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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 C Name of organization Colorado Association of School Business Officials D Employer identification number Check if applicable. Address change Doing Business As 742354545 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/surte E Telephone number 4627 W 105th Way 720 427 6560 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Westminster, CO 80031 Amended return G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Tyes Ves No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: www.ColoradoASBO org H(c) Group exemption number Form of organization: Corporation Trust ✓ Association ☐ Other ► L Year of formation M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Mission is to develop and improve skills of K-12 School Business Officials. Activities center around annual educational conferences held for the purpose of developing Activities & Governance and improving skills of school business administrators and managers. Membership is over 200 2 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 3 10 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column 7a 0 Net unrelated business taxable income from Form 990 T. line 34 0 Current Year ğ Contributions and grants (Part VIII, line 18) 8 62,665 45,372 Revenue Program service revenue (Part VIII, line 2g) 9 135,722 182,885 Investment income (Part VIII, column (A), line; 388 10 203 11 Other revenue (Part VIII, column (A), lines 5, 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 198,387 12 228,460 1,200 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,200 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 203,405 227,897 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 204.605 230,097 19 Revenue less expenses. Subtract line 18 from line 12 (6,218)(1,637)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 182,961 181,324 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 182,961 181,324 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Preparer's signature Print/Type preparer's name **Paid** Check | if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Yes No

| ronn sa | 50 (2013) | raye ∠ |
|---------|--|---------------|
| Part | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u> U</u> |
| 1 | Briefly describe the organization's mission: | |
| | developing and improving skills of K-12 school business Officials | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| - | | res ☑ No |
| | If "Yes," describe these new services on Schedule O. | es 🖭 140 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| Ū | | ′es ☑No |
| | If "Yes," describe these changes on Schedule O. | es 🖸 No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as r | messured by |
| • | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | |
| | the total expenses, and revenue, if any, for each program service reported. | , |
| | | |
| 4a | (Code: 611430) (Expenses \$ 60,039 including grants of \$) (Revenue \$ 12 | 0,990) |
| | (0000) | |
| | CASBO Annual Spring Meeting and Conference: educational conference held for the purpose of developing | |
| | and improving skills of school business administrators and managers. Attendance of over 150 | |
| | | |
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| | *************************************** | |
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| | | |
| | *************************************** | |
| 4b | (Code: 611430) (Expenses \$ 45,684 including grants of \$) (Revenue \$ 2 | 8,955) |
| | | |
| | Attend ASBO Conference educational conference held for the purpose of developing | |
| | and inproving skills of school business administrators and mangers | |
| | | |
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| | | |
| | | |
| 4c | (Code: 611430) (Expenses \$ 23,055 including grants of \$) (Revenue \$ 3 | 2,940) |
| | ••••••••••••••••••••••••••••••••••••••• | |
| | Colorado ASBO Fall Conference: educational conference held for the purpose of developing | |
| | and improving skills of school business administrators and managers. Attendance of over 110 | |
| | | |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► | |

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| Form 99 | 0 (2013) | | | Page \$ |
|---------|---|------------|--------------|----------|
| Part I | V Checklist of Required Schedules | | | |
| _ | 1 d | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | \ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 2 | \ <u> </u> | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | 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? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | 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 | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | 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 services? If "Yes," complete Schedule D, Part IV | | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 9 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | 10 | | • |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11a | | √ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11b | - | ✓ |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11c | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | 1 |
| f | 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. | 111 | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | √ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | > |
| 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 | 445 | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 14b | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 15 | | √ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 16 | | * |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | V |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20h | - | <u> </u> |

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|----------|---|------------|-----|----------|
| Part l | V Checklist of Required Schedules (continued) | | | , |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | Yes | No |
| 22 | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | / |
| 23 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 complete Schedule K. If "No," go to line 25a | 24a | | √ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | 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? If so, complete Schedule L, Part II | 26 | | 1 |
| 27 | 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 of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | F |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | , |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| b | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |

Form **990** (2013)

| Part | | | | _ |
|------------|--|-------------|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | , | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | 1 |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | <u> </u> |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | - | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 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 | | ✓ |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓_ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6 a | 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 | | 1 |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 a | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | • |
| a | and services provided to the payor? | 7- | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 10 | | |
| • | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 10 | | |
| 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 | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | - |
| ň | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | - 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a b | Gross income from members or shareholders | - | | |
| U | | | | |
| 12a | against amounts due or received from them.) 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 12b | 120 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| ь | 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 | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |

| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | |
|---------|--|------------|--------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . 🗸 |
| Section | on A. Governing Body and Management | | | |
| _ | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 10 | 1 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | i |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with |] | | |
| | any other officer, director, trustee, or key employee? | 2 | | V |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 6 | Did the organization have members or stockholders? | 6 | | ✓ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | _ | ĺ | ١. |
| _ | one or more members of the governing body? | 7a | | - |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 1 | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7b | ļ | |
| Ū | the year by the following: | | | |
| а | The governing body? | 8a | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | - | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | √ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 400 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 10b 11a | | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | Ha | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? | 12b | | Ť |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | ✓ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | } |
| | with a taxable entity during the year? | 16a | | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Section | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | n 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 10 | Own website Another's website Upon request Other (explain in Schedule O) | | !'- | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. | erest | holic | y, and |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | of the | | |
| _0 | organization: | or trie | • | |

| _ | - |
|------|-----|
| Page | - 1 |

Form 990 (2013)

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 | _ | _ | _ | _ | _ | _ | _ | _ | _ | Г |
|---|--|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

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 year.
- 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, and 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.

| Crieck this box in Heither the organization hor | , | - v.g. | • | (0 | C) | <u> </u> | | | | , 000.00. |
|---|--|-------------------------|-----------------------|-------------|--------------|------------------------------|--------|--|---|--|
| (A) | (B) | (do n | | Pos eck | | e than o | one | (O) | (E) | (F) |
| Name and Title | Average hours per | box, | unles | s pe | rson | ıs both or/trusi | an | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Mark Wilsey | | | | | | | | | | |
| President | 2 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) Bill Sutter | | | | | | | | | | |
| Vice President | 2 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) Cyndi Wright | | | | | | | | | | |
| Past President | 2 | ✓ | | > | | | | 0 | 0 | 0 |
| (4) Ron McCulley | | | | | | | | | | |
| ASBO Liaision | 2 | ✓_ | | > | | | | 0 | 0 | 0 |
| (5) Shelley Becker | | | | | | | | | | |
| Treasurer | 2 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (6) Cristal Swain | | | | | | 1 | | | | |
| Secretary | 2 | ✓ | | > | | | | 0 | 0 | |
| (7) Brennan Mendus | | ļ | | | | | | | | |
| Director | 1.5 | ✓ | | | | | L. | 0 | 0 | 0 |
| (8) Sandy McClure | <u> </u> | | | | | | | | | |
| Director | 1.5 | 1 | | | | | | 0 | 0 | 0 |
| (9) Jean Houston | | | i | | | | |] | | |
| Director | 1.5 | ✓ | | | | | | 0 | 0 | 0 |
| (10) Doug Moss | | | | | | | | i | | |
| Director | 1.5 | ✓ | | | | | | 0 | 0 | 0 |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | - | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | - | | | |

| Part | VII Section A. Officers, Directors, Trust | tees, Key E | mplo | yees | s, aı | nd F | lighe | st C | ompensated E | mployees (| contin | ued) | | |
|---------|---|-------------------------------|--------------------------------|----------------------|--|---------------|---------------------------------|--------------|-------------------------|----------------------------|--------------|----------|---------------------|----------|
| | | | | | • | C) ation | | | | | | | | |
| | (A) | (B) | | | ieck | more | than o | | (D) | (E) | . | | (F) | |
| | Name and title | Average hours per | | | | | ıs both or/trusi | | Reportable compensation | Reportab compensation | 1 | | mated ount of | |
| | | week (list any hours for | | | | | | <u> </u> | from the | related | | | other | _ |
| | | related | divid | stitu | Officer | y er | ghes | Former | organization | organizatio (W-2/1099-N | | | ensatio Im the | JIT1 |
| | | organizations below dotted | ctor | tiona | • | Key employee | ¥ co 900 | ~ | (W-2/1099-MISC) | | | | nızatıon related | |
| | | line) | Individual trustee or director | Institutional truste | | yee | mpe | | | | i | | nization | |
| | | | 8 | stee | | | Highest compensated employee | | | | | | | |
| (4.5) | | 1 | <u> </u> | <u> </u> | | | 8 | <u> </u> | | | | | | |
| (15) | | | ĺ | | | | | | 1 | | | | | |
| (16) | | | | | | | | \vdash | | | | | | |
| 1.07 | | † | | | | | | ŀ | | | | | | |
| (17) | | | | | | | | _ | *** * * | | | | | |
| | | | | | | | | | 1 | | | | | |
| (18) | | | | | | | | | | | | | | |
| | | | | L | | | | | | | | | | |
| (19) | | ļ | | | | | | | | | | | | |
| (20) | | | | | _ | _ | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | - | | | | | | |
| S2 | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| | | | | L | | | | | | | | | | |
| (23) | | ļ | | | | | | | | | | | | |
| (04) | | 1 | | | | - | | - | | | $-\!\!\!\!+$ | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | <u> </u> | | | - | | | | | | | | |
| 3==2 | | † | | | | | | | | | | | | |
| 1b | Sub-total | | | • | • | | • | | 0 | | 0 | | | 0 |
| C | Total from continuation sheets to Part | VII, Sectio | n A | - | | | | > | 0 | | 0 | | | 0 |
| d | | <u></u> | | | <u>. </u> | <u> </u> | | <u> </u> | 0 | | 0 | | | 0 |
| 2 | Total number of individuals (including but | | to th | ose | list | ed a | above | e) w | ho received m | ore than \$1 | 00,000 | 0 of | | |
| | reportable compensation from the organ | ization - | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | ficer. direc | tor. c | r tr | uste | ee. | kev e | emo | olovee, or high | est compe | nsate | d [| 163 | NO |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | | 3 | | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| | organization and related organizations | _ | an \$1 | 50, | 000 |)? <i>I</i> : | "Ye | s, " | complete Sch | edule J fo | r suci | h | | |
| _ | Individual | | | · | | | • | | | | | . 4 | | ✓ |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ation or inc | | - | | , |
| Section | on B. Independent Contractors | 700, 0 | p. | | | | | | den person | · · · · | <u> </u> | 5 | | ✓_ |
| 1 | Complete this table for your five highest | compensat | ed ind | depe | end | ent | contr | acto | ors that receive | ed more tha | n \$10 | 0.000 of | | |
| | compensation from the organization. Rep | | | | | | | | | | | | | ax |
| | year. | | | | | | | | | | | | | _ |
| | (A) | 4 | | | | | | | (B) | | | (C) | | |
| | Name and business add | iress | | | | | | ļ | Description of s | ervices | | Compens | ation | |
| | | | | | | | | <u> </u> | | | | | | |
| | | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \vdash | | - | | | | |
| 2 | Total number of independent contractor | | | | | | | th | ose listed abo | ove) who | | | | |
| | received more than \$100,000 of compens | sation from | the o | rgar | niza | tion | > | | | | | | | |

| Part | VIII | Statement of Revenue | | | | | | |
|--|----------|--|----------|-------------------|----------------------|--|---|--|
| | | Check if Schedule O contain | s a res | sponse or note to | any line in this | Part VIII | | <u> </u> |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | 1a | | | | | |
| iza off | b | Membership dues | 1b | 18,360 | | | | |
| s, C | С | Fundraising events | 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions | | | ļ | | | |
| | f | All other contributions, gifts, grant | | | | | | |
| 혈美 | | and similar amounts not included abo | | 27,012 | | | | • |
| ط <u>و</u> | g | Noncash contributions included in lines | | | | | | |
| | h | Total. Add lines 1a-1f | | • | 45,372 | | | |
| 2 | | 0-1 0 | | Business Code | 400 000 | | | - |
| 949 | 2a | Spring Conference | | 611430 | 120,990 | 120,990 | | |
| 8 | b | ASBO Conference Fall Conference | | 611430 611430 | 28,955 32,940 | 28,955 | | |
| Ξ | C | | · | 611430 | 32,940 | 32,940 | | |
| Š | d | | | | | | | |
| Program Service Revenue | f | All other program service reve | nue | | | | | |
| 5 | g | Total. Add lines 2a–2f | | • | 182,885 | | | |
| | 3 | Investment income (includin | | | | | | T |
| | | and other similar amounts) | | ▶ | 203 | 203 | | |
| | 4 | Income from investment of tax-e | cempt b | ond proceeds ▶ | 0 | 0 | | |
| | 5 | Royalties | | | 0 | 0 | | |
| | | (i) FI | eal | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | C | Rental income or (loss) | | | | | e. | |
| | d | Net rental income or (loss) Gross amount from sales of (i) Sec. | | (ii) Other | 0 | 0 | | |
| | 7a | Gross amount from sales of (i) Secretars other than inventory | mues | (II) Other | | | | |
| | ь | Less: cost or other basis | | | | | | |
| | ~ | and sales expenses . | | | | | | |
| | С | Gain or (loss) | | 1 | | | | |
| | ď | Net gain or (loss) | | • | o | · · · · o | | |
| nue | 8a | Gross income from fundraisin | 9 | | | | | |
| Other Reven | | events (not including \$ of contributions reported on line | | | | | | |
| Ħ. | | See Part IV, line 18 | | | | | | |
| Ö | b | Net income or (loss) from fund | | · | 0 | | | |
| | 9a | Gross income from gaming ac See Part IV, line 19 | ivities. | | | | | |
| | ь | Less: direct expenses | | | | | | |
| | c | Net income or (loss) from gam | | tivities > | o | · 0 | | |
| | 10a | Gross sales of inventory, returns and allowances | less | | | | | |
| | ь | Less: cost of goods sold | | | | | _ | |
| | <u>C</u> | Net income or (loss) from sale | s of inv | | 0 | 0 | | |
| | <u> </u> | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | ļ | | | |
| | b | | | | | | | |
| | d | Ali other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | • | 0 | | | |
| | 12 | Total revenue. See instruction | | | 228,460 | 183.088 | · · · · · · · · · · · · · · · · · · · | |

| Part IX | Statement of | Functional Expenses | |
|---------|--------------|---------------------|--|
|---------|--------------|---------------------|--|

| Section | n 501(c)(3) and 501(c)(4) organizations must con | | | | |
|----------------------|---|-----------------------|------------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respon | se or note to any lir | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 2,200 | 2,200 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | · · · · - · · · · · · · · · · · · · | |
| 11 | Fees for services (non-employees): | 68,896 | 68,896 | | |
| a | Management | 00,030 | 00,090 | | |
| b C | Accounting | | | | |
| ď | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,290 | 1,290 | | |
| 12 | Advertising and promotion | 1,279 | 1,279 | | |
| 13 | Office expenses | 7,625 | 7,625 | | |
| 14 | Information technology | 3,077 | 3,077 | | |
| 15 | Royalties | · | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 2,273 | 2,273 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 128,779 | 128,779 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| _ | | 14 670 | 44.670 | | |
| a | Board Expenses | 14,678 | 14,678 | | |
| b | | | | | |
| c d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 230,097 | 230,097 | | |
| 26 | 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 if following SOP 98-2 (ASC 958-720) | 250,007 | 230,007 | | |

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) **(B)** Beginning of year End of year Cash—non-interest-bearing 182,961 1 1 181,324 2 Savings and temporary cash investments 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c Ь Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 . 12 12 13 13 Investments-program-related. See Part IV, line 11 . . . 14 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 182,961 181,324 16 16 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, pavables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 182,961. 27 Unrestricted net assets 27 181,324 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 182,961, 181,324 33 33 182,961, Total liabilities and net assets/fund balances . . . 34 181,324

| Page | 1 | 2 |
|------|---|---|
| Page | 1 | 4 |

| D4 | VI Decemble in a file Annals | | | | <u> </u> |
|------|--|---------|-------------|--------------|--------------|
| rart | XI Reconciliation of Net Assets | | | | ,, |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u>. Ц</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 28,460 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 30,097 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 1,637) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 18 | 32,961 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 18 | 31,324 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🗆 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın | in | | |
| | Schedule O. | | Ì | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | V |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | ĺ | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on | | † | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | ersial/ | nt | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | |
| | Schedule O. | • | | | , |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth i | n | | - ` |
| | the Single Audit Act and OMB Circular A-133? | | . За | | . |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rao th | | + | - |
| - | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | | | | m 990 | (2013) |
| | | | 10 | | (2010) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | rado Association of Sc | rhool Business Of | ficials | | | | [" | employer ic | | n number 354545 | | |
|--------|---------------------------------------|-----------------------------------|--|-----------------------|---|------------------------|--|---------------------------|-------------|--------------------|-------------------------------|-------------|
| | | | rity Status (All orga | nization | s must c | omplete | this pa | rt.) See i | | | | |
| | | | ition because it is: (Fo | | | | | | noti doti. | <u> </u> | | |
| 1 | | | hes, or association of | | | | | |). | | | |
| 2 | | | 170(b)(1)(A)(ii). (Attac | | | | | | • | | | |
| 3 | | | spital service organiza | | - | section 1 | 170(b)(1) | (A)(iii). | | | | |
| 4 | | | on operated in conjun | | | | | | D(b)(1)(A) | (iii). Ente | er the | |
| | hospital's nam | e, city, and state | е: | | | | | | | | | |
| 5 | | n operated for (1)(A)(iv). (Com | the benefit of a colle plete Part II.) | ge or uni | versity ov | vned or | operated | by a go | vernmen | tal unit o | lescrit | ed in |
| 6 7 | ✓ An organizatio | n that normally | nment or government receives a substantia | al part of | | | | | nit or fror | n the ge | neral _l | oublic |
| 8 | | | (A)(vi). (Complete Par n section 170(b)(1)(A | | nnlete Pa | ort II) | | | | | | |
| 9 | _ ` | | receives: (1) more tha | | | | om contr | hutions | mambar | shin foos | and | arooo |
| 9 | receipts from support from | activities related gross investme | to its exempt funct the income and unre fter June 30, 1975. Se | ions—sul lated bus | bject to d siness tax | ertain ex kable ind | ceptions | s, and (2) ss sectio | no more | e than 3 | 31/3% | of its |
| 10 | ☐ An organizatio | n organized and | l operated exclusively | to test fo | or public s | safetv. Se | e sectio | n 509(a)(| 4). | | | |
| 11 | | _ | nd operated exclusive | | | _ | | | | or to ca | ım oı | ıt the |
| | purposes of o | ne or more pub | olicly supported organ describes the type of | nizations | described | d in sect | ion 509(a | a)(1) or se | ection 50 | 9(a)(2). S | | |
| | a ☐ Type I | b 🗌 Type | | | - | | | Type III-N | | - | ntegra | ted |
| e | • • | • • | that the organization | | - | _ | | | | - | _ | |
| | | | ers and other than on | | | | | | | | | |
| | or section 509 | | | | | | _ | | | | | |
| f | If the organization, o | | a written determination | | | hat it is | а Туре | I, Type | ll, or Typ | pe III su | oportii | ng □ |
| g | Since August following person | | he organization acce | pted any | gift or co | ontributio | n from a | iny of the | • | | | |
| | | | ndirectly controls, eit | | | | | | | | Yes | No |
| | | - | ody of the supported | _ | | | | | | | + | <u> </u> |
| | | | on described in (i) abo | | | | | | | 11g(î | + | <u> </u> |
| | | - | a person described in | | | | | | | 11g(ii | 0 | L |
| | | | ion about the support | r | | | | , | | 1 | | |
| (1) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | in col. (i) lis | organization sted in your document? | the organ col. (i) | ou notify nization in of your port? | n in organization in col. | | 1 | Amount of monetary support | |
| | | | (cco mod dodono), | Yes | No | Yes | No | Yes | No |] | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | - | | | | | | | | |
| (E) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| ·-/ | | | | | | - | | ļ | | - | | |
| | | | 1 | 1 | 1 | l | 1 | 1 | [| 1 | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Secu | on A. Public Support | | | | | | | |
|----------|---|------------------|---------------------------------------|-----------------|---------------------------------------|------------------|-----------|--|
| Calend | dar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | 1 | | Ì | ı | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 66,650 | 74,665 | 74,045 | 23,865 | 47,315 | 286,540 | |
| 2 | Tax revenues levied for the | | | 1 | | | | |
| | organization's benefit and either paid | | | | | 1 | | |
| | to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 | The value of services or facilities | | | | | 1 | | |
| | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 | Total. Add lines 1 through 3 | 66,650 | 74,665 | 74,045 | 23,865 | 47,315 | 286,540 | |
| 5 | The portion of total contributions by | | | | | | | |
| • | each person (other than a | | | | İ | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | ľ | | ļ | ļ | | |
| | line 1 that exceeds 2% of the amount | | | | | | | |
| | shown on line 11, column (f) | | | | | | 154,138 | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 132,402 | |
| Section | on B. Total Support | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | |
| 7 | Amounts from line 4 | 66,650 | 74,665 | 74,045 | 23,865 | 47,315 | 286,540 | |
| 8 | Gross income from interest, dividends. | | | | | | | |
| • | payments received on securities loans, | 1 | | | 1 | | | |
| | rents, royalties and income from similar | | | | | İ | | |
| | sources | 725 | 445 | 229 | 388 | 203 | 1990 | |
| 9 | Net income from unrelated business | | | | | | | |
| 3 | activities, whether or not the business | | t | | | | | |
| | is regularly carried on | ٥ | o | ol | 0 | اها | 0 | |
| 10 | Other income. Do not include gain or | | | | | | <u> </u> | |
| 10 | loss from the sale of capital assets | | | · | | | | |
| | (Explain in Part IV.) | o | o | o | | o | 0 | |
| 44 | | | | - 4 | | <u> </u> | | |
| 11 12 | Total support. Add lines 7 through 10 | /ooo inatriustio | | | | 401 | 288,530 | |
| | Gross receipts from related activities, etc. (see instructions) | | | | | | | |
| 13 | | | | | | | | |
| 04 | organization, check this box and stop he | | | <u> </u> | | · · · · · | · · • 🗸 | |
| | on C. Computation of Public Suppor | | | 41 (6) | | | | |
| 14 | Public support percentage for 2013 (line 6 | | - | i, column (i)) | | 14 | <u> </u> | |
| 15 | Public support percentage from 2012 Sch | | | | · · · · | 15 | | |
| ioa | 331/3% support test—2013. If the organization qual | | | | | • | · | |
| | | • | | _ | | 45 :- 001 0/ | | |
| b | 331/3% support test—2012. If the organ | | | | | 15 IS 33 1/3% | | |
| | check this box and stop here. The organ | • | - | - | | | . ▶ □ | |
| 17a | 10%-facts-and-circumstances test—20 | _ | | | | | | |
| | 10% or more, and if the organization me | | | | | | | |
| | Part IV how the organization meets the "f | | | _ | • | • • | upported | |
| | organization | | | | | | . 🕨 🔲 | |
| b | 10%-facts-and-circumstances test-20 | 012. If the orga | nization did no | ot check a box | on line 13, 16 | a, 16b, or 17a, | and line | |
| | 15 is 10% or more, and if the organizat | tion meets the | "facts-and-cir | rcumstances" | test, check th | is box and sto | op here. | |
| | Explain in Part IV how the organization m | eets the "facts | -and-circumst | ances" test. Th | ne organizatio | n qualifies as a | publicly | |
| | supported organization | | | | | | . ▶ □ | |
| 18 | Private foundation. If the organization di | d not check a b | oox on line 13, | 16a, 16b, 17a, | or 17b, check | k this box and | | |
| | instructions | | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | 4.740. 1.75 10 | | | ompioto i ait | / | |
|-------|---|----------------|------------------|-------------|---------------|----------|-----------|
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | 1 | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | · | | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | · <u> </u> | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Secti | on B. Total Support | • | · | L | L | | · |
| Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | · | |
| 12 | Other income. Do not include gain or | | <u> </u> | | † | | |
| | loss from the sale of capital assets (Explain in Part IV.) | | |] | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | - | n's first, secon | | - | | |
| Secti | on C. Computation of Public Suppor | | | | | | <u></u> |
| 15 | Public support percentage for 2013 (line 8 | | | | | | % |
| 16 | Public support percentage from 2012 Sch | | | <u></u> | <u></u> | 16 | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2013 (| | | | | | % |
| 18 | Investment income percentage from 2012 Schedule A, Part III, line 17 | | | | | % | |
| 19a | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/a% support tests—2012. If the organiz | | | | | - | _ |
| D | line 18 is not more than 331/3%, check this is | | | | | | |
| 20 | Private foundation. If the organization di | | | | | | |

| Schedule A (F | orm 990 or 990-E2) 2013 Page 4 |
|---------------|--|
| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
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Mark Wilsey, President Harrison School District #2 1060 Harrison Rd Colorado Springs, Colorado 80906 719 579 2045

Bill Sutter, Vice- President Boulder Valley School District 6500 E Arapahoe Road Boulder, Colorado 80301 720 561 5926

Shelley Becker, Treasurer Adams 12 Five Star Schools 1500 E 128th Avenue Thornton, CO 80241 720 972 4035

Cristal Swain, Secretary University of Northern Colorado Campus Box 61 Carter Hall, Room 1002 Greeley, CO 80639 970 351 2472

Cyndi Wright, Past President Sheridan School District 4000 S. Lowell Blvd Denver, CO 80236 720 866 6781

Ron McCulley, ASBO Liaison Douglas County School District 701 Prairie Hawk Drive Castle Rock, Colorado 80109 720 433 1135

Sandy McChure, Director 2012-2015 Adams County School District #50 7002 Raleigh Street Westminster, Colorado 80030 720 542 5506

Brennan Mendus, Director 2012-2015 Douglas County School District 701 Pranie Hawk Drive Castle Rock, Colorado 80109 720 433 1097

Jean Houston, Director 2013-2016 Academy School District #20 1110 Chapel Hills Drive Colorado Springs, CO 80920 719 2341262

Doug Moss, Director 2013-2016 School District 27J 18551 E 160th Avenue Brighton, CO 80601 303 655 2977

Bert Huszcza, CASBO Executive Director 4627 West 105th Way Westminster, Colorado 80031 720 427 5660 ColoradoASBO@msn com

www.ColoradoASBO.org

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

| Name of the organization | Employer identification number | | | |
|--|---|--|--|--|
| Colorado Association of School Business Officials | 74-2354545 | | | |
| | | | | |
| | | | | |
| | | | | |
| Part VI, Line 11b. No review was or will be conducted | | | | |
| Port VI. Line 40 governme decuments and financial statements | | | | |
| Part VI, Line 19. governing documents and financial statements | | | | |
| copies available upon request | | | | |
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