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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

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

C Name of organization: MAINE SCHOOL SUPERINTENDENTS ASSOCIATION. Number and street: 49 COMMUNITY DRIVE. City or town: AUGUSTA, ME 043300807

D Employer identification number: 01-0461960. E Telephone number: (207) 622-3473. F Group Exemption Number

G Accounting Method: Cash [], Accrual [x], Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.MSMAWEB.COM

J Tax-exempt status (check only one): 501(c)(3) [x], 501(c)(6) [], 4947(a)(1) [], 527 []

K Form of organization: Corporation [x], 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. Total: \$131,742

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 [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 9,050 to 114,502.

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	137,389	22	137,704
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	6,359
25 Total assets	137,389	25	144,063
26 Total liabilities (describe in Schedule O)	34,514	26	29,561
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,875	27	114,502

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
MSSA EXISTS TO PROVIDE BETTER SCHOOLS FOR MAINE STUDENTS THROUGH SERVICES PROVIDED TO MAINE SCHOOL SUPERINTENDENTS SERVICES INCLUDE PROFESSIONAL DEVELOPMENT, CONSULTATION AND OTHER SUPPORTIVE ACTIVITIES

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

28 MSSA IS A STATEWIDE ORGANIZATION REPRESENTING THE INTERESTS OF MAINE SUPERINTENDENTS AND ASSISTANT SUPERINTENDENTS BY PROVIDING CONSULTATION AND SUPPORT, COMMUNICATIONS, EDUCATIONAL EVENTS AND PROFESSIONAL DEVELOPMENT
(Grants \$) If this amount includes foreign grants, check here

28a

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

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

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

Yes No

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

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

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

b If "Yes," was the related organization a section 527 organization?

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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"

Table with 3 columns: (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.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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.

Sign Here: Signature of officer (SUZANNE GODIN PRESIDENT) and Date (2014-09-05)

Paid Preparer Use Only: Print/Type preparer's name (AMY P TRUNNELL), Preparer's signature, Date (2014-09-05), Check self-employed, PTIN (P01201030), Firm's name (AMY P TRUNNELL CPA), Firm's EIN (04-3353527), Firm's address (200 OLD KENTS HILL RD, READFIELD, ME 043554132), Phone no (207) 685-9202

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 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.

2013

**Open to Public
Inspection**

Name of the organization
MAINE SCHOOL SUPERINTENDENTS
ASSOCIATION

Employer identification number

01-0461960

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	CONFERENCES CONFERENCE EXPENSES 15,891 EXPENSES SUPPLIES 4,014 MISCELLANEOUS 50 DUES 436 TRAVEL & MEETINGS 741 NATIONAL CONFERENCE 2,846 COMMITTEE EXPENSES 4,880 INSURANCE 298 TOTAL 29,156
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 4,000 PREPAID EXPENSES AND DEFERRED CHARGES 0 2,359 TOTAL 0 6,359
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 23,703 22,601 DEFERRED REVENUE 10,811 6,960
FORM 990-EZ, PART III	MSSA EXISTS TO PROVIDE BETTER SCHOOLS FOR MAINE STUDENTS THROUGH SERVICES PROVIDED TO MAINE SCHOOL SUPERINTENDENTS SERVICES INCLUDE PROFESSIONAL DEVELOPMENT, CONSULTATION AND OTHER SUPPORTIVE ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 01-0461960
Name: MAINE SCHOOL SUPERINTENDENTS
ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SUZANNE GODIN PRESIDENT	5 00	0		
SUSAN PRATT PRESIDENT-EL	1 00	0		
STEVEN BAILEY VICE PRESIDE	1 00	0		
PATRICK MANUAL SECRETARY	1 00	0		
DAVID MURPHY PAST PRESIDE	1 00	0		
JAMES BOOTHBY DIRECTOR	000 00	0		
MARK GENDRON DIRECTOR	000 00	0		
VIRGEL HAMMONDS DIRECTOR	000 00	0		
RONALD JENKINS DIRECTOR	000 00	0		
EILEEN KING DIRECTOR	000 00	0		
ANDREW MCAULIFF DIRECTOR	000 00	0		
TED SHARP DIRECTOR	000 00	0		
FRANK SHERBURNE DIRECTOR	000 00	0		
BETSY WEBB DIRECTOR	000 00	0		
WILLIAM WEBSTER DIRECTOR	000 00	0		

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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHANNON WELSH DIRECTOR	000 00	0		
SANDRA MACARTHUR EXECUTIVE DI	24 00	46,718	5,491	
ROBERT HASSON EXECUTIVE DI	24 00	10,248		

TY 2013 Compensation Explanation

Name: MAINE SCHOOL SUPERINTENDENT'S
ASSOCIATION

EIN: 01-0461960

Person Name	Explanation
SUZANNE GODIN	
SUSAN PRATT	
STEVEN BAILEY	
PATRICK MANUAL	
DAVID MURPHY	
JAMES BOOTHBY	
MARK GENDRON	
VIRGEL HAMMONDS	
RONALD JENKINS	
EILEEN KING	
ANDREW MCAULIFF	
TED SHARP	
FRANK SHERBURNE	
BETSY WEBB	
WILLIAM WEBSTER	
SHANNON WELSH	
SANDRA MACARTHUR	
ROBERT HASSON	