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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. Department of the Treasury

		2014 colondar year or tay year backgring							
<u> </u>		2014 calendar year, or tax year beginning applicable: C Name of organization Colorado Association of School Bus	, 2014, and endi) Employe	, 20 er Identification number			
B			———————————————————————————————————————	- Lipioye	74-2354545				
	Address		dress) Room/s		Tolonbon				
\exists	Name ch		uless) Roomvs		E Telephone number 720.427.6560				
님	Initial ret	0			720.427.0300				
님		City or town, state or province, country, and ZIP or foreign postal	code	_		. •			
片	Amende				Gross re				
Ш	Applicati	on pending F Name and address of principal officer:		1	•	subordinates? Yes No			
_						included? LYes LNo			
<u> </u>		mpt status:	47(a)(1) or 📙 527			list. (see instructions)			
<u>J</u>	Website			H(c) Group e					
<u>K</u>		organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ►	L Year of forma	ation:	M State	of legal domicile			
Р	art I	Summary							
	1	Briefly describe the organization's mission or most significant							
90		School Business Officials. Activities center around annual educational			of develop	ping			
Governance		and improving skills of school business administrators and managers.	Membership is ov	/er 250					
767	2	Check this box ▶ ☐ if the organization discontinued its operat	ions or disposed	of more than	25% of i	its net assets.			
Ô	3	Number of voting members of the governing body (Part VI, line	:1a)		3	11			
a 5	4	Number of independent voting members of the governing bod	y (Part VI, line 1b)	4	11			
ties	5	Total number of individuals employed in calendar year 2014 (P	art V, line 2a)		5	0			
Activities &	6	Total number of volunteers (estimate if necessary)			6	10			
Ac	7a	Total unrelated business revenue from Part VIII, column (C), lin	e 12		7a	0			
	Ь	Net unrelated business taxable income from Form 990-T, line	34		7b	0			
	İ			Prior Yea	r	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			45,372	70,310			
	9	Program service revenue (Part VIII, line 2g)		182,885	223,414				
	10	Investment income (Part VIII, column (A)-lines 3, 4, and 7d)			203	183			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c/10c, ar	0	0					
	12	Total revenue - add lines 8 through 14 (must-equal Part VIII); colu		228,460 293,					
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3			2,200	1,800			
	14	Benefits paid to or for members (Part IX, column (A), 4ine 4)	5		0	0			
	4-	Salaries, other compensation, employee benefits (Part IX, column	(A) lines 5_10\		0	0			
865	16a	Professional fundraising fees (Part IX, column (A), Nine (11e)	y, iii e3 5–10,	· · · · · · · · · · · · · · · · · · ·	0	0			
Expenses	l loa	Total fundraising expenses (Part IX, column (D); line-25)							
Ä	17	- · · · · · · · · · · · · · · · · · · ·	1		227,897	233,000			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			230,087	234,800			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column ((1,837)	59,107			
	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	Beginning of Cun	• • • • • •	End of Year			
20 00		T. I (D. I.V.). (10)							
Net Assets	20	Total assets (Part X, line 16)			182,961	240,431			
A E	21	Total liabilities (Part X, line 26)			0	0			
		Net assets or fund balances. Subtract line 21 from line 20 .	· · · · ·	l	182,961	240,431			
Р	art II	Signature Block							
		ulties of perjury, I declare that I have examined this return, including accompanying, and complete. Declaration of preparer (other than officer) is based on all inform				ny knowledge and belief, it is			
	ie, conec	n, and complete. Declaration of preparer (other than officer) is based on all millions	audit of which prepar	er rias arry kilowie	uye.	 			
۵.		HV			&/	6/15			
	gn	Signature of officer		Date	_ ′				
He	ere	Deet HUSTCZA, C	YEC. L) IRECT	210				
		Type or print name and trile			·				
P	aid	Print/Type preparer's name Preparer's signature		Date	Check [ıf PTIN			
	epare	<u> </u>			self-emp				
	se Oni			Firm'	s ElN ▶				
_		Firm's address ▶		Phon	e no				
Ma	ay the If	RS discuss this return with the preparer shown above? (see inst	ructions)		<u> </u>	· · 🔀 Yes 🗌 No			
Fo	r Paper	work Reduction Act Notice, see the separate instructions.	Cat.	No. 11282Y		Form 990 (2014)			



) (Revenue \$

7,000)

Other program services (Describe in Schedule O.)

18,758 including grants of \$

(Expenses \$

Part	Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ļ
	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		,
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		,
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		,
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	9		,
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b		1
C	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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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.	11f		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	1
14 a	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	14b		1
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	15	ļ. —.	1
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.	16		1
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)	17		1
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		1
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		1
20 a		20a	†	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	Ť

Part	Checklist of Required Schedules (continued)			
- ,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
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		✓
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	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		1
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	If "Yes" to line 35a, 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," 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			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	ļ	
J1	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	31	 	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			n 990	(2014)

	0(2014)				Page 3
Part					_
	Check if Schedule O contains a response or note to any line in this Part V		٠.	Yes	No
1a	Entar the number reported in Pay 2 of Form 1006 Enter 0, if not applicable	1a 0		res	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to		,		
·	reportable gaming (gambling) winnings to prize winners?	·····	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			_
b	If at least one is reported on line 2a, did the organization file all required federal employment to		2b	ļ	ļ
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	-	-		-
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		1
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc. At any time during the calendar year, did the organization have an interest in, or a signature or		3b	\vdash	\vdash
70	over, a financial account in a foreign country (such as a bank account, securities account, o				
	account)?	····	4a	İ	1
b	If "Yes," enter the name of the foreign country: ▶		70		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin (FBAR).	ancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	00, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for		7b		
С	required to file Form 8282?	or willcil it was	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		l _		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b	 	
10	Section 501(c)(7) organizations. Enter:	المها			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	1		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:	וטטן	{		
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		İ		
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		
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	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	the organization is licensed to issue qualified health plans	13b	ļ	1	
C	Enter the amount of reserves on hand	13c			 _
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	l .	1 √

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se									
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>						
Section	on A. Governing Body and Management									
	Franks south of the state of th		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 11a 11	- I		i 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			1						
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 !								
	any other officer, director, trustee, or key employee?	2		~						
3 Did the organization delegate control over management duties customarily performed by or und				 						
supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		1						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1						
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									
	one or more members of the governing body?	7a		1						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			 						
_	stockholders, or persons other than the governing body?	7b		<u> </u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:	- <u>-</u>		ļ						
a	The governing body?	8a	V							
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	_						
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				1						
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode							
000111	The Division (This decision B requests information about policies not required by the internal rever	000	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		1						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			\vdash						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		√						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
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		<u> </u>						
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?									
	The organization's CEO, Executive Director, or top management official	15a		/						
b	Other officers or key employees of the organization	15b		1						
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
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?			 -						
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		-						
b	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	1.00								
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 available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)						
	☐ 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 interest of the conflict of the con	erest	polic	y, and						
	financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶							

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Form	$\Omega\Omega\Lambda$	/201	A١
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors

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.

					(0	C)					
	(A)	(B)				ition			(D)	(E)	(F)
	Name and Title	Average					than o		Reportable	Reportable	Estimated
		hours per					or/trus		compensation	compensation from	
		week (list any hours for related organizations below dotted line)		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)	Bill Sutter										
	President	2	✓		✓				0	0	0
(2)	Shelley Becker										
	Vice - President	2	✓		✓	1			0	o	0
(3)	Cristal Swain										
	Treasurer	2	✓		✓				0	O	0
(4)	Sandra Nees										
	Secretary	2	✓		✓] 0	0	0
(5)	Mark Wilsey	1									
	Past President	2	✓		✓				0	0	0
(6)	Ron McCulley										
	ASBO Liasison	2	1		1	L			0	0	0
(7)	Jean Houston										
	Director	15	✓		✓				0	0	0
(8)	Brennan Mendus										
	Director	1.5	✓		>	L.			0	0	0
(9)	Sandy Murchler										
	Director	1.5	✓		✓				0	0	0
(10)	Terry Davis							-			
	Director	1.5	✓		✓				0	0	0
(11)	Greg Fieth										
	Director	1.5	✓		✓				0	0	0
(12)									-		
(13)											
(14)						\vdash					
		1	i .	ıl	l	1	I	1	t	I	I

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
•					Posi	C) Ition								
	(A)	(B)			eck	more	than o		(D) Reportable	(E)			(F) mated	
	Name and title	Average hours per					is both or/trust		compensation	Reportable compensation			unt of	
		week (list any	-	_	_	Κθy		<u> </u>	from the	related organization	.		ther ensation	_
		hours for related	d divid	stitu	Officer	y er	ghes o	Former		(W-2/1099-MI		fror	n the	
		organizations below dotted	ct la	tion	`	employee	¥ co	1	(W-2/1099-MISC)				nizatıon related	
		line)	Individual trustee or director	Institutional trustee		yee	mpe						ızatıons	
			8	stee			Highest compensated employee							
			ļ			<u> </u>	<u> </u>	ļ	ļ -					
(15)		 												
(16)				-		<u> </u>	<u> </u>	╁						
(10)			1					1			1			
(17)		 	<u> </u>		 					···				
3		†	1					<u> </u>						
(18)														
			<u> </u>		<u> </u>	L		<u> </u>						
(19)		ļ												
		ļ	-	├	_		<u> </u>	ļ						
(20)			1	ŀ				1						
(21)			 	\vdash		╁┈	-	+-	1					
(21)		 	1		ļ		1							
(22)			1	t	一	t			† · · · · · · · · · · · · · · · · · · ·				-	
32		İ	1											
(23)														
			<u> </u>		<u> </u>	<u> </u>		↓						
(24)		ļ	1											
		-	 	\vdash	<u> </u>	₩	 -	┼	-					
(25)		 	1				ŀ							
1h	Sub-total	<u> </u>			1	L	<u> </u>	▶			0			0
c	Total from continuation sheets to Parl		n A	•				•			0		-	0
d	Total (add lines 1b and 1c)	-						▶	(0			0
2	Total number of individuals (including bu							e) w	vho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	ization >										·	,	
_				_	_								Yes	No
3	Did the organization list any former o employee on line 1a? If "Yes," complete							em	ployee, or higi	nest comper	nsated	-	<u> </u>	1
	•							~~ .	· · · · ·	· · · · ·	· ·	3		
4	For any individual listed on line 1a, is the organization and related organizations	e sum orre areater th	eporta nan \$	150	.000	119e 12 /	nsau f "Ye	2011 6 25. "	complete Sci	nedule J for	such	ŀ		
	individual	-										4		I
5	Did any person listed on line 1a receive													
	for services rendered to the organization	? If "Yes,"	comp	lete	Sci	hed	ule J	for .	such person			5		1
Section	on B. Independent Contractors											_		
1	Complete this table for your five highest	compensa	ted in	dep	end	lent	cont	ract	tors that receiv	ed more that	n \$100,	000 of	f 	
	compensation from the organization. Re	port compe	ensati	on t	or t	he c	calend	dar	year ending wi	th or within t	ne orga	ınızatı	on's t	ax
	year.							_				(0)		
	(A) Name and business ad	dress							(B) Description of	services	c	(C) compens		
	-							+					_	
								\top	<u> </u>					
2	Total number of independent contract							o t	hose listed ab	ove) who				
	received more than \$100,000 of comper	sation from	the o	orga	nıza	atior	1 -							

Part	VIII	Statement of Reve							
<u> </u>		Check if Schedule C	contains	a resp	onse or note to		Part VIII		<u>.</u>
						(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			28,635					
Am A	С								
Giff	d	Related organizations		1d					
in 3	е	All other contributions, gifts, grants, and similar amounts not included above							
rtio er S	f								
di X					41,675				
ont od (g	Noncash contributions include							
	h	Total. Add lines 1a-1	<u>f.,.</u>			70,310			
nue	_	0.1.0.4			Business Code	404.405			
946	2a	Spring Conference			611430	134,465	134,465		
Н	b	Workshops			611430	30,347	30,347		
Ž	C	Fall Conference			611430	51,602	51,602		
Se	d	ASBO Conference			611430	7,000	7,000		ļ
Program Service Revenue	e	All other program ser			-				
یو	g	Total. Add lines 2a-2				223,414	1		1
	3	Investment income				220,	1		T
		and other similar amo			•	183	183		
	4	Income from investmen	=		L	0	0		
	5			-	·	0	0		
			(i) Rea	J	(ii) Personal	1			
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or	(loss) .		▶	0	0		
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
		assets other than inventory					ł		
	b	Less: cost or other basis							
		and sales expenses .							
'	С	Gain or (loss)							
	d	Net gain or (loss) .			▶	0	0		
0	_								
2	8a	Gross income from fu	undraising						
98		events (not including \$							
Other Revenu		of contributions report See Part IV, line 18 .		-					
Ę.				_					
δ		Less: direct expense:							
		Net income or (loss) to Gross income from ga			events . >				
	74	See Part IV, line 19 .							
	ь	Less: direct expenses							
		Net income or (loss) to			vities •	-			
		Gross sales of in	-	-	1 1				
		returns and allowanc							
	ь	Less: cost of goods s							
		Net income or (loss) t				0	o		†
		Miscellaneous F			Business Code		-	····	
	11a								
	b								
	С								
	d	All other revenue .							
	e	Total. Add lines 11a-	-11d		🕨	0			
	12	Total revenue. See i	nstructions	i	▶	293,907	223,597		

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-				
	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 domestic organizations				
_	and domestic governments. See Part IV, line 21	1,800	1,800		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				ļ
4	Benefits paid to or for members				
5	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	Other salanes and wages				
8	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):				
а	Management	70,707	70,707		
þ	Legal				
C	Accounting				
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17				1
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	660	660		
13	Office expenses	1,123	1,123		-
14	Information technology	10,002	10,002		
15	Royalties				
16	Occupancy				
17	Travel	2,097	2,097		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		, i.e		
19	Conferences, conventions, and meetings	128,779	128,779		
20	Interest	}			
21 22	Payments to affiliates	 			
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.)				
а	Board Expenses	17,288	17,288		
b					
C					
d				 	
e	All other expenses	2,344	2,344		
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	234,800	234,800	-	
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

	·		art V		
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	181,324	1	240,431
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		i i	
		Complete Part II of Schedule L		5	
	6	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		1	
ठ	1	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	181,324	16	240,431
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	·		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1		
Ses		complete lines 27 through 29, and lines 33 and 34.		1	
ă	27	Unrestricted net assets	181,324	27	240,431
Bal	28	Temporarily restricted net assets	·	28	
ᅙ	29	Permanently restricted net assets		29	
Ë	{	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
7		complete lines 30 through 34.	1		_
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	181,324	33	240,43
_	34	Total liabilities and net assets/fund balances	181,324	34	240,43°

240,431

	4	2
Paqe	1	~

	<u></u>				.5
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29	3,907
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	4,800
3	Revenue less expenses. Subtract line 2 from line 1	3		5	9,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	1,324
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		24	0,431
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>,</u>	
			<u>-</u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
_	Schedule O.		ļ	- 	<u> </u> i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (or		
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis		-	-	لبا
b	Were the organization's financial statements audited by an independent accountant?		. 2b	ļ	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on	a		
	·				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vorsial		-l	 -
С	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			1	
	If the organization changed either its oversight process or selection process during the tax year, ex			+	
	Schedule O.	piairi	""	1	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	_{ın}		
Ja	the Single Audit Act and OMB Circular A-133?	·	"' _{3a}		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao th		+	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		зь		
	,			m 990	(2014)
			ru	550	, (EU14)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

Color	rado Association of School Business Of	ficials				74-23		
Pai	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The 6	organization is not a private foundation is not a private foundation of church A school described in section A hospital or a cooperative homagnetic in A medical research organization hospital's name, city, and state	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E.) ganization described i	ibed in se n sectior	ection 17 170(b)(1	70(b)(1)(A)(i). 1)(A)(iii).	(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described	d in
6 7	 A federal, state, or local gover ✓ An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				n the general pu	blic
8 9	☐ A community trust described in ☐ An organization that normally receipts from activities related support from gross investment acquired by the organization and incomplete in the community of	receives: (1) mo d to its exempt ent income and	re than 331/3% of its functions—subject to unrelated business	support certain taxable ii	exceptio ncome (l	ns, and (2) no more	than 331/3% of	fıts
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi d organizations d	vely for the benefit of, escribed in section 5	to perfor 09(a)(1) o	m the fun r section	octions of, or to carry 509(a)(2). See sect	i on 509(a)(3). Ch	
а	the supported organization(s organization. You must con	s) the power to re	egularly appoint or ele					
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.					t		
С	 Type III functionally integrated its supported organization(s) 						y integrated with	Ι,
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty						l, Type III	
f g	D 11 // C 11 // C 12		oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	e
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)				_				
Tota	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.)

Secti	on A. Public Support	·					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,665	74,045	23,865	47,315	35,635	255,525
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			·			
4	Total. Add lines 1 through 3	74,665	74,045	23,865	47,315	35,635	255,525
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						115,032
6	Public support. Subtract line 5 from line 4.						140,493
	on B. Total Support			<u> </u>			140,433
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	74,665	74,045	23,865	47,315		255,525
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	445	229	388	203	183	1,448
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	0	0	0	0
11	Total support. Add lines 7 through 10						256,973
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	-			<u> </u>		🕨 🗸
Secti	on C. Computation of Public Suppor	<u>_</u>					
14	Public support percentage for 2014 (line 6			1, column (f))		14	<u>%</u>
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organization and						
.	box and stop here. The organization qua			_			
	331/a% support test—2013. If the organ check this box and stop here. The organ	zation qualifies	s as a publicly	supported org	anization .		. ▶ □
17a	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.						
18	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	instructions						

SCHEDULE 0 (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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

Colorado Associ	ation of School Business Officials	74-2354545
Part III, line 4d	Attend ASBO Conference: educational conference held for the purpose of developing	
	and inproving skills of school business administrators and managers	
Part VI, Line 11b	No review was or will be conducted	
	······································	
Part VI, Line 19		
	copies available upon request	
	······································	