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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2013

Open to Public
Inspection

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

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

KS COUNTY CLERKS & ELECTION OFFICIALS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)

1200 SW 10TH AVE

Room/suite

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

TOPEKA

KS 66604

D Employer identification number

20-5889377

E Telephone number

(785) 877-5710

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►I Website: ► www.kscountyclerks.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 63,242.

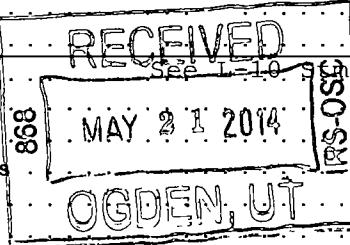
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received.	1	3,518.
2 Program service revenue including government fees and contracts	2	36,354.
3 Membership dues and assessments	3	23,370.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,242.
10 Grants and similar amounts paid (list in Schedule O)	10	6,000.
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	16,415.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	36,784.
17 Total expenses. Add lines 10 through 16	17	59,199.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,043.
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	138,508.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	142,551.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	138,508.	22 142,551.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	138,508.	25 142,551.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,508.	27 142,551.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

What is the organization's primary exempt purpose? [See Organization's Primary Exempt Purpose](#)
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 and section 4947(a)(1) trusts, optional for others)

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 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 33 Yes No X
- 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 Yes No X
- 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 Yes No X
- b 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 Yes No
- 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 35c Yes No X
- 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 Yes No X
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No 0 37b Yes No X 38a Yes No X
- b Did the organization file Form 1120-POL for this year? 37b Yes No X
- 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 Yes No X
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No
- 39 Section 501(c)(7) organizations Enter 39a Yes No 39b Yes No
- a Initiation fees and capital contributions included on line 9 39a Yes No
- b Gross receipts, included on line 9, for public use of club facilities 39b Yes No
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► 40b Yes No
- 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 40c Yes No
- c 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. 40d Yes No
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No X
- e 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 filed ►

- 42a The organization's books are in care of ► ROBERT WYATT Telephone no ► (785) 877-5710
Located at ► P.O. BOX 70 NORTON KS ZIP + 4 ► 67654 42b Yes No X
- 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)? 42c Yes No X
- 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 of the U S ? 43 Yes No
If 'Yes,' enter the name of the foreign country ►

- 43 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 43 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 Yes No X
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 Yes No X
c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d Yes No

- 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a Yes No X
b 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 Yes No X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes', complete Schedule C, Part I.

	Yes	No
46	X	X

Part VI. Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		

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

48		
49 a		
49 b		

49a Did the organization make any transfers to an exempt non-charitable related organization?

49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

f Total number of other employees paid over \$100,000. ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

► *James H. Wright*
Signature of officer

Date

05-14-2014

**Sign
Here** ► Robert D. Wyatt
Type or print name and title

Treasurer

Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	KIRK F. WOLTERS, CPA		KIRK F. WOLTERS, CPA	04/27/14		P01172660
	Firm's name ► KIRK F. WOLTERS, CPA			Firm's EIN ► 46-1705129		
	Firm's address ► 11827 CRAIG STREET OVERLAND PARK					
			KS 66210	Phone no (913) 338-3612		

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

KS COUNTY CLERKS & ELECTION OFFICIALS ASSOCIATION

Employer identification number

20-5889377

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

WEB SITE MAINTENANCE	400.
OFFICER EXPENSE REIMBURSEMENTS	347.
CONFERENCE EXPENSE	34,009.
T-SHIRTS	729.
COFFEE MUGS	549.
MISCELLANEOUS EXPENSE	441.
OFFICER GIFTS	309.
Total	<u>36,784.</u>

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

Organization's Primary Exempt Purpose

PROVIDE ACCESS TO CONTINUING EDUCATION
AND PROFESSIONAL DEVELOPMENT BY BEING
A MEMBER OF THE KANSAS COUNTY OFFICIALS
ASSOCIATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment SCHOLARSHIPS TO COLLEGE STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIPS</u>	Business . . <input type="checkbox"/> Person <input type="checkbox"/>		
			<u>6,000.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined