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Short Form

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **JULY 1**, 2013, and ending **JUNE 30**, 2014

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

C Name of organization
AMERICAN SOCIETY OF MILITARY COMPTROLLERS

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 8130

City or town, state or province, country, and ZIP or foreign postal code
HUNTSVILLE AL 35808

D Employer identification number
63-0930164

E Telephone number
256-313-2382

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶

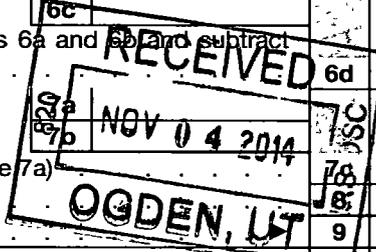
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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

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

		Revenue		Expenses		Net Assets	
1	Contributions, grfts, grants, and similar amounts received	1	8785	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	1000	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	2160	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	-6884	13	Professional fees and other payments to independent contractors	13	
5a	Gross amount from sale of assets other than inventory	5a	7500	14	Occupancy, rent, utilities, and maintenance	14	
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	7500	16	Other expenses (describe in Schedule O)	16	20982
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	20982
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8421
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		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	59290
c	Less: direct expenses from gaming and fundraising events	6c		20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	50869
7a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	12561				



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b

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and controlled entities.

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	46	Yes		No
				✓

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	47	Yes		No
				✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			✓
b If "Yes," was the related organization a section 527 organization?	49b			✓

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."

(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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 ▶ 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.

Sign Here	Signature of officer <i>Debra O'Neal</i>	Date 10/21/14
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

AMERICAN SOCIETY OF MILITARY COMPROLERS BOARD OF OFFICERS MADE THE DECISION TO SELL A PORTION (\$7500) OF OUR INVESTMENT OF MUTUAL FUNDS MANAGED BY RAYMOND JAMES IN APRIL 2014. THIS WAS A TRANSFER OF ASSETS FROM INVESTMENT ACCOUNT TO CHECKING ACCOUNT.THE SELL WAS MADE APRIL 2,2014 AND DIRECT DEPOSITED INTO OUR CHECKING ACCOUNT. THE REASON FOR THIS WAS TO MAINTAIN AN OPERATING BALANCE FOR THE NEW 014-2015 CHAPTER YEAR. THE \$7500 TRANSFER IS NOTATED IN THE REVENUE SECTION OF FORM 990-EZ LINE 5A. DUE TO THIS TRANSFER INVESTMENT INCOME REFLECTS A NEGATIVE AMOUNT ON LINE 4 WHICH OFFSETS THE SELL OF ABOVE MENTIONED MUTUAL FUNDS.

Lined area for supplemental information.

**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 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

2014

**Open to Public
Inspection**

Name of the organization

AMERICAN SOCIETY OF MILITARY COMPTROLLERS

Employer identification number

63-0930164

TOTAL OTHER EXPENSES \$20,982

COMMUNITY PROJECTS \$1200

MONTHLY LUNCHEON COST OF FOOD \$6112

MONTHLY LUNCHEON COST OF FACILITIES \$1611

MONTHLY LUNCHEON PROGRAM COST \$ 104

AWARDS \$884

INSURANCE/FIDELITY BOND \$119

PHILANTHROPY \$545

PO BOX RENTAL/POSTAGE FEES PD \$89

PRESIDENTIAL MISC \$1260

SCHOLARSHIP AWARDS \$3000

SPECIAL EVENTS (PICNIC & CHRISTMAS PARTY) \$2478

TRAINING & EDUCATION \$2543

WAYS & MEANS (DOOR PRIZES FOR LUNCHEONS) \$1037