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Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2013

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning		07/01	, 2013, and ending	06/30	, 20 14
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS Number and street (or P O box, if mail is not delivered to street address) 900 N MONTANA AVE - STE A-4		81-0332063 Room/suite City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601	
E Telephone number		F Group Exemption Number ►		G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
I Website: ►		J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 139,022	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0		
	2 Program service revenue including government fees and contracts	2	42,963		
	3 Membership dues and assessments	3	87,952		
	4 Investment income	4	8,107		
	5a Gross amount from sale of assets other than inventory	5a	0		
	b Less: cost or other basis and sales expenses	5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0		
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0		
	c Less: direct expenses from gaming and fundraising events	6c	0		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
	7a Gross sales of inventory, less returns and allowances	7a	0		
	b Less: cost of goods sold	7b	0		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
	8 Other revenue (describe in Schedule O)	8	0		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	139,022		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0		
	11 Benefits paid to or for members	11	0		
	12 Salaries, other compensation, and employee benefits	12	0		
	13 Professional fees and other payments to independent contractors	13	200		
	14 Occupancy, rent, utilities, and maintenance	14	2,116		
	15 Printing, publications, postage, and shipping	15	92		
	16 Other expenses (describe in Schedule O) See Schedule O, Statement 1	16	127,876		
	17 Total expenses. Add lines 10 through 16 ►	17	130,284		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,738		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	308,259		
	20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O, Statement 1	20	19,607		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	336,604		

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	264,473	22 289,728
23	Land and buildings	90,228	23 88,112
24	Other assets (describe in Schedule O) <u>See Schedule O, Statement 3</u>	1,229	24 2,818
25	Total assets	355,930	25 380,658
26	Total liabilities (describe in Schedule O) <u>See Schedule O, Statement 4</u>	47,671	26 44,054
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	308,259	27 336,604

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 5

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE ASSOCIATION CONDUCTS WORKSHOPS, CONFERENCES, MEETINGS AND CONVENTIONS. THE PRIMARY FOCUS IS TO KEEP ITS MEMBERS INFORMED AND EDUCATED ON CURRENT ISSUES.

(Grants \$ 0) If this amount includes foreign grants, check here . . . ►

28

(Grants \$) If this amount includes foreign grants, check here

38

31 Other program services (describe in Schedule O)

(Grants \$ 0) If this amount includes foreign grants, check here ►

Part IV (Line 32) Total program service expenses (add lines 28a through 31a) ► 32 45,483

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule C to report any deduction in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	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 O	33	✓
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	✓
35a 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	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b Did the organization file Form 1120-POL for this year?	38a	✓
38a 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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
b Section 501(c)(3) and 501(c)(4) 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	40d	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40e	✓
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed 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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► MONTANA ASSOCIATION OF SCHOOL ADMIN Telephone no. ► 406-442-2510 Located at ► 900 N MONTANA AVE - STE A-4, HELENA, MT 59601 ZIP + 4 ► 59601	42b	Yes ✓
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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 □	44a	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
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	44c	✓
c Did the organization receive any payments for indoor tanning services during the year?	44d	
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	✓
45b 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)		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

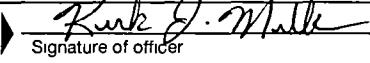
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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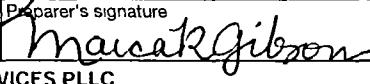
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52	Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		Date
	► Signature of officer ► KIRK MILLER, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARCA R GIBSON CPA	Preparer's signature 	Date 2/11/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01251688
	Firm's name ► MRG FINANCIAL SERVICES PLLC		Firm's EIN ►	32-0177658	
	Firm's address ► 123 Reeders Alley, Helena, MT 59601		Phone no	406-449-1389	

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

SCHEDULE O
(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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS

Employer identification number

81-0332063

Other Expenses Structured Explanation

Description	Amount
PROGRAM EXPENSE	45,483
NATIONAL DUES	45,431
ADMINISTRATIVE FEES	30,880
TRAVEL	4,277
GIFTS AND AWARDS	977
POSTAGE AND OFFICE	828
Total:	127,876

Other Changes In Net Assets Structured Explanation

Description	Amount
PRIOR PERIOD ADJUSTMENT	19,607
Total:	19,607

Schedule O, Statement 3

Form: 990-EZ

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Line Number. Part II Line 24

MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS

81-0332063

Other Assets Structured Explanation

Description	EOY Amount
PREPAID EXPENSES	2,818
Total:	2,818

Other Liabilities Structured Explanation

Description	EOY Amount
DEFERRED REVENUES	44,054
Total:	44,054

Primary Exempt Purpose

Primary Exempt Purpose

The Montana Association of School Superintendents (MASS) is the local affiliate for the national organization, the American Association of School Administrators (AASA), which advocates for the highest quality public education for all students, and develops and supports school system leaders MASS works towards the continuing improvement in educational procedures, techniques, administration, supervision, and public relations MASS also strives to foster a spirit of professional growth, congenial friendship, and loyalty among members

Schedule O, Statement 6

Form 990-EZ

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Line Number Part IV

MONTANA ASSOCIATION OF SCHOOL SUPERINTENDENTS

81-0332063

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	TONY KLOKER	1 25	0	0	0
Title	PRESIDENT				
Name	RICK DUNCAN	1 25	0	0	0
Title	PRESIDENT ELECT				
Name	LELAND STOCKER	1 25	0	0	0
Title	PAST PRESIDENT				
Name	RANDY CLINE	1 25	0	0	0
Title	WESTERN PRESIDENT				
Name	CYNTHIA CLARY	1 25	0	0	0
Title	NORTHWEST PRESIDENT				
Name	DENNIS GERKE	1 25	0	0	0
Title	NORTHCENTRAL PRESIDENT AND FEDERAL RELATIONS COORDINATOR				
Name	JIM HANSEN	1 25	0	0	0
Title	SOUTHEAST PRESIDENT				
Name	TONY HOLECEK	1 25	0	0	0
Title	NORTHEAST PRESIDENT				
Name	BOB MOORE	1 25	0	0	0
Title	HI-LINE PRESIDENT				
Name	DARREN STRAUCH	1.25	0	0	0
Title	FOUR RIVERS PRESIDENT				
Name	WES COY	1 25	0	0	0
Title	SOUTHCENTRAL PRESIDENT				
Name	ANDY BEGGER	1 25	0	0	0
Title	CENTRAL PRESIDENT				
Name	KIRK MILLER	1 25	0	0	0
Title	SAM EXECUTIVE DIRECTOR				