

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: MONTANA SOCIETY OF ASSOCIATION EXECUTIVES INC
Number and street (or P O box, if mail is not delivered to street address): PO BOX 178
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: HELENA, MT 59624

D Employer identification number: 81-0459165
E Telephone number: (406) 449-4133
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.MTSAE.COM
J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [X] Association [] 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. \$ 42,865

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 [X]

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Includes sub-rows for gaming and fundraising events (6a-d) and inventory sales (7a-c).

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	51,843	22 54,560
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	51,843	25 54,560
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,843	27 54,560

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?
 THE MONTANA SOCIETY OF ASSOCIATION EXECUTIVES WAS ORGANIZED TO PROMOTE THE ADVANCEMENT OF THE SCIENCE, EFFICIENCY AND IMPROVEMENT OF ASSOCIATION MANAGEMENT AND TO PROMOTE THE ECONOMIC, CIVIL AND SOCIAL WELFARE OF ASSOCIATIONS AND THEIR EMPLOYEES WITHIN THE STATE OF MONTANA

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, optional for others)

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV 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 O to respond to any question in this 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
MAC MINARD	1 00	0	0	0
VICE CHAIR				
MARTI WANGEN CAE	1 00	0	0	0
CHAIRMAN				
RONNA ALEXANDER	8 00	0	0	0
EXECUTIVE DIRECTOR				
GEOFF FEISS	1 00	0	0	0
IMMEDIATE PAST CHAIR				
JANE EGAN	1 00	0	0	0
TREASURER				
DAVID HEMION	1 00	0	0	0
DIRECTOR				
DONYA PARRISH	1 00	0	0	0
DIRECTOR				
MICHELLE SKINNER	1 00	0	0	0
DIRECTOR				

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 No

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

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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 must attach a completed Schedule A Yes No

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 ***** Signature of officer 2017-05-09 Date
RONNA ALEXANDER EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name RHONDA M FIELD Preparer's signature Date 2017-05-09 Check if self-employed PTIN P00264257
Firm's name ANDERSON ZURMUEHLEN & CO PC Firm's EIN 81-0385940
Firm's address PO BOX 1040 HELENA, MT 59624 Phone no (406) 442-1040

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

Additional Data

Software ID:

Software Version:

EIN: 81-0459165

Name: MONTANA SOCIETY OF ASSOCIATION
EXECUTIVES INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 PROVIDED MEETINGS, QUARTERLY NEWSLETTERS, ANNUAL DIRECTORY, AND LUNCHEONS TO PROMOTE EDUCATION AND NETWORKING OPPORTUNITIES (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: MONTANA SOCIETY OF ASSOCIATION
EXECUTIVES INC

EIN: 81-0459165

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
MONTANA SOCIETY OF ASSOCIATION
EXECUTIVES INC

Employer identification number

81-0459165

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 57

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING EXPENSES AMOUNT 5,520 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 425 DESCRIPTION TRAVEL AMOUNT 1,149 DESCRIPTION MISCELLANEOUS AMOUNT 50 DESCRIPTION PROGRAM EXPENSES AMOUNT 5,048 DESCRIPTION INSURANCE AMOUNT 653 DESCRIPTION SUPPLIES AMOUNT 1,755 TOTAL TO FORM 990-EZ, LINE 16 14,600