . 8 9 35,740 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 10 10 Grants and similar amounts paid (list in Schedule O) . 0 11 11 Benefits paid to or for members 12 12 0 Salaries, other compensation, and employee benefits . Expenses 13 13 943 Professional fees and other payments to independent contractors 14 25,586 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 626 16 Other expenses (describe in Schedule O) 16 17 **Total expenses.** Add lines 10 through 16 17 27.155 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,585 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 27,902 20 Other changes in net assets or fund balances (explain in Schedule O) . 36,487 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2019) Cat No 10642I

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V $oldsymbol{.}$			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No_
33	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	٥		
b	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	1 1		
	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization \blacktriangleright			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ Patrick Edward Zeine Telephone	no 🏲 <u>(36</u>	50) 320-	3236
	Located at ► 5377 April Dr Langley , WA ZIP + 4	98260		
			Yes	No
b	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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	443		
45 ~	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		No
	Did the organization have a controlled entity within the meaning of section $512(D)(13)$?			140
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
		_		

Form 99	90-EZ (20	19)							Page 4
								Yes	No
		anization engage, directly or indir for public office? If "Yes," complet					46		No
Part	All s	tion 501(c)(3) Organizationsection 501(c)(3) organizations	s must answer questi	ons 47- 49b and !	52, and	complete the ta	bles for	lines 50	and 51
	Chec	k if the organization used Schedul	e O to respond to any qu	uestion in this Part \	/I			Yes	□ │ No
47 D	and the even	janization engage in lobbying activ	ution or have a costion El	21/h) alastian in aff	oot dumo	the tay years			
		mplete Schedule C, Part II			_		. 47		
48 Is	s the orga	nızatıon a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete S	Schedule E		. 48		<u> </u>
49 a D	old the org	anization make any transfers to a	n exempt non-charitable	related organization	n ²		. 498	•	<u> </u>
b If	f "Yes," wa	as the related organization a section	on 527 organization? .				. 491	<u> </u>	
		his table for the organization's five eceived more than \$100,000 of co					es and ke	ey emplo	yees)
	(a) Nam	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	contr 9- b	d) Health benefits ributions to emplo benefit plans, and erred compensations.	yee of ot		d amount pensation
		nber of other employees paid over his table for the organization's five			ore who		e than ¢	100 000 4	
	ompensat	ion from the organization If there	ıs none, enter "None "						
	•	(a) Name and business address of	each independent contr	actor	(b) T	ype of service	(c) Com	pensatio	<u>1</u>
									—
d	Total num	nber of other independent contract	ors each receiving over	\$100,000 		•			
52	Did the d	organization complete Schedule A?	NOTE. All section 501(c	c)(3) organizations i	must atta	ch a			
		ed Schedule A	•				. ▶ 🖂	res 🗌	No
knowled		f perjury, I declare that I have exa elief, it is true, correct, and comple ge							
						2020-02-24			
Sign	Sigi	Signature of officer Date							
Here		rick Zeine Co-VP Finance be or print name and title							
Da:d		Print/Type preparer's name	Preparer's signature	D	ate	Check L If	IN		
Paid Prepa	arer	Firm's name				self-employed Firm's EIN ▶			
Use Only		Firm's address ▶ Phone no							
May the	e IRS disci	uss this return with the preparer sl	nown above? See instruc	tions		· · · · •	□ Yes	□No)

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 94-3111734

Name: DATA MANAGEMENT ASSOCIATION PUGET SOUND

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.)			
All scellaneous Items and Future BusinessEDW RecapJeff will send out info about the CDMP changes with the board was reviewed to talk about the changes to this at any of our events. Could potentially do this at the beginning of DAMA Day DAMA Day 2019 Planning (6 30pm)ContractWebsiteSpeakers KeynoWe have one official open slot. We will wait until Firday to hear from Microsoft before deciding on who should fill it kimberly can no longer attend but has suggested a back-up. Laura to reach out to her suggested replacement, Carl, to see if there is any timing in commitment for him to speak iii Final date for all presentations our speakers will be April 14th iv Board leeds to review the presentations. Jeff will send out the two presentations we have received for board review kernind the board we are not reviewing content for expertise/editing/proofing. Our job is to review it for no inales/marketing Complete the review by Sunday 4/7 D Sponsors Unify Consulting was noviced for Silver + iii Alteryx only wants a speaking engagement. If Denodo falls through, we could notentially use Alteryx iv Will revisit the gold sponsorship after the Denodo deadline. (Tableau, Alteryx and Collibra expressed interest in the Gold level.) y Jeff reviewed the potential sponsorship list and got status from the load of the status of the second of the second programs and the second program in the second program in the second program is the second program in the second program is a second program in the second program in the second program is a second program in the second program in the second program is a second program in the second program is a second program in the second program in the second program is a second program in the second program in the second program is the second program in the second program in the second program is a second program in the second program in the second program is second program in the second program in the second program is second program in the second program in the second program in the second program in t	28a	0		