			EXTENDED TO MAY 15, 2018						
_	Q	90-EZ	Short Form		-	_	01	MB No. 1545-1150	
Forr	n V v		Return of Organization Exempt From	Income		ax		2016	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private	e foun	datior	ns)		
			Do not enter social security numbers on this form as it may	v be made pu	blic.			Open to Public	
	Department of the Treasury Information about Form 990-EZ and its instructions is at www.irs.gov/form990.							Inspection	
		enue Service		-				mopoundi	
			year, or tax year beginning JUL 1, 2016 and en	Iding JUN		2017		ion number	
	Check if pplicat	1/01	me of organization			pioyer	IUEIIIIIGAI		
		att	NTANA ASSOCIATION OF SCHOOL PERINTENDENTS			1 0 2 2	2062		
		Num	ber and street (or P.O. box, if mail is not delivered to street address)	Room/suite		81–0332063 Telephone number			
	Final	return/) N MONTANA AVE	A-4		•	2-2510		
		natoa	or town, state or province, country, and ZIP or foreign postal code	<u> </u>			emption		
			LENA, MT 59601			mber 🕨	•		
G /		nting Method:	Cash x Accrual Other (specify)					e organization is	
		te: 🕨 www.sz						h Schedule B	
J	Tax-ex	empt status (ch	eck only one) — 501(c)(3) 🗴 501(c) (6) ◀(insert no.) 4947(a)(1) or 📃 527	(Fa	orm 990), 990-EZ,	or 990-PF).	
		0	X Corporation Trust Association Other						
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to						
(columr	n (B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	. /		► \$	-+ 1)	133,121.	
Pa	art I							[]	
			organization used Schedule O to respond to any question in this Part I				 I	X	
			gifts, grants, and similar amounts received			1		22 550	
	2		e revenue including government fees and contracts			2		32,550. 94,060.	
	4		DMe SEE SCHEDULE			4		6,511.	
	5a		from sale of assets other than inventory 5a			-		•,•==•	
			ther basis and sales expenses 5b						
	c		rom sale of assets other than inventory (Subtract line 5b from line 5a)			5c			
	6		ndraising events						
Ð	a	Gross income f	rom gaming (attach Schedule G if greater than						
Revenue		\$15,000)	6a						
Rev	b		rom fundraising events (not including \$ of contributio	ns					
			g events reported on line 1) (attach Schedule G if the sum of such						
			nd contributions exceeds \$15,000) 6b			-			
			benses from gaming and fundraising events 6						
			loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d			
			nventory, less returns and allowances 7a 7b						
	C C	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8		venue (describe in Schedule O)						
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		133,121.	
	10		ilar amounts paid (list in Schedule O)			10		1,046.	
	11	Benefits paid to	or for members			11			
es	12	Salaries, other	compensation, and employee benefits			12			
ens	13	Professional fees and other payments to independent contractors			13		400.		
Expenses	14	Occupancy, ren	ncy, rent, utilities, and maintenance			14		2,715.	
-	15		ations, postage, and shipping			15		122 015	
	16	-	(describe in Schedule 0) SEE SCHEDULE			16		133,915.	
	17 18		s. Add lines 10 through 16 cit) for the year (Subtract line 17 from line 9)			17 18		138,076. -4,955.	
ets	10		ind balances at beginning of year (from line 27, column (A))			10		Ŧ,955.	
Net Assets			th end-of-year figure reported on prior year's return)			19		349,250.	
let /	20		in net assets or fund balances (explain in Schedule O) SEE SCHEDULE			20		14,054.	
Ž	21		Ind balances at end of year. Combine lines 18 through 20			21		358,349.	
LH/	- For		uction Act Notice, see the separate instructions.				Form	990-EZ (2016)	

632171 12-08-16

orm 990-EZ (2016) SUPERINTENDENTS	± 11\	8	31-0332	2063	Р
Part II Balance Sheets (see the instructions for Par	,				
Check if the organization used Schedule O to				(D) E	nd of vear
99 Cash savings and investments		(A) Beginning of year 315,585	00	(0) [314,
 22 Cash, savings, and investments 23 Land and buildings 		82,682			
23 Land and buildings 24 Other assets (describe in Schedule 0) SEE SCHEDULE 0		4,843			3,
		403,110			398,
25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE 0		53,860			39
 27 Net assets or fund balances (line 27 of column (B) must agree with line 	ie 21)	349,250			358
Part III Statement of Program Service Accomplis		ions for Part III)		E>	penses
Check if the organization used Schedule O to What is the organization's primary exempt purpose? <u>SEE</u> SCHEDULE O Describe the organization's program service accomplishments for each of its three largest p			50	01(c)(3)	for section and 501(c)(ons; optiona
nanner, describe the services provided, the number of persons benefited, and other relevant	t information for each program title.				
THE ASSOCIATION CONDUCTS WORKSHOPS, CONFERENCES, AND CONVENTIONS. THE PRIMARY FOCUS IS TO KEEP IT					
INFORMED AND EDUCATED ON CURRENT ISSUES.					
(Grants \$) If this amount includes for	eign grants, check here		28	a	
9			_		
			_		
	eign grants, check here		29	a	
0					
			_		
			<u> </u>		
	eign grants, check here		30	a	
1 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes for	eign grants, check here	>	31	_	
(Grants \$)) If this amount includes for Total program service expenses (add lines 28a through 31a)	eign grants, check here	>	🕨 3	2	
(Grants \$)) If this amount includes for 2 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and K	eign grants, check here	even if not compensated - s	🕨 3	2	or Part IV)
(Grants \$)) If this amount includes for Total program service expenses (add lines 28a through 31a)	eign grants, check here ey Employees (list each one prespond to any questio	even if not compensated - s n in this Part IV	32 See the inst	2 tructions fo	
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MONTANA ASSOCIATION OF SCHOOL

Form	990-EZ (2016) SUPERINTENDENTS 81-0332063		I	Page 3
Pa	Int V 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	Part	V	X
		-	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		х
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)	34		Х
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		X
	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			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	071		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	200		x
h	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
з9	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	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 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 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 N/A			
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	40e		X
	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. 406-442-2			
	Located at > 900 N MONTANA AVE, NO. A-4, HELENA, MT	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
		42b	162	X
	account)? If "Yes," enter the name of the foreign country:	720		
	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		x
	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 📃 🗛	N/A		
			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		X
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		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
AF -	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
D	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		
			90-EZ	(2016)
			30 LL	(2010)

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Form 990-EZ (MONTANA ASSOCIATION OF	SCHOOL				01 01	220062		Page 4
1 01111 990-LZ (2016) SUPERINTENDENTS					81-0.	332063	Vo	s No
46 Did the o	rganization engage, directly or indirectly, in pol	itical campaign activities or	n behalf of or	in oppositio	n to candidates for i	ublic of	fice?		
	complete Schedule C, Part I							46	x
Part VI	Section 501(c)(3) organizations	only							
	All section 501(c)(3) organizations must a		b and 52, an	d complet	e the tables for lir	es 50 a	and 51.		
	Check if the organization used Schedule	O to respond to any qu	estion in thi	s Part VI .					
								Ye	s No
	organization engage in lobbying activities or hav			• •				47	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?								
49 a Did the o									
	was the related organization a section 527 orga							49b	
-	e this table for the organization's five highest co			ers, director	s, trustees, and key	employe	es) who ea	ch receive	d more
than \$10	0,000 of compensation from the organization.	If there is none, enter "Non				(1)		()=	
	(a) Name and title of each employee		(b) Average per week de		(C) Reportable compensation (Forms) contr	alth benefits, ibutions to	(e) Esti amount	
	N / 3		por week de		W-2/1099-MISC)	plans,	oyee benefit and deferred	comper	
	N/A		F			com	pensation		
organiza	e this table for the organization's five highest co tion. If there is none, enter "None." N/A Name and business address of each independe) Type of service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ompensat	
d Total nur	mber of other independent contractors each rec	eiving over \$100,000			►				
52 Did the o	organization complete Schedule A? Note: All se	ction 501(c)(3) organizatio	ns must attac	ha				_	
	ed Schedule A						🕨 🗋	Yes	No
	s of perjury, I declare that I have examined this	, 0 1	5 0		,		y knowledg	e and beli	ef, it is
true, correct, a	ind complete. Declaration of preparer (other tha	n officer) is based on all in	formation of \	which prepa	rer has any knowled	ge.			
	Signature of officer					Date			
Sign Here	-					Dato			
	LAURIE BARRON, PRESIDENT								
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
	T find type preparer s hame	i reparer s signature		Date	self- empl		1 1 111		
Paid	DDIAN VACKED					oyou	P00401	216	
Preparer	BRIAN YACKER Firm's name > YH ADVISORS, INC.	I		1	Eirm'o El		5-326931		
Use Only	Firm's address ► 7755 CENTER AVEN	JE SUTTE 1225			Phone n		-982-28		
	HUNTINGTON BEACH					J. JIU	202-20		
May the IRS di	iscuss this return with the preparer shown above	,					► X	Yes	No
								rm 990-E	

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury		nformation for respon -EZ or to provide any Attach to Form 990 o	uses to specific question additional information r 990-EZ.	ons on I.	2016 Open to Public Inspection
Internal Revenue Service Name of the organization	Information about Schedule O (For MONTANA ASSOCIATION OF		ts instructions is at www.		ver identification number
	SUPERINTENDENTS			81-03	332063
FORM 990-EZ, PART I,	LINE 4, OTHER INVESTMENT	INCOME:			
DESCRIPTION OF PROPE	RTY:		AMOUNT :		
INVESTMENT INCOME			6,511.		
FORM 990-EZ, PART I,	LINE 16, OTHER EXPENSES:				
DESCRIPTION OF OTHER	EXPENSES:		AMOUNT :		
NATIONAL DUES			51,300.		
MEETINGS & CONFERENC	ES		48,782.		
ADMINISTRATION FEES			31,360.		
INSURANCE			1,000.		
PROGRAM EXPENSE			991.		
OFFICE EXPENSES			482.		
TOTAL TO FORM 990-EZ	, LINE 16		133,915.		
FORM 990-EZ, PART I,	LINE 20, CHANGES IN NET 2	ASSETS:			
CHANGES IN NET ASSET	S OR FUND BALANCES:		AMOUNT :		
UNREALIZED GAIN ON I	NVESTMENT		14,054.		
FORM 990-EZ, PART II	, LINE 24, OTHER ASSETS:				
DESCRIPTION		BEG. OF YEAR	END OF YEAR		
PREPAID EXPENSES		3,504.	1,755.		
DUE FROM (TO) AFFILI	ATES	1,339.	0.		
ACCOUNTS RECEIVABLE		0.	1,905.		
TOTAL TO FORM 990-EZ	, LINE 24	4,843.	3,660.		
FORM 990-EZ, PART II	, LINE 26, OTHER LIABILIT:	IES:			
LHA For Paperwork Red	uction Act Notice, see the Instru	ctions for Form 990 o	or 990-EZ.	Schedule O (Fo	orm 990 or 990-EZ) (201

SCHEDULE O	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	OMB No. 1545-0047	
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov.		Open to Public Inspection
Name of the organization	MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS		r identification number
DESCRIPTION	BEG. OF YEAR END OF YEAR		
DEFERRED REVENUE	53,860. 39,755.		
FORM 990-EZ, PART II	I, PRIMARY EXEMPT PURPOSE - THE MONTANA ASSOCIATION OF		
SCHOOL SUPERINTENDEN	TS (MASS) IS THE LOCAL AFFILIATE FOR THE NATIONAL		
ORGANIZATION, THE AM	ERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS (AASA),		
WHICH ADVOCATES FOR	THE HIGHEST QUALITY PUBLIC EDUCATION FOR ALL		
STUDENTS, AND DEVELO	PS AND SUPPORTS SCHOOL SYSTEM LEADERS. MASS WORKS		
TOWARDS THE CONTINUI	NG IMPROVEMENT IN EDUCATIONAL PROCEDURES,		
TECHNIQUES, ADMINIST	RATION, SUPERVISION, AND PUBLIC RELATIONS. MASS		
ALSO STRIVES TO FOST	ER A SPIRIT OF PROFESSIONAL GROWTH, CONGENIAL		
FRIENDSHIP, AND LOYA	LTY AMONG MEMBERS.		
FORM 990-EZ, PART V,	INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:		
THE ORGANIZATION DID	NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,		
OR INDIRECTLY, TO PA	Y PREMIUMS ON A PERSONAL BENEFIT CONTRACT.		
THE ORGANIZATION, DI	D NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,		
OR INDIRECTLY, ON A	PERSONAL BENEFIT CONTRACT.		
	uction Act Nation can the Instructions for Form 990 or 990-F7		m 990 or 990-EZ) (2016)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

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Schedule O (Form 990 or 990-EZ	.)				Page 2
5	MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS		E	nployer identific 81-0332063	ation number
	, Directors, Trustees, and Key E	Employees. List each one	even if not compensated	(see the instructions f	or Part IV.)
	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.	(e) Estimated amount of other compensation
DENNIS GERKE					
DIRECTOR		0.50	0	. 0.	٥.
KIRK MILLER					
EXECUTIVE DIRECTOR		0.50	0	. 0.	0.
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632471 04-01-16		7	So	hedule O (Form	990 or 990-EZ)

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