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Form 990-EZ

Department of the Treesury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must like Form 980 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$600,000 at the end of the year may use this form.

Open to Public Inspection

➤ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service , 20 2012, and ending A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable Address change Syracuse Association of Administrators and Supervisors 27-1230110 Room/suite E Telephone number Name chance Number and street (or P.O. box, if mail is not delivered to street address) Initial return 1025 Erie Blvd. W. 315-727-4974 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Syracuse, New York 13204 H Check ▶ ☑ If the organization is not Accounting Method: Other (specify) ▶ required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - ☐ 501(c)(3) [V 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Check > if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000, A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I 四 Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received <u>1,910</u> 2 2 Program service revenue including government fees and contracts 3 3 107,865 4 35 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . Gaming and fundraising events Gross income from garning (attach Schedule G if greater than Revenue b Gross income from fundraising events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a (N) Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c **60** 8 8 APR Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 109.810 10 Grants and similar amounts paid (list in Schedule O) 10 73,039 SCANNED 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 . 13 500 14 14 Printing, publications, postage, and shipping . . . 15 15 307 16 Other expenses (describe in Schedule O) 16 31,080 17 Total expenses. Add lines 10 through 16 . . . 17 104,619 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 4884 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 74,663 Other changes in net assets or fund balances (explain in Schedule O) žež 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 20 21 75,607

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For Paperwork Reduction Act Notice, see the separate instructions.

P-V

Form 990-EZ (2012)

Cat. No. 106421

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Part	•	•	ny augetion in this	Part II		🗵
	Check if the organization used Schedul	e o lo respond to a	iry quesuon in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			70,370		73,178
23	Land and buildings				23	73,170
24	Other assets (describe in Schedule O)			4,293		2,429
25	Total assets			74,663		75,607
26	Total liabilities (describe in Schedule O) .				26	(
27	Net assets or fund balances (line 27 of column	nn (B) must agree wit	h line 21)	74663	27	75,607
Part		•		•		Expenses
	Check if the organization used Schedul			Part III 🗸	(Req	ulred for section
What	is the organization's primary exempt purpose?	professional develo	oment			c)(3) and 501(c)(4) nizations and section
as me	ribe the organization's program service accomp easured by expenses. In a clear and concise as benefited, and other relevant information for	manner, describe th	f its three largest (e services provide	orogram services, d, the number of	4947	(a)(1) trusts; optional thers.)
29	(Grants \$) If this amour	nt includes foreign gra	ants, check here .	<u></u> ▶ □	28a	
-	Const. C	nt includes foreign gr	ante check hare		29a	
30	(Grants \$) If this amour		ins, creck refe .	· · · · · · · · · · · · · · · · · · ·	254	
-						
- 4		nt includes foreign gra			30a	
	Other program services (describe in Schedule O				١	ļ
	(Grants \$) If this amour Total program service expenses (add lines 28s	nt includes foreign gra			31a	
Part						ione for Part NA
rait	Check if the organization used Schedul					•
	Officer if the organization deed ocheco	(b) Average	(c) Reportable	(d) Health benefits,	ii	<u>····</u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS) (If not paid, enter -0-		0	Estimated amount of ther compensation
James	s Cannon				$\neg \neg$	
Execu	tive President	8		0	0	
<u>Brian</u>	Nolan	_	Ì		1	
Presid	ient (1/1/12-8/31/12)	8		0	0	
	r Grimes				ı	
	lent (9/1/12-12/31/12)	8	<u> </u>	0	이	
	r Grimes	·		_	. i	
	ce President (1/1/12-8/31/12)	3	 	0	익 -	
	DeSantis ce President (9/1/12-12/31/12)	3		0		(
	DeSantis	- 			⇈	·····
	ice President (1/1/12-8/31/12)	3		0	اه	(
	Mulvey			Ť	┪-	_
	tary (1/1/12-8/31/12)	5		o	0	
	e Harlow				\top	
Secret	tary (9/1/12-12/31/12)	5		o	0	
	t Alien				Ţ	
Treasu	urer	5		0	0	
Leo C	osgrove					
2nd Vi	ice President (9/1/12-12/31/12)	3		0	4	
					+	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this					
	mondono for the try officer in the against the contract of the testing of the tes		Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
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)					
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)?			1		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1		
c	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			√		
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			1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a					
b	Did the organization file Form 1120-POL for this year?	37b		✓		
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		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa				
39	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶					
b	Section 501(c)(3) and 501(c)(4) 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					
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T					
41	List the states with which a copy of this return is filled ▶					
42a						
h	Located at ► 1025 Erie Blvd. W., Syracuse, New York13204 ZIP + 4 ► 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	Yes	No /		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		✓		
43	If "Yes," enter the name of the foreign country: ► 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		
44 ₈	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1		
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
c d	Did the organization receive any payments for indoor tanning services during the year?					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 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	<u></u>	_✓		

romi 991	V-EZ (2)	U12)							Page 4
		ne organization engage, directly or in ndidates for public office? If "Yes," o							No
Part \	71.	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51	only s must answer que	stions 47-49b an	d 52, and	I complete th	e table	s for lin	163
		Check if the organization used Sch	nearine O to respond	to any question ir	i uis Pen	(VI	· · · ·		;. Ц
		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec	tion in eff	ect during the	- 1	Yes	No
48	is the	organization a school as described in	section 170(b)(1)(A)(i				. 4		1
		ne organization make any transfers to					. 49	a	1
			ras the related organization a section 527 organization?						1
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key imployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."							
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefits, contributions to employee benefit plans, and deferred compensation				
									·····
51	Comp \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organization	s five highest compo nization. If there is no	ensated independe			h receive		e then
) Name and address of each independent contractor paid more the								
									
	Total	number of other independent contra	ectore each receiving	over\$100,000					
52	Did t	he organization complete Schedule A xempt charitable trusts must attach a	\? Note: All section 5	i01(c)(3) organizatio	ns and 49		▶ □ Y	es 🗹	No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than				owledge.		and belief	l, it is
Sign Here		Signature of officer Robert C Allen Type or print name and title	nfr	9/8//3 Date					
Paid		Print/Type preparer's name	Preparer's signature		Date	Check C		N	
Prepa		Pulsana >	. 	L			محدا		
Use (Only	Firm's name ▶				Firm's EIN ▶ Phone no.			
May th	e IRS		with the preparer shown above? See instructions				POY	es 🗆	No
								990-E	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

27-1230110 Syracuse Association of Administrators and Supervisors Part 1, line 10 Membership dues are paid for regular services, publications, professional development, etc. to the School Administrators Association of New York State (SAANYS), 8 Airport Park Blvd, Latham, NY, 12110, Kevin Casey, Executive Director, email--kcasey@saanys.org, ph.518-786-9237 \$68,714 Contributions to small charities \$1325 Scholarships for High School Students to offset college tultion \$3000 **TOTAL LINE 10 \$73,039** Part 1, line 13 Legal services \$500 Part 1, Line 16 **Professional and Staff Development Conferences** \$12,274 **Local Membership Meetings and Staff Development Opportunities** 10,076 Office Supplies and Equipment 1,257 Flower and Gift Fund 855 **Cell Phone Reimbursements** 1,757 1,055 **Professional Dues Reimbursements** 3,806 Clambake for Membership 31,080 **TOTAL, LINE 16** Part 2, Line 24 \$1600 IPAD 2 (4) **Laptop Computer** 829

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer Identification number
Syracuse Association of Administrators and Supervisors	27-1230110
Part III, Statement of Program Service Accomplishments PRIMARY EXEMPT PURPOSE	
The organization's primary purpose is to provide support and sponsor high quality professional development	nent opportunities for all 116
members. By differentiating membership needs and providing targeted growth opportunities, the organization	ation's focus is to advance
leadership practices, enhance professional growth and develop extraordinary educational leaders. The or	ganization is committed
to the preparation and support of current and future educational leaders.	
ACHIEVEMENTS	
The organization spends approximately 75% of its overall budget supporting professional development or	pportunities.
All members belong to the School Administrators Association of New York State (SAANYS) which provide	es on-line courses, leadership
academies, and trained mentors.	
The organization's Professional Development Committee offers one day workshops on relevant topics for	groups and individuals.
The organization allocates funds to members, who apply, and attend a variety of local, state and national of the organization allocates funds to members, who apply, and attend a variety of local, state and national of the organization allocates funds to members, who apply, and attend a variety of local, state and national of the organization allocates funds to members, who apply, and attend a variety of local, state and national of the organization allocates funds to members, who apply and attend a variety of local, state and national of the organization allocates funds to members, who apply and attend a variety of local, state and national of the organization allocates funds to members, who apply and attend a variety of local, state and national of the organization allocates funds to the organization allocates	conferences.