## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

ZU 11

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

_			endar year, or tax year beginning JUL 1, 2017		and end	i <b>ng</b> Jun	30,		
В	Check if applicat	ole:	C Name of organization				D Em	oloyer	identification number
	Addr	ess change	MONTANA ASSOCIATION OF SCHOOL						
	Nam	e change	SUPERINTENDENTS				81	L-033	2063
	Initia	l return	Number and street (or P.O. box, if mail is not delivered to street address)			Room/suite	E Tele	ephone	number
	Final termi	return/ nated	900 N MONTANA AVE		Z	A-4	40	06-44	2-2510
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code				<b>F</b> Gro	up Exe	emption
	$\square_{Applic}$	ation pending	HELENA, MT 59601				Nur	nber 🕨	<b>&gt;</b>
G	Accou	nting Meth	od: Cash x Accrual Other (specify) ►				H Che	eck 🕨	X if the organization is
1	Websi	te: ▶ <u>₩</u>	W.SAMMT.ORG				not	require	ed to attach Schedule B
J	Tax-ex	empt stat	<b>us</b> (check only one) — $\boxed{}$ 501(c)(3) $\boxed{\mathbf{x}}$ 501(c) (6 ) $\boxed{}$ (insert no.) $\boxed{}$	49	947(a)(1)	or 527	(Fo	rm 990	), 990-EZ, or 990-PF).
K	orm c	of organiza	tion: X Corporation Trust Association	Other					
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o						
	columi	n (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZenue, Expenses, and Changes in Net Assets or Fund					<b>\$</b>	162,110.
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund	d Bal	ances (	see the instru	uctions	for Pa	rt I)
		Check	if the organization used Schedule O to respond to any question in this Part I						х х
	1		tions, gifts, grants, and similar amounts received					1	
	2		service revenue including government fees and contracts					2	45,168.
	3	Members	ship dues and assessments					3	99,438.
	4		nt income SEE	SCH	EDULE O			4	9,588.
	5a		nount from sale of assets other than inventory	5a		7	,916.		
	b	Less: cos	st or other basis and sales expenses	5b		6	,266.		
	C	Gain or (I	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	1,650.
	6		and fundraising events						
ě	a								
en.		\$15,000)		6a					
Revenue	b		come from fundraising events (not including \$	of co	ntributions				
_			draising events reported on line 1) (attach Schedule G if the sum of such		ı				
		-	ome and contributions exceeds \$15,000)	6b					
	C		ect expenses from gaming and fundraising events	6c					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	1	ine 6c)			6d	
	7a		les of inventory, less returns and allowances	7a					
	b		st of goods sold	7b					
	C		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8		enue (describe in Schedule O)					8	
	9	Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				. ▶	9	155,844.
	10		nd similar amounts paid (list in Schedule 0)					10	1,046.
	11		fits paid to or for members					11	
ses	12		other compensation, and employee benefits					12	1 255
eü	13		onal fees and other payments to independent contractors					13	1,377.
Expenses	14	Occupan	cy, rent, utilities, and maintenance					14	2,715.
_	15	•	publications, postage, and shipping penses (describe in Schedule O) SEE					15	144 212
	16							16	144,213.
	17		penses. Add lines 10 through 16					17	149,351.
şţ	18		r (deficit) for the year (Subtract line 17 from line 9)					18	6,493.
SS	19		s or fund balances at beginning of year (from line 27, column (A))					10	350 340
Net Assets	20		ree with end-of-year figure reported on prior year's return) anges in net assets or fund balances (explain in Schedule 0) SEE					19	358,349.
ž	20							20	8,216. 373,058.
_	21	เทยเ สรรยเ	ts or fund balances at end of year. Combine lines 18 through 20					21	3/3,058.

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

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Pa	<b>art II</b> Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re	spond to any question	n in this Part II			X
	•		A) Beginning of year		( <b>B</b> ) E	nd of year
22	2 Cash, savings, and investments		314,477.	. 22		383,792
23			79,967.	. 23		77,252
24			3,660.	. 24		6,519
25	5 Total assets		398,104.	. 25		467,563
26	C Tatal liabilities (describe in Cabadula O) CEE CCUEDIII E O		39,755.	. 26		94,505
27		)	358,349.	. 27		373,058
Pa	art III Statement of Program Service Accomplishm	ents (see the instructi	ons for Part III)		Ex	cpenses
	Check if the organization used Schedule O to re	spond to any question	n in this Part III [	х		for section
Wha	nat is the organization's primary exempt purpose?SEE SCHEDULE O					and 501(c)(4) ons; optional for
Desc	scribe the organization's program service accomplishments for each of its three largest progra	ım services, as measured by expense	es. In a clear and concise		others.)	one, op
	nner, describe the services provided, the number of persons benefited, and other relevant info					
28	THE ASSOCIATION CONDUCTS WORKSHOPS, CONFERENCES, ME	ETINGS				
	AND CONVENTIONS. THE PRIMARY FOCUS IS TO KEEP ITS M	IEMBERS				
	INFORMED AND EDUCATED ON CURRENT ISSUES.					
	(Grants \$ ) If this amount includes foreign	n grants, check here	<b>&gt;</b> [		28a	
29		<b>J</b> ,				
	(Grants \$ ) If this amount includes foreign	n grants, check here	<b>•</b>		29a	
30	,	· g· ·····				
				_		
				_		
	(Grants \$ ) If this amount includes foreign	grants check here	<b>•</b>		30a	
31	Other program services (describe in Schedule O)	· graine, encontriere				
•	(Grants \$ ) If this amount includes foreign			$\neg$ 1	31a	
32	Total program service expenses (add lines 28a through 31a)	- grante, encountries			32	
Pa	Part IV List of Officers, Directors, Trustees, and Key			ee the i		or Part IV)
	Check if the organization used Schedule O to re					x
		(b) Average hours		d) Hea	Ith benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms	emplo	butions to yee benefit	amount of other
	(-)	position	(if not paid, enter -0-)	olans, a	nd deferred bensation	compensation
TOE	BIN NOVASIO			<u> </u>		
PRE	ESIDENT	0.50	0.		0.	0
LAU	URIE BARRON					
PAS	ST PRESIDENT	0.50	0.		0.	0
	L KETCHUM					
PRE	ESIDENT ELECT	0.50	0.		0.	0
	KE PERRY	-				
	RECTOR	0.50	0.		0.	l 0
	ATHER DAVIS-SCHMIDT	1	+		- •	
	RECTOR	0.50	0.		0.	0
	REN DUNK		+			
	RECTOR	0.50	0.		0.	l ,
	TE OLSEN	0.50	+		٠.	, , ,
	RECTOR	0.50	0.		0.	0
	NEE RASMUSSEN	0.50	•		••	
	RECTOR	0.50	0.		0.	0
		0.30	1 0.1		٠.	, ·
	RT HAWKINS	—			0	0
	RECTOR	0.50	0.		0.	0
	OTT CHAUVET	0.50			^	_
	RECTOR	0.50	0.		0.	0
	RI HARRIS				_	_
	RECTOR	0.50	0.		0.	0
	NETTE HART					
DIF	RECTOR	0.50	0.		0.	0
7321	2172 11-22-17				Form	990-EZ (2017

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SUPERINTENDENTS

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instructions for Part V ) Check if the organization used Sch. O to respond to any question in this Part V ≥ 8 No  30 Did the organization enpage in any significant activity not previously reported to the IRSP IT Yes, "provide a detailed description of each activity in Schedule () per significant changes made to the organization is many. Otherwise, organization activity in Schedule () (see instructions)  34 Were any significant changes made to the organizations is name. Otherwise, organization activity in Schedule () (see instructions)  35 Did the organization activities (schedule business gross incores or 45 / 100 or more dering the year from business activities (scatch as float reported on lines 6, 6s, and 7s, among others)?  36 Was the organization activities (schedule 10 significant deposition on Schedule () (see instructions)  38 Did the organization activities (schedule 10 significant deposition of schedule () (see instructions)  39 Did the organization activities (schedule 10 significant deposition of schedule () (see instructions)  30 Did the organization activities (schedule 10 significant deposition of red assest during the year? If Yes, "complete application (schedule 2) is a significant deposition of red assest during the year? If Yes," (see year) (schedule 2) is a significant deposition of red assest during the year? If Yes, "complete application between from, or make any loss to, any order, director, trustee, or key employee or were any such loans made in a prior year and actilities (schedule 2) is a significant deposition of red assests during the year, or did not significant deposition of red assests during the year, or did not significant deposition from the year or make any loans to, any order, direct, or they employee or were any such loans made in a prior year and actilities (schedule 2) is a significant deposition from the significant deposition included on line 9	Pa	Irt V Other Information (Note the Schedule A and personal benefit contract statement requiremen			
30 Polit the organization engage in any significant activity not previously reported to the IRSP II Yes, provide a detailed description of each activity in Schoolube () See instructions)  31		instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Par	t V	Х
actively in Schedule 0  All Were an syglinizant changes made to the organization grovering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization search. Otherwise, outplain the change on Schedule 0 (see instructions)  34				Yes	No
34 Were any significant changes made to the organizations is anne. Otherwise, epidian the change on Schedule (over instructions)  35 a 10 the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)?  36 If Yes's to line 35, 6s, and 7a, among others)?  37 If Yes's to line 35, 6s, and 7a, among others)?  38 If Yes's to line 35, 6s, as the organization fleef a form \$90-7 for the year? If Yes', provide an explanation in Schedule 0  48 If Yes's to line 35, 6s, as the organization fleef a form \$90-7 for the year? If Yes', provide an explanation in Schedule 0  58 If Yes's to line 35, 6s, as the organization fleef a form \$90-7 for the year? If Yes', provide an explanation in Schedule 0  58 If Yes's to line of \$1, 100 for \$1, 100	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
about the registration has unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  5.5 If "Yes" to line Stab, has the organization field a Form 990-1 for the year? If "No," provide an explanation in Schedule () and 190 or lines 2, 6a, and 7a, among others)?  6. Was the organization as ection of 5(0)(4), 50 ° (5(0), 6), 60 ° (5(0), 60 ° (5(0), 6), 60 ° (5(0), 6), 60 ° (5(0), 60 ° (5(0), 6), 60 ° (5(0), 6), 60 ° (5(0), 60 ° (5(0), 6), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0), 60), 60 ° (5(0		activity in Schedule O	33		Х
Sa	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on lines 2, 6a, and 7a, among others)?  b if Yes's to line 3a, bas the organization field a form 990-T for the year? if Yio; provide an explanation in Schedule 0  visite organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule 6, Part II  So Dut the organization underlop a liquidation, dissolution, infernation, or significant disposition of net assets during the year? If Yes, 36  Z Tax International ropiditical expenditures, direct or indirect, as described in the instructions  Tax International ropiditical expenditures, direct or indirect, as described in the instructions  Tax International ropiditical expenditures, direct or indirect, as described in the instructions  Tax International ropiditical expenditures, direct or indirect, as described in the instructions  Tax International ropiditical expenditures, direct or indirect, as described in the instructions  Tax International replacements and in a prior year and still outstanding at the end of the tax year covered by this return?  Tax International replacements and capital contributions included on line 9  Tax International replacements and capital contributions included on line 9  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of club facilities  Tax International replacements and capital contributions included on line 9 (or public use of clu		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
b I 1'Yes' to fine 35a, has the organization field a Form 990-T for the year? If 'No.' provide an explanation in Schedule 0  Was the organization ascends of 10(14)4, 50 Fo(16)5, or 50 fo(16)6 organization subject to section 603(a)e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule I. Part III  35c	35 a				
b I 1'Yes' to fine 35a, has the organization field a Form 990-T for the year? If 'No.' provide an explanation in Schedule 0  Was the organization ascends of 10(14)4, 50 Fo(16)5, or 50 fo(16)6 organization subject to section 603(a)e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule I. Part III  35c		on lines 2, 6a, and 7a, among others)?			Х
requirements during the year? If "Yes," complete Schedule C, Part III  Solid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  I of the organization file Form 120-P0L for this year?  38 a Did the organization file Form 120-P0L for this year?  38 a Did the organization file Form 120-P0L for this year?  38 b Did the organization file Form 120-P0L for this year?  38 b Did the organization file Form 120-P0L for this year?  39 Section 501 (c)(7) or organizations. Finet a way accovered by this return?  30 If "Yes," complete Schedule L, Part II and enter the total amount involved  30 Section 501 (c)(3), ognizations. Enter amount of tax imposed on the organization during the year under:  30 Section 501 (c)(3), ognizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in excess benefit transaction managers or disqualitied persons during the year under sections 4912, 4955, and 4958  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Finet amount of tax on line 40c reimbursed  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organization engage in any section 4958  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organization engage in any section 4958  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organization engage in any section 4958  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organization engage in any section 4958  30 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organization engage in any section 4958  30 Section 501 (c)(3), 501 (c)(4), 401 (c)(29) organization engage in any section 4958  30 Section			35b	N/A	
Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 91 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed or organization managers or disqualified persons during the year under sections 91 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed or organization organization organization organization organization organization organization organizations. Enter amount of tax imposed or the organization of the organization organization organizations. Enter amount of tax imposed or the organization of the organization	C				
x 2 a Enter amount of political expenditures, direct or indirect, as described in the instructions			35c		X
37 a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 17a 0	36				l
b Did the organization file Form 1120-POL for this year?  3a bid the organization for Form form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  37b   X   X   X   X   X   X   X   X   X					X
38 a Uit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b (If 'Yes,' complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital conflictoris included on line 9  39	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
in a prior year and still outstanding at the end of the tax year covered by this return?  8 If Yes, complete Schedule L, Part II and enter the total amount involved  8 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  8 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization engage in any section 4955			37b		Х
b If Yes,* complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  3 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 \( \bar{\cappa} \) N/A  3 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excesses benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction managers or disqualified persons during the year under:  1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders estimates 40 years and the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders estimates 40 years and 4958 which will be organization and the feet of the organiz	38 a		00-		17
39 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, or public use of club facilities 20 Section 501(c)(3) or paraizations. Enter amount of tax imposed on the organization during the year under; section 4911   N/A   section 4912   N/A   section 4915   N/A   section 4911   N/A   section 4912   N/A   section 4912   N/A   section 4915   N/A   section 4911   N/A   section 4912   N/A   section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction from 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   N/A   d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If If Yes, complete Form 8886-T   Available to the organization aparty to a prohibited tax shelter transaction? If Yes, complete form 8886-T   Available transaction? If Yes, complete form 8886-T   Available transaction? If Yes, complete form 8866-T   Available transaction? If Yes, complete form 8866-T   Available transaction? If Yes, complete form 100   N/A   N			-		
b Gross receipts, included on line 9, for public use of club facilities   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   N/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   N/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 reimbursed by the organization of the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866 T  40 Extra the states with which a copy of this return is filed ▶ NONE  41 List the states with which a copy of this return is filed ▶ NONE  42 The organization's books are in care of ▶ THE ORGANIZATION   Telephone no. ▶ 406-442-2510  Located at ▶ 900 N MONTANA AVE, NO. A-4, HELEMA, MT  2(iP + 4) ▶ 59601  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911			-		
b Section 4911   N/A ; section 4912   N/A ; section 4915   N/A ; section 4955   N/A   b Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   N/A   d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   N/A   d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the 40c for an interval of tax on line 40c reimbursed by the organization and the 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 886-T			-		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZP it "Yes," complete Schedule I, Part I 40b N/A C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization with a copy of this return is filed by the organization should be the states with which a copy of this return is filed None  1 List the states with which a copy of this return is filed None  1 Located at Solo None Nontana Ave, No. A-4, HELENA, MT  1 Located at Solo None Nontana Ave, No. A-4, HELENA, MT  1 Located at Solo None Nontana Ave, No. A-4, HELENA, MT  2 Located at Solo None Nontana Ave, No. A-4, HELENA, MT  3 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  3 accountly 1 H'Yes," enter the name of the foreign country: Solo None Nontana None None None None None None None None	40 a				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization that the states with which a copy of this return is filed					
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by the organization			,		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed  NONE  1. Located at  900 M MONTANA AVE, NO. A-4, HELENA, MT  1. Located at  900 M MONTANA AVE, NO. A-4, HELENA, MT  2. If the organization is books are in care of  THE ORGANIZARTION  1. Located at  900 M MONTANA AVE, NO. A-4, HELENA, MT  2. If the 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 accounts in a foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  1. Located at  900 M MONTANA AVE, NO. A-4, HELENA, MT  2. If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2. At any time during the calendar year, did the organization maintain an office outside the United States?  3. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  2. At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  3. Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  3. Did the organization receive any payments for indoor tanning services during the year?  3. Could the organization receive any payments for indoor tanning services during the year?  4. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  4. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Fo	u				
transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filled ▶ NONE  1 Norman   None   No	_		,		
1	e		400		v
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 406-442-2510  Located at ▶ 900 N MONTANA AVE, NO. A-4, KELENA, MT  An 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 in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  f'Yes, enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  f'Yes, enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d 44a	41		406		_ ^
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	Ū		120		
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b	43			•	
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
	-		45h		
				990-EZ	(2017

orm 99	90-EZ (2	017) SUPERINTENDENTS						81-0332063			Page 4	
										Yes	No	
		ganization engage, directly or indirectly, in pol					-					
		omplete Schedule C, Part I							46		Х	
Part	: VI	Section 501(c)(3) organizations	only									
		All section 501(c)(3) organizations must a	•		-							
	(	Check if the organization used Schedule	O to respond to any	question in thi	s Part VI .						Ш	
										Yes	No	
		ganization engage in lobbying activities or hav							47			
		anization a school as described in section 170							48			
		ganization make any transfers to an exempt n							49a			
<b>b</b> If	"Yes," w	as the related organization a section 527 orga	nization?						49b			
<b>50</b> Co	omplete	this table for the organization's five highest co	impensated employees	(other than offic	ers, director	rs, trustees, an	d key er	mployees) who	each re	eceived	more	
th	an \$100	0,000 of compensation from the organization.	If there is none, enter "N	lone."		_						
		(a) Name and title of each employee		(b) Average		(C) Report	able	(d) Health beneft contributions to	, I V	e) Estim		
				per week de		compensation W-2/1099-1	MISC)	employee bene plans, and defer	<sub>fit</sub>   am	ount of		
		N/A		positio	on			compensation		mpens	ation	
											m the	
<b>f</b> To	ntal num	ber of other employees paid over \$100,000		ì								
		this table for the organization's five highest co	mnensated independer		nn each rece	ived more tha	n \$100	000 of compen	sation f	rom the	2	
		on. If there is none, enter "None." N/A	mponsatou muoponuoi	it contractors wi	io cacii iccc	ivou moro ma	η ψ 100,	ooo or compen	Sation i	וטווו נוונ	,	
UI		ame and business address of each independe	nt contractor		/h	) Type of servi	C0	(c	\ Comp	ensatio		
	(α) Ν	and and business address of each independe	in contractor		(0,	1 Type of Servi	00	(0	Journe	UIISALIU		
		ber of other independent contractors each rec	-			<b>&gt;</b>						
<b>52</b> Di	id the or	ganization complete Schedule A? Note: All se	ction 501(c)(3) organiza	itions must attac	h a					_	_	
		d Schedule A								es _	No	
Under p	enalties	of perjury, I declare that I have examined this	return, including accon	npanying schedu	lles and stat	ements, and to	the be	st of my knowle	edge an	d belief	, it is	
irue, co	rrect, an	nd complete. Declaration of preparer (other tha	n officer) is based on a	I information of	which prepa	irer has any kr	owledg	e.				
		•										
Sign		Signature of officer						Date				
Here		TOBIN NOVASIO, PRESIDENT										
		Type or print name and title										
	•	Print/Type preparer's name	Preparer's signature		Date	Che	ck	if PTIN				
ם: א						self	- emplo	yed				
Paid	0 W 0 **	BRIAN YACKER						P004	01346	;		
Prepa		Firm's name > YH ADVISORS, INC.										
Use (	Unly	Firm's address > 7755 CENTER AVEN	UE, SUITE 1225				one no.					
		HUNTINGTON BEACH				[	5.10 110.					
May the	IBS die	cuss this return with the preparer shown above	,					<b></b>	ΧΥ	ee	No	
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									TUITI	20-EL	12011)	

## **SCHEDULE 0**

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

MONTANA ASSOCIATION OF SCHOOL

SUPERINTENDENTS

**Employer identification number** 81-0332063

	81-0332063
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY: AMOUNT:	
INVESTMENT INCOME 9,588.	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES: AMOUNT:	
NATIONAL DUES 55,200.	
MEETINGS & CONFERENCES 51,127.	
ADMINISTRATION FEES 33,280.	
INSURANCE 1,000.	
PROGRAM EXPENSE 1,829.	
OFFICE EXPENSES 1,011.	
MISCELLANEOUS 766.	
TOTAL TO FORM 990-EZ, LINE 16 144,213.	
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:	
UNREALIZED GAIN ON INVESTMENT 8,216.	
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR END OF YEAR	
PREPAID EXPENSES 1,755. 4,283.	
ACCOUNTS RECEIVABLE 1,905. 2,236.	
TOTAL TO FORM 990-EZ, LINE 24 3,660. 6,519.	

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization MONTANA SUPERINT	ASSOCIATION OF SCHOOL ENDENTS		Employer identification number 81-0332063
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	39,755.	38,581.	
ACCOUNTS PAYABLE	0.	55,924.	
TOTAL TO FORM 990-EZ, LINE 26	39,755.	94,505.	
FORM 990-EZ, PART III, PRIMARY E	XEMPT PURPOSE - THE MONTANA AS	SOCIATION OF	
SCHOOL SUPERINTENDENTS (MASS) IS	THE LOCAL AFFILIATE FOR THE N	ATIONAL	
ORGANIZATION, THE AMERICAN ASSOC	IATION OF SCHOOL ADMINISTRATOR	S (AASA),	
WHICH ADVOCATES FOR THE HIGHEST	QUALITY PUBLIC EDUCATION FOR A	LL	
STUDENTS, AND DEVELOPS AND SUPPO	RTS SCHOOL SYSTEM LEADERS. MAS	S WORKS	
TOWARDS THE CONTINUING IMPROVEME	NT IN EDUCATIONAL PROCEDURES,		
TECHNIQUES, ADMINISTRATION, SUPE	RVISION, AND PUBLIC RELATIONS.	MASS	
ALSO STRIVES TO FOSTER A SPIRIT	OF PROFESSIONAL GROWTH, CONGEN	IAL	
FRIENDSHIP, AND LOYALTY AMONG ME	MBERS.		
FORM 990-EZ, PART V, INFORMATION	REGARDING PERSONAL BENEFIT CO	NTRACTS:	
THE ORGANIZATION DID NOT, DURING	THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS O	N A PERSONAL BENEFIT CONTRACT.		
THE ORGANIZATION, DID NOT, DURIN	G THE YEAR, PAY ANY PREMIUMS,	DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BEN	EFIT CONTRACT.		

Schedule O (Form 990 or 990-EZ) MONTANA ASSOCIATION OF SCHOOL Name of the organization **Employer identification number** SUPERINTENDENTS 81-0332063 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits. (b) Average hours (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) compensation RICK DUNCAN DIRECTOR 0.50 0. 0. 0. KIRK MILLER EXECUTIVE DIRECTOR 0 0 8.00 0.