Short Form Short Form

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)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

JUN 30, 2020 For the 2019 calendar year, or tax year beginning JUL 1. 2019 and ending Check if applicable: C Name of organization D Employer identification number MONTANA ASSOCIATION OF SCHOOL Address change SUPERINTENDENTS 81-0332063 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return 900 N MONTANA AVE 406-442-2510 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return HELENA MT 59601 Number > Application pending X Accrual Cash Accounting Method: Other (specify) **H** Check | X | if the organization is Website: WWW.SAMMT.ORG not required to attach Schedule B Tax-exempt status (check only one) — $\boxed{}$ 501(c)(3) \boxed{X} 501(c) (6))**⋖**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 155,643. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 1 23,165. 2 Program service revenue including government fees and contracts 2 111,678. 3 Membership dues and assessments 3 Investment income SEE SCHEDULE O 6,484. 4 4 5a Gross amount from sale of assets other than inventory 5a 13 176. Less: cost or other basis and sales expenses 1,140. Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 142,467. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 1,000. 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 2,886. Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 16 Other expenses (describe in Schedule 0) 135,451. 16 139,337. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) 3,130. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 368,107. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O 158. 20 20 371,395. 21 Net assets or fund balances at end of year. Combine lines 18 through 20

932171 12-11-19

Form **990-EZ** (2019)

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

SUPERINTENDENTS Form 990-EZ (2019) 81-0332063

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any question	in this Part II			X
		(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		406,524.	22		417,346.
23			74,537.	23		71,822.
24			5,775.	24		754.
25			486,836.	25		489,922.
26			118,729.	26		118,527.
27			368,107.	27		371,395.
Pa	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishment	nts (see the instruction	ons for Part III)		Ex	penses
	Check if the organization used Schedule O to res	pond to any question	in this Part III [Х		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by expenses. I	n a clear and concise		others.)	ono, optional for
	ner, describe the services provided, the number of persons benefited, and other relevant information					
28	THE ASSOCIATION CONDUCTS WORKSHOPS, CONFERENCES, ME	ETINGS				
	AND CONVENTIONS. THE PRIMARY FOCUS IS TO KEEP ITS M	EMBERS				
	INFORMED AND EDUCATED ON CURRENT ISSUES.					
	(Grants \$) If this amount includes foreign	grants, check here	> [28a	
29						
				_		
	(Grants \$) If this amount includes foreign	grants, check here	▶ [_	29a	
30	, , ,	,				
				_		
	(Grants \$) If this amount includes foreign	grants check here	▶ [$\overline{}$	30a	
31		granto, orreorement				
	(Grants \$) If this amount includes foreign		-	\neg	31a	
					32	
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one ev	ven if not compensated - se	e the i	nstructions for	r Part IV)
						,
	Check if the organization used Schedule O to res	oond to any question	in this Part IV			X
	Check if the organization used Schedule O to res	1		 d) Не	alth benefits.	
		(b) Average hours per week devoted to	(C) Reportable compensation (Forms	ćontr	alth benefits, ibutions to ovee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to res (a) Name and title	(b) Average hours	(C) Reportable compensation (Forms	contr emplo lans, a	ibutions to	(e) Estimated
CAL		(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contr emplo lans, a	ributions to byee benefit and deferred	(e) Estimated amount of other
	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contr emplo lans, a	ributions to byee benefit and deferred	(e) Estimated amount of other
PAS	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	butions to byee benefit and deferred spensation	(e) Estimated amount of other compensation
PAS MIK	(a) Name and title KETCHUM T PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	butions to byee benefit and deferred spensation	(e) Estimated amount of other compensation
PAS MIK PRE	(a) Name and title L KETCHUM ST PRESIDENT KE PERRY SSIDENT	(b) Average hours per week devoted to position 0.50	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
PAS MIK PRE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to byee benefit and deferred upensation 0.	(e) Estimated amount of other compensation
PAS MIK PRE TOM	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT 4 STACK RECTOR	(b) Average hours per week devoted to position 0.50	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
PAS MIK PRE TOM DIR	(a) Name and title E. KETCHUM ST. PRESIDENT KE PERRY SSIDENT M. STACK RECTOR TE OLSON	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to by even benefit and deferred pensation 0. 0.	(e) Estimated amount of other compensation 0.
PAS MIK PRE TOM DIR NAT	(a) Name and title E. KETCHUM ST. PRESIDENT KE PERRY SSIDENT M. STACK RECTOR PE OLSON RECTOR	(b) Average hours per week devoted to position 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to byee benefit and deferred upensation 0.	(e) Estimated amount of other compensation
PAS MIK PRE TOM DIR NAT DIR	(a) Name and title L KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O.	(e) Estimated amount of other compensation 0. 0.
PAS MIK PRE TOM DIR NAT DIR ALE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR	(b) Average hours per week devoted to position 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	ibutions to by even benefit and deferred pensation 0. 0.	(e) Estimated amount of other compensation 0.
PAS MIK PRE TOM DIR NAT DIR ALE GRE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR TE OLSON RECTOR EX ATOR RECTOR RECTOR RECTOR RECTOR RECTOR RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O.	(e) Estimated amount of other compensation 0. 0. 0.
PASS MIK PRE TOM DIR NAT DIR ALE DIR GRE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O.	(e) Estimated amount of other compensation 0. 0.
PASS MIK PRE TOM DIR NAT DIR ALE DIR GRE RIC	(a) Name and title C. KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR FE OLSON RECTOR EX ATOR RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
PASS MIKE PRE TOM DIR NATE DIR GREE DIR RICC DIR	(a) Name and title C. KETCHUM ST. PRESIDENT KE PERRY SSIDENT M. STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR GE DERN RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O.	(e) Estimated amount of other compensation 0. 0. 0.
PASS MIKE PRE TOM DIR NAT DIR ALE DIR GRE RICC DIR KIR	(a) Name and title L KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR BE DERN RECTOR CK DUNCAN RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
PASS MIKE PREED TOMES ALE DIR GREED DIR KIRE EXE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR EX ATOR RECTOR CK DUNCAN RECTOR CK DUNCAN RECTOR RK MILLER EGUTIVE DIRECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
PASS MIK PRE TOM DIR NAT DIR ALE DIR GRE DIR RIC DIR KIR EXE	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR RE	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) F	contr emplo lans, a	o. o. o. o. o. o. o. o. o.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
PASS MIK PRE TOM DIR NAT DIR ALE DIR GRE COLOR KIR EXE CASS	(a) Name and title C. KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR TE OLSON RECTOR EX ATOR RECTOR R	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emplo lans, a	o. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
PASS MIKE PRE TOM DIR NAT DIR ALE DIR GRE DIR KIR EXE CAS PRE	(a) Name and title C. KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR SEX ATOR SECTOR SEX DUNCAN RECTOR REC	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) F	contr emplo lans, a	o.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0.
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PAS MIKE PRE TOM DIR DIR ALE DIR GRE CAS PRE MAT DIR MAT	(a) Name and title C. KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR SE DERN RECTOR CK DUNCAN RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) F	contr emplo lans, a	o.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PASS MIKE PREED TOM DIR ALE DIR GRE CASS PREE MAT DIR MAT DIR	(a) Name and title E. KETCHUM ET PRESIDENT KE PERRY ESIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR EX ATOR RECTOR CK DUNCAN RECTOR CK MILLER ECUTIVE DIRECTOR ESEY KLASNA ESIDENT ELECT ET JENSEN RECTOR PT GENGER RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) F	contr emplo lans, a	o.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0.
PASS MIKE PREEDING DIR NAT DIR ALE DIR GRE CASS PRE MAT DIR	(a) Name and title C. KETCHUM ST PRESIDENT KE PERRY SSIDENT M STACK RECTOR PE OLSON RECTOR EX ATOR RECTOR SE DERN RECTOR CK DUNCAN RECTOR	(b) Average hours per week devoted to position 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) F	contr emplo lans, a	o.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Form **990-EZ** (2019)

Form 990-EZ (2019)

SUPERINTENDENTS

81-0332063

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			х		
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this					
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	140		
00	activity in Schedule 0	33		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions					
35 a	Did 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, 6a, and 7a, among others)?	35a		Х		
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/A			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	250		x		
36	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c				
00	complete applicable parts of Schedule N	36		х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
	Did the organization file Form 1120-POL for this year?	37b		Х		
	Did 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?	38a		Х		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-				
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A					
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	1				
	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 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-EZ? If "Yes," complete Schedule L, 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.					
ч	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \mathbb{N}/\mathbb{A} Section 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
u	by the organization N/A					
е	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	40e		Х		
41	List the states with which a copy of this return is filed NONE					
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 406-442-					
L	Located at ▶ 900 N MONTANA AVE, NO. A-4, HELENA, MT At any time during the calendar year did the proprietion have an interest in an a signature or other authority.	9601				
D	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		Yes	No		
	account)?	42b		Х		
	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).					
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х		
	If "Yes," enter the name of the foreign country					
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 43	N/A	▶			
	43	11, 11				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		х		
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	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х		
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	44d				
45 a	in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		х		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	, su				
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b				
		Form 9	90-EZ	(2019)		

SUPERINTENDENTS

								_	Ye	s No
		ganization engage, directly or indirectly, in poli	tical campaign activitie	s on behalf of or	in opposition	on to candidates for p	ublic off			
		omplete Schedule C, Part I Section 501(c)(3) Organizations	Only						46	Х
Fai		All section 501(c)(3) organizations must ar	=	10h and 52 an	d complet	e the tables for lines	s 50 an	nd 51		
		Check if the organization used Schedule (-					
		oneon in the organization about contouries	o to respond to driy	quodion in tim	31 u. v.				Ye	s No
47	Did the or	rganization engage in lobbying activities or have	e a section 501(h) elect	tion in effect duri	ng the tax y	ear? If "Yes," complete	Sch. C	, Part II	47	
		anization a school as described in section 170(48	
49 a	Did the or	the organization make any transfers to an exempt non-charitable related organization?				4	19a			
b	If "Yes," w	as the related organization a section 527 organ	ization?						19b	
		this table for the organization's five highest co		•	ers, director	s, trustees, and key e	nployee	es) who eac	n received	d more
	than \$100,000 of compensation from the organization. If there is none, enter "None."									
		(a) Name and title of each employee		(b) Averag per week de		(C) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Est amount	
		N/A		positi		W-2/1099-MISC)			compe	
							Com	perisation		
	Total num	shor of other employees poid ever \$100,000		<u> </u>						
		nber of other employees paid over \$100,000 this table for the organization's five highest co	mnanestad indanandar		o each rece	ived more than \$100.0	100 of c	omnaneatio	n from th	ıΩ
		ion. If there is none, enter "None." N/A	mpensateu muepenuen	ii contractors wii	U Gacii i GCG	ived illore tilali \$ 100,0	000 01 0	Unipensatio	ii ii Oiii tii	ic
		lame and business address of each independen	t contractor		(b) Type of service		(c) Co	mpensat	ion
		•			,	, ,,		. ,		
	Total num	nber of other independent contractors each rece	eiving over \$100 000	<u> </u>						
		ganization complete Schedule A? Note: All sec	•	ations must attac	h a					
		d Schedule A						. • 🗆	Yes	No
Under	penalties	of perjury, I declare that I have examined this	return, including accon	npanying schedu	les and stat	ements, and to the be	st of my	knowledge	and belie	ef, it is
true, c	correct, ar	nd complete. Declaration of preparer (other than	n officer) is based on a	II information of	which prepa	irer has any knowledg	e			
		Olymphys of efficient					Date			
Sigr		Signature of officer					Date			
Her		MIKE PERRY, PRESIDENT Type or print name and title								
			Duanamania aiamatuma		I Data	Chook	☐ if	DTIN		
		Print/Type preparer's name	Preparer's signature		Date	Check self- emplo	if	PTIN		
Paic		DDIAN VACUED				Sell- ellipic	yeu	D00401	216	
-	oarer	BRIAN YACKER Firm's name ▶ YH ADVISORS, INC.				Eirmin Elli		P00401 45-32693		
Use	Only	Firm's address > 5882 BOLSA AVENUE	SUITE 100			Firm's EIN Phone no	<u>, , , , , , , , , , , , , , , , , , , </u>	-982-280		
		HUNTINGTON BEACH,	•			Li lione no				
Mav t	he IRS dis	scuss this return with the preparer shown above	'					X	Yes	No
		<u>, ,</u>								Z (2019)

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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

Internal Revenue Service Name of the organization

MONTANA ASSOCIATION OF SCHOOL

Employer identification number

SUPERINTENDENTS			81-0332063
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	ICOME:		
DESCRIPTION OF PROPERTY:		AMOUNT:	
INVESTMENT INCOME		6,484.	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:	
NATIONAL DUES		65,786.	
MEETINGS & CONFERENCES		29,954.	
ADMINISTRATION FEES		33,950.	
INSURANCE		901.	
PROGRAM EXPENSE		1,136.	
OFFICE EXPENSES		609.	
MISCELLANEOUS		400.	
DEPRECIATION		2,715.	
TOTAL TO FORM 990-EZ, LINE 16		135,451.	
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS	SETS:		
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:	
UNREALIZED GAIN ON INVESTMENT		158.	
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSE	4,275.	754.	
ACCOUNTS RECEIVABLE	1,500.	0.	
TOTAL TO FORM 990-EZ, LINE 24	5,775.	754.	

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization MONTANA ASSOCIATIO SUPERINTENDENTS			Employer identification number 81-0332063
FORM 990-EZ, PART II, LINE 26, OTHER LIABI	LITIES:		•
DESCRIPTION		END OF YEAR	
		56,280.	
ACCOUNTS PAYABLE			
TOTAL TO FORM 990-EZ, LINE 26			
FORM 990-EZ, PART III, PRIMARY EXEMPT PURP	OSE - THE MONTANA AS	SOCIATION OF	
SCHOOL SUPERINTENDENTS (MASS) IS THE LOCAL	AFFILIATE FOR THE N	IATIONAL	
ORGANIZATION, THE AMERICAN ASSOCIATION OF	SCHOOL ADMINISTRATOR	S (AASA),	_
WHICH ADVOCATES FOR THE HIGHEST QUALITY PU	BLIC EDUCATION FOR A	LL	
STUDENTS, AND DEVELOPS AND SUPPORTS SCHOOL	, SYSTEM LEADERS. MAS	S WORKS	
TOWARDS THE CONTINUING IMPROVEMENT IN EDUC	ATIONAL PROCEDURES,		
TECHNIQUES, ADMINISTRATION, SUPERVISION, A	ND PUBLIC RELATIONS.	MASS	
ALSO STRIVES TO FOSTER A SPIRIT OF PROFESS	SIONAL GROWTH, CONGEN	IIAL	
FRIENDSHIP, AND LOYALTY AMONG MEMBERS.			
FORM 990-EZ, PART V, INFORMATION REGARDING	PERSONAL BENEFIT CC	NTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR,	RECEIVE ANY FUNDS,	DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSON	IAL BENEFIT CONTRACT.		
THE ORGANIZATION, DID NOT, DURING THE YEAR	, PAY ANY PREMIUMS,	DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTR	ACT.		

Name of the organization MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS Employer identification number 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.)							
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation			
DARIN HANNUM		(ii not paid, sindi o)	compensation				
DIRECTOR	0.50	0.	0.	0.			
GODFREY SAUNDERS	0,30	· ·	0.	· ·			
DIRECTOR	0.50	0.	0.	0.			
DIRECTOR	0.50	· ·	Ŭ.	· ·			