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# SCANNED MAR 1 0 2010

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2008

Depa Inter	artment o nal Rever	of the Treasury nue Service		► The organ	zation may have to use	a copy of this return	to satisfy state	e reporting	requiremen	ts.	Оре	en to Public Inspection
	For the	e 2008 calenda	r year,	or tax year b	eginning Oct 1		, 2008, and	ending	Sep 3	30		, 2009
		applicable		C Name of or					- 1	<b>E</b> mploy	er Ident	ification Number
	Add	tress change 📘 !	lease use IRS label	Michigan	n Associatio	n of Non-E	ublic S	chool	s	38-2	133	602
	Nan	ne change	or print or type.	Number an	d street (or P O box if m	ail is not delivered to	street addr)	Room/suite	· E	Telepho	ne numl	ber
	Initi	<b>I</b>	See specific	510 S.	Capitol Ave					(517	7) 3	72-0662
	Teri	mination	Instruc- tions.	City, town	or country		State ZIP of	code + 4				
										Gross re	ceipts :	\$ <i>556,587</i> .
	App	olication pending	F Name	and address of p	rincipal officer				a) Is this a	group returi	for affi	
			rıan Br	oderick 510	S. Capitol Ave.	Lansing	MI 4893	33-126 H(	b) Are all af			Yes No
ī	Tax			1(c) (3	) ◀ (insert no )	4947(a)(1	) or 52	27	ir ivo, at	tach a list	(see ins	tructions)
J	Web			n-s.org				Н(	c) Group ex	emption nu	mber Þ	•
ĸ	Туре с		Corpor		Association	Other ►	L Year o	f Formation	1972	M s	tate of I	egal domicile MI
Pa	ırt İ	Summar										
	1 8	Briefly describe	the org	ganızatıon's r	nission or most sig	nificant activities	See I	Attach	red Sc	hedule	=	
0	_	<b></b>		. <b></b>								
Activities & Governance	_			. <b></b>								<b></b>
ē	-			. <b></b>								
300		Check this box			zation discontinued		r disposed o	of more t	than 25%	of its as		1.4
. જ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)										14 14
lies		Number of Independent voting members of the governing body (Part VI, line 16)  Total number of employees (Part V, line 2a).										4
ť		otal number of volunteers (estimate if necessary)										0
Ac		Total gross unre					7a	0.				
	1 d	Net unrelated b	usiness	taxable inco	me from Form 990	-T, line 34					7 b	
									Pri	or Year		Current Year
ø.	8 (	Contributions a	nd gran	its (Part VIII,	line 1h)			[		161,0	38.	157,897.
Ď	9 F	Program servic	e reven	ue (Part VIII,	line 2g)					144,1		323,087.
Revenue					nn (A), lines 3, 4, a					39,7	61.	54,467.
<u> </u>					), lines 5, 6d, 8c, 9							<del></del>
					11 (must equal Pa		(A), line 12)	)		344,9	86.	535,451.
					art IX, column (A),			-				<del></del>
,	ľ	=			art IX, column (A),			ŀ		260 5		077 055
တ	l .		-		oyee benefits (Par		lines 5-10)	' <b> </b>		269,5	88.	277,855.
Expenses	16a F				IX, column (A), line				<del></del>			
ă	b-	Total Europe Sign	у ежреі	nses (Part IX	, column (D), line 2	25) 🟲		0.	<del>.</del>	. ,		
w	17 (	Offier expenses	(Part	IX, column (A	i), lines 11a-11d, 1	1f-24f) .				95,3	98.	168,782.
_	18	Total expenses	Add III	nes β-17 (m	ust equal Part IX,	column (A), line	25)	1		364,9		446,637.
	166	Revenue lesse	<b>Mel</b> 18e	s. Subtract III	ne 18 from line 12					-20,0	00.	88,814.
8 8		,		그 딸				L	Beginn	ing of Y	ear	End of Year
alan	\$0 L	Total assets (R)	prt <sub>l</sub> Xy-fr	ne 16)				[	1,	159,2	06.	1,233,404.
Not Assets or Fund Balancos	21	Total Hamilines	(Part X	<del>, lıne-</del> 26)		•		ļ			0.	0.
					ict line 21 from line	20	<u></u>		1,	159,2	06.	1,233,404.
Pa	ırt II	Signatur	<u>re Blo</u>	ck								
		Under penalties of	of perjury,	Heclare that I he	ave examined this return preparer (other than office	including accompar	ying schedules	and statem	nents, and to	the best o	f my kno	owledge and belief, it is
			7	21121	DE	1	0		1 2	أسير	10	_
Sig	gn			yrun	( Thu	elen	<u> </u>		/ Date	<i>Lb</i>	12,	2010
пе	re	Signifure of	```	. 7	1 - da is	1.		,	_	_		
		Type or print	1 01	7 /	Broweric	$\mathcal{M}, \mathcal{E}^{X}$	'e cut	ve_	Dijec	108 <u> </u>		
		Type or print					Date			-1 <i>t</i>	l Pr	eparer's identifying number
Pa	id				2 MC	$\times$	' '	1. 1.	Che setf-		(s	eparer's identifying number ee instructions)
Pro		Preparer's signature	<b>-</b>	Trank	2.11/7	الم	2/	12/10	emp	loyed P	니	
	rer's			11/17 6 3	GGOGTAMEG S		L					<del></del>
Ùs	е	Firm's name (or yours if self-			SSOCIATES PO	<del></del> -				-		
On	ıly	employed), address, and		6 OKEMOS	KD	147	10061 1	705	Phone no (517) 349-6600			
NA	u tha IF	ZIP + 4	OKE		aror chown above	/soo unstruction	48864-1	. 1 3 3	Pho	ne no	IST	X Yes No
ivia	y une IF	to discuss this	return \	with the prep	arer shown above?	(See Instruction	<u>&gt;)</u>					X Tes   NO

	n 990 (2008) Michigan Association of Non-Public Schools	38-2133602	Page 2
Pa	rt III  Statement of Program Service Accomplishments (see instructions)		
, 1	•		
	See Attached Schedule		. <b>_</b>
-			
2		· — —	,
	Form 990 or 990-EZ?	☐ Yes X	No
	If 'Yes,' describe these new services on Schedule O.		
3	3,	es? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	expenses Section 501(c)	(3)
	expenses, and revenue, if any, for each program service reported	ilocations to others, the tot	uı
	a (Cada ) (Funancia C 213 046 implication greats of C 0 \ \(C)	·	0 )
4	a (Code) (Expenses \$ 213,046. including grants of \$ 0.) (R Legislative & Government Agency Liaison Services to Members	evenue \$	0.)
•	Legislative & Government Agency Liaison Services to Members		
		- <b></b>	
-		<del>-</del>	
4	<b>b</b> (Code <sup>·</sup> ) (Expenses \$156,770. including grants of \$) (R		
	Conferences for Member Teachers, Parents, and Administrative Inclu	ding	
	Speakers & Workshops		<del>-</del>
,			
J			
			. <b>_</b>
. 4	c (Code:) (Expenses \$24,118. including grants of \$0.) (R	evenue \$	0.)
•	Administration of Accrediting Association Involving the Oversight		
	the Accreditation Process for Non-Public Schools		
		<b></b>	
		· <b></b>	
		- <b></b>	
•			
4	d Other program services (Describe in Schedule O.)		
•	(Expenses \$ 8,040. including grants of \$ 0.) (Revenue \$	0.)	
4	e Total program service expenses ► \$ 401, 974. (Must equal Part IX, Line 25, column (B)		
	Tour of the control o	<del></del>	<del></del> -

		$\overline{}$	-:	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
<b>24</b> a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
3 Δ Δ		Form	990	2008)

	tir formation tribularios (commissay)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
á	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes.' complete Schedule L, Part IV	28a		Х
ŧ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
		<u> </u>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
RΔΔ		Form	990 (	วกกลา

Form 990 (2008)

Form 990 (2008) Michigan Association of Non-Public Schools 38	3-2133602		Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Ye	s No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . 1a	0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	aming	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	4		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruction	ns)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	x
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a	4a	<u> x</u>
<b>b</b> 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	*****		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	$\vdash$	5b	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	]	5 c	
6a Did the organization solicit any contributions that were not tax deductible?		6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?		6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75	² <u> </u>	7 a	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	L	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	d to file	7c	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	Х
<b>q</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re	quired?	7h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization,	have		
excess business holdings at any time during the year?		8	Х
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	, e.e.		
a Did the organization make any taxable distributions under section 4966?		9a	X
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	L	9b	X
10 Section 501(c)(7) organizations. Enter			li
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	-		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	[_1	2a	

**b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008) Michigan Association of Non-Public Schools 38-2133602 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing Body and Management										
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, des, or changes in Schedule O See instructions.	escribe the circumstances,		Yes	No						
1	a Enter the	number of voting members of the governing body	1 <u>a</u> 14	╛	*							
	<b>b</b> Enter the	number of voting members that are independent	1 <u>b</u> 14	_	İ	İ						
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business related to the control of	ationship with any other	2		X						
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x						
4	Did the o	rganization make any significant changes to its organizational documents		4		Х						
	since the	prior Form 990 was filed?				•						
5		rganization become aware during the year of a material diversion of the organization'	s assets?	5		X						
6	Does the	organization have members or stockholders?		6		X						
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or $m_0$ body?	ore members of the	7a 7b		Х						
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?											
. 8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	a The gove	rning body?		8a	Х	L						
		nmittee with authority to act on behalf of the governing body?		8ь	Х	<u> </u>						
9	a Does the	organization have local chapters, branches, or affiliates?		9 a		X						
	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?											
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990											
	11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O											
<u>Se</u>	ction B.	Policies	· · · · · · · · · · · · · · · · · · ·									
					Yes	No						
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х							
	to conflic		·	12b	х							
	<b>c</b> Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polic ${\it O}$ how this is done	cy? If 'Yes,' describe in	12c	<b>-</b>							
		organization have a written whistleblower policy?		13	X	<u> </u>						
.14	Does the	organization have a written document retention and destruction policy?		14	Х	<u> </u>						
15	Did the p persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci:	pproval by independent sion:			<u> </u>						
	-	nization's CEO, Executive Director, or top management official?		15a	Х							
		cers of key employees of the organization?		15b	Х							
	Describe	the process in Schedule O (see instructions)				1						
16		rganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year?	rrangement with a taxable	16a		X						
	in joint vi	as the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	o evaluate its participation he organization's exempt	16b		j						
Se		Disclosures		1,00	<u> </u>	<del></del>						
		tates with which a copy of this Form 990 is required to be filed >										
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) av	aılable	for pu	blic						
	Own	website Another's website X Upon request										
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public	ents, conflict of interest police	y, and	financ	cial						
20	State the	name, physical address, and telephone number of the person who possesses the boo	oks and records of the organ	nızatıor	۱۰							
	Brian Broderick, Executive Director 510 S. Capitol Ave., Lansing, MI 48933-1266 (517) 372-00											

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D). (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did no	t compens	ate ar	ny of	ffice	r, dı	rector	, tru:	stee, or key employee		
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours	Position (check all that ap						Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	ਜ਼ਰੀਆਂਟੀ ਕੀ ਵਿਸ਼ਲਵ <del>ਣ</del> ਹਵਜ਼ੀਵਦ ਨਾਵ	institutional trustee	Offi-re	dey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Barbara Stork						•				
Asst. Director	40.00	Х		Х	Х	Х		71,495.	0.	0.
Brian Broderick										
Exec. Director	40.00			Х	Х			95,260.	0.	0.

Part VII   Section A. Officers, Directors, Trust (A)	(B)				c)	,		(D)	(E)		(F	
Name and Title	Average hours			,	т —	_	_	Reportable compensation from	Reportable compensation from		Estim	nated of other
	per week	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization: (W-2/1099-MISC)		comper from organi and re organiz	nsation i the zation elated
								_				
[				ļ					: 			
				_	_				<u>.</u>			
										_		
							Ĺ	166 755				
1 b Total     Total number of individuals (including those in 1a) w	ho roco	wod		ro th	on 9	1100	200	166,755.	-	.		0.
organization	- ·	veu	mor	e u	all .	<b>P10</b> 0	,,,,,,,	o in reportable cor				
										Г	Y	es No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such income.	dıvıdual										3	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com ),000	pen )? If	satı 'Ye	on a s' co	nd o	othe lete	r compensation fro Schedule J for su	om ch		4	x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	ition for s	fror uch	m ar per	ny u son	nrel	ated	organization for s	services		5	_  x
Section B. Independent Contractors	1						A		- ¢100.000 -f	_		
Complete this table for your five highest compensate compensation from the organization	a inaep	enae	ent c	conti	racti	ors t	ınat	received more tha	n \$100,000 oi			
(A) Name and business address	s							Description of	of Services	Cor	(C) npens	ation
				_								
2 Total number of independent contractors (including t	hose in	1) w	ho ı	rece	ıved	mo	re tl	l nan \$100,000 in				

<u>Pa</u>	T VIII   Statement of Revenue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectors
TS, GRANTS	1 a Federated campaigns b Membership dues c Fundraising events	1 a 1 b 1 c	157,897.	e	revenue		512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations     e Government grants (contributions)      f All other contributions, gifts, grants, and similar amounts not included above.	1e 1f		•			
CONT	<ul><li>g Noncash contributes included in less 1a-1f.</li><li>h Total. Add lines 1a-1f</li></ul>	\$ <u>_</u>	. •	157,897.			
NUE			Business Code	mendiamaka wa kate a - barashilia basaringa anata-	<u>- 33 :</u>		
EVE	2a Accreditation Fees	· – – ⊢	ı/a /-	45,008.	45,008.	0.	0.
CER	<ul><li>b Conference Reg &amp; Exhibit</li><li>c Energy Agreement, Ne</li></ul>		1/a 1/a	234,667. 35,157.	234,667. 35,157.	0.	0.
E	d Continuing Educ Unit		1/a 1/a	8,255.	8,255.	0.	0.
. E	e continuing Edge office	S   ''	17 a	0,233.	0,233.	0.	
PROGRAM SERVICE REVENUE	f All other program service revenue g Total. Add lines 2a-2f		<b>&gt;</b>	323,087.			, 2
	Investment income (including diviother similar amounts)	idends,	interest and	75,603.	0.	0.	75,603.
	4 Income from investment of tax-ex	empt b	ond proceeds	,3,003.			,3,003.
	5 Royalties	•	· · ·			-	
	(ı) R	eal	(II) Personal				
	6a Gross Rents			 s &			· ·
	b Less rental expenses					` * *	ř
	c Rental income or (loss)					* *	
	d Net rental income or (loss)	iritias	(ii) Other				
	/ a Gross amount from sales of	, 603 .	(ii) Other				
	<b>b</b> Less <sup>,</sup> cost or other basis and sales expenses 160		,			,	
		, 136.		· 	S.		\$
	d Net gain or (loss)		<b>&gt;</b>	-21,136.	0.	0.	-21,136.
	8a Gross income from fundraising ev (not including \$	ents/					
OTHER REVEN	of contributions reported on line	,					
HER	See Part IV, line 18  b Less direct expenses	a b					
О	c Net income or (loss) from fundrai		ents ►		·		
	9a Gross income from gaming activities See Part IV, line 19	ties.					
	<b>b</b> Less direct expenses	a h					
	c Net income or (loss) from gaming	activiti	es Þ				
	10a Gross sales of inventory, less reti	urns				·	
	b Less. cost of goods sold	a h					
	c Net income or (loss) from sales of	of invent	orv . ►				
	Miscellaneous Revenue		Business Code				
	11a			·			
	b						
	c						
	d All other revenue	L		<del></del>			<del></del> 1
	e Total. Add lines 11a-11d						
	<b>12 Total Revenue.</b> Add lines 1h, 2g, 10c, and 11e	3, 4, 5,	6d, 7d, 8c, 9c, ►	535,451.	323,087.	0.	54,467.

Part IX Statement of Functional Expenses
Section 501(cV3) and 501(cV4) organizations must complete all columns

	Section 501(c)(3 All other organizations must com		ations must complete a		i (D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4				XX <b>X</b> * x : 1	. % · '.% <sub>a</sub> J
5	Compensation of current officers, directors, trustees, and key employees	166,755.	150,080.	16,675.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,718.	49,247.	5,471.	0.
. 8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,704.	15,034.	1,670.	0.
9	Other employee benefits	23,362.	21,026.	2,336.	0.
10	Payroll taxes	16,316.	14,685.	1,631.	0.
11	Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal .	14,577.	13,119.	1,458.	0.
	c Accounting	7,412.	6,671.	741.	0.
	<b>d</b> Lobbying			, , , , , , , , , , , , , , , , , , ,	
	e Prof fundraising svcs See Part IV, In 17				<del></del>
	Investment management fees				
	g Other				
	Advertising and promotion	3,265.	2,939.	326.	0.
13 14	Office expenses Information technology	3,203.	2,939.	320.	<u> </u>
15	Royalties				
16	Occupancy				
	Travel	21,158.	19,043.	2,115.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,372.	78,635.	8,737.	0.
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization			1.50	
23 24	Insurance Other expenses. Itemize expenses not	1,686.	1,517.	169.	0.
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			* * *	
	Dues and Subscriptions	5,062.	4,556.	506.	0.
	b_Gifts/memorials	2,157.	1,941.	216.	0.
	c Marketing Faithbased Education		10,475.	1,164.	0.
	d Bank Charges	3,774.	3,396.	378.	0.
	e Postage & Shipping	2,296.	2,066.	230.	0.
	f All other expenses	8,384.	7,544.	840.	0.
25	<del></del>	446,637.	401,974.	44,663.	0.
26	Joint Costs. Check here Lift following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
RΔ					Form <b>990</b> (2008)

1 6	III	Dalance Sheet		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1,134,206.	1	1,208,404.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	···
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trustees, key employees, L .		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net		25,000.	7	25,000.
S	8	Inventories for sale or use .			8	•
T S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost basis	10a	4		
	b	Less accumulated depreciation Complete Part VI of		*-		
		Schedule D	10ь	The state of the same of the same of the state of the same of the	10 c	and the second control of the second
	11	Investments – publicly-traded securities	•		11	
-	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11		13		
	14	Intangible assets	··································	14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	1,159,206.	16	1,233,404.
	17	Accounts payable and accrued expenses .	<u>/.</u>	0.	17	0.
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities		20	<del></del>	
Å	21	Escrow account liability. Complete Part IV of Schedule	, <sub>D</sub>	<del> </del>	21	
レーABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees, kev emplovees.	<i>ž</i> i 3 <i>ž</i>	,	
Ţ		of Schedule L	· I		22	
E S	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	-
	24	Unsecured notes and loans payable	·		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N		Organizations that follow SFAS 117, check here ▶	X and complete lines	-		
N E T		27 through 29 and lines 33 and 34.				
Ą	27	Unrestricted net assets		1,143,206.	27	1,232,019.
ASSE	28	Temporarily restricted net assets	İ	16,000.	28	1,385.
Ī	29	Permanently restricted net assets	İ		29	
Q R		Organizations that do not follow SFAS 117, check her	re ► and complete			
		lines 30 through 34.				
POZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ę	32	Retained earnings, endowment, accumulated income,	ľ	· · · · · · · · · · · · · · · · · · ·	32	
BALAZCES	33	Total net assets or fund balances.		1,159,206.	33	1,233,404.
Ĕ	34	Total liabilities and net assets/fund balances	·	1,159,206.	34	1,233,404.
Pa	rt X	and the same of th				
						Yes No
		counting method used to prepare the Form 990: X C		Other		
2		ere the organization's financial statements compiled or r	· ·	countant? .		2a X
		ere the organization's financial statements audited by an	•			2b X
_	rev	Yes' to 2a or 2b, does the organization have a committee new, or compilation of its financial statements and selections.	ction of an independent accoui	ntant?		2c X
3	a As Au	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	ed to undergo an audit or audi	its as set forth in the Si	ngie	3a X
		Yes,' did the organization undergo the required audit or				3b
RΔ	_		•	<del>.</del>		Form <b>990</b> (2008)

#### **SCHEDULE A** (Form 990 or 990-EZ).

## Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

OMB No 1545 0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Michigan Association of Non-Public Schools 38-2133602 Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 Х June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II c l Type III — Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (III) Type of organization (described on lines 1-9 above or IRC section (vi) Is the organization in col (i) organized in the US? (iv) is the (vii) Amount of Support (i) Name of Supported (II) EIN rganization in col Organization your support? (see instructions)) governing document? No Yes No Yes No Yes Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)					-			
	· · · · · · · · · · · · · · · · · · ·		<del></del>						-			
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	_			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								_			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								_			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.											
4	Total. Add lines 1-3	. 0 978, 5705 48 48.52	3 8 5						_			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				And the state of t	S S S S S S S S S S S S S S S S S S S	`		_			
6	<b>Public support.</b> Subtract line 5 from line 4				* * * * * * * * * * * * * * * * * * *							
<u>Sec</u>	tion B. Total Support			1			Т		_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total				
7	Amounts from line 4								_			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources											
9	Net income form unrelated business activities, whether or not the business is regularly carried on								_			
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)	:							_			
11	Total support. Add lines 7 through 10	, % , <sub>4</sub> ,							_			
12	Gross receipts from related activi	ties, etc. (see ins	tructions)				12		_			
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 50	1(c)(3)		L			
	tion C. Computation of Pul								_			
	Public support percentage for 200			e 11, column (f)			14	%	_			
15	Public support percentage for 200	J/ Schedule A, Pa	art IV-A, line 26f			Į	15	%	_			
16 a	<b>33-1/3 support test</b> $-$ <b>2008.</b> If the and <b>stop here.</b> The organization				the line 14 is 33-1	/3 % or more	e, ched	ck this box				
ь	<b>33-1/3 support test — 2007.</b> If the and <b>stop here.</b> The organization of	organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, ganization .	and line 15 is 33-	1/3% or moi	re, che	ck this box	l			
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in F	art IV					
	b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.											
18	Private foundation. If the organiz	ation did not ched	k a box on line, l	3, 16a, 16b, 1/a,	or 1/0, check this	box and se	e instr	uctions	L			

### Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I ) Section A. Public Support								
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	172,158.	166,511.	171,993.	161,038.	157,897.	829,597.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	115,999.	432,700.	263,217.	144,187.	323,087.	1,279,190	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1-5  Amounts included on lines 1, 2, 3 received from disqualified persons  Amounts included on lines 2	288,157.	599,211.	435,210.	305,225.	480,984.	2,108,787.	
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
	Add lines 7a and 7b .							
8	Public support (Subtract line							
	7c from line 6)	J 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				`	2,108,787.	
Sec	tion B. Total Support	<del> </del>		· · · · · ·				
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	(f) Total	
	Amounts from line 6	288,157.	599,211.	435,210.	305,225.	480,984.	2,108,787.	
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	FF 617	4E 110	62 622	20.761	5.4. A.C.7	257 507	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	55,617.	45,119.	62,633.	39,761.	54,467.	257,597.	
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	55,617.	45,119.	62,633.	39,761.	54,467.	257,597.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				_			
13	Total support. (add ins 9, 10c, 11, and 12)	, ` , \$	ŵ ( \$ .	-:	*	· ·	2,366,384.	
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or t	fifth tax year as a	section 501(c)(3)	<b>•</b>	
	tion C. Computation of Pul			12 (0)		1 45 1		
	Public support percentage for 200	•				15	89.11%	
	Public support percentage from 2				<del></del>	16	89.33%	
	tion D. Computation of Inv				(6)	117	10 00 %	
17						10.89%		
	33-1/3 support tests - 2008. If th	ne organization did	not check the box	on line 14, and l	line 15 is more tha	<b>  18</b>   an 33-1/3%, and l	10.67 %	
	more than 33-1/3%, check this bo 33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	ox and stop here.	The organization o	qualifies as a publi	cly supported orga	anızatıon	► X	
20	Private foundation. If the organiz						•	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

services. S report the	Section 501(c)(3	ose achievements for each of the organization's other program and (4) organizations and 4947(a)(1) trusts are required to and allocations to others, the total expenses, and revenue, if any, for orted.
Code:	Description:	Fee revenue from services provided to and for member schools
Expenses _	8,040.	
Grants Of _	0.	
Revenue	0.	

# MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – SEPTEMBER 30, 2009 FEDERAL ID# 38-2133602

#### PART III (1) STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

#### WHAT IS THE ORGAIZATION'S PRIMARY EXEMPT PURPOSE?

 Provide services and resources that enhance its member schools as well as influence standards for education for all children throughout the state.

# PART VIII ~ RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES:

#### **CONFERENCE REGISTRATION AND EXHIBIT FEES**

 Conferences for teachers of member organizations to allow them to communicate together and with Educational speakers and exhibitors to learn new methods to improve education and management of education resources. Professional Development of Teachers

#### POLICY HANDBOOK

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ī

Handbook to communicate to member organization's administrative staff the current MANS and government policies.

#### **PART VIII – STATEMENT OF REVENUE:**

<u>MEMBERSHIP DUES</u> ~ Membership dues are assessed against member schools to provide the funds needed to operate the office and provide staff to organize the conferences, accrediting and liaison function of the association

<u>ACCREDITING FEE REVENUE</u> ~ The accreditation process is a school improvement process for member schools.

**ENERGY AGREEMENT REVENUE-NET** ~ MANS provides opportunity for members to purchase electricity and natural gas when prices are competitive

<u>CONTINUING EDUCATION UNITS</u> ~ Seminars and courses to provide continuing education credits for teachers of member schools.

# MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – SEPTEMBER 30, 2009 FEDERAL ID# 38-2133602

# PART V-A, LIST OF OFFICERS AND DIRECTORS

REV. JOHN MCCRACKEN - PRESIDENT 254 Sixth St Manistee MI 49660 Member-At-Large, Catholic

VACANT - VICE PRESIDENT

MR. DANIEL NETZ – SECRETARY
6729 Hanna Lake Avenue
Caledonia, MI 49316
Christian Schools International (CSI)

DR. BRUCE BRAUN - TREASURER 3773 Geddes Road Ann Arbor, MI 48105 Lutheran Church - Missouri Synod

> MRS. DEBORAH KRUEGER 2865 Henry St. Port Huron, MI 48060 Member-At-Large, Catholic

MR. THOMAS J. DEJONGE 1812 Sylvan Ave SE Grand Rapids, MI 49506 Member-At-Large, CSI

MRS. BERNADETTE SUGRUE
305 Michigan Avenue
Detroit, MI 48226
Archdiocese of Detroit

MR. CHARLES TAYLOR 611 W North St Gaylord MI 49735 Diocese of Gaylord

MR. MICHAEL KNOFF 607 E South Union Bay City, MI 48706 Diocese of Saginaw

#### MR. MARK SALISBURY

117 W Washington Marquette, MI 49855 Diocese of Marquette

#### FR. STEVEN MATTSON

300 W. Ottawa Lansing, MI 48933 Diocese of Lansing

#### MR. PAUL A. LONG

510 S. Capitol Avenue Lansing, MI 48933 Michigan Catholic Conference

#### DR. BERNARD STANKO

360 Division Ave, Ste 3 Grand Rapids, MI 49503 Diocese of Grand Rapids

#### MR. BARRY BLOMQUIST

1916 Ridgewood Ave SE Grand Rapids, MI 49506 Member-At-Large, LCMS

#### MRS. MARGARET ERICH

215 N Westnedge Ave Kalamazoo MI 49007 Diocese of Kalamazoo

# SR. MONICA KOSTIELNEY, RSM – EX-OFFICER

510 S. Capitol Avenue Lansing, MI 48933 Michigan Catholic Conference