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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

ΑI	For th	he 2009 calend	ar year,	or tax year beginning	January 1	, 2009, a	ind ending	Decemb	er 31	, 20 09			
В	Check (if applicable	Please	C Name of organization				D Employer	identi	fication number			
	Addres	ss change	use IRS Michigan Speech Coaches Inc						38-2751416				
	Name	change	label or						phone number				
	initial r	eturn	type.										
	Termin	nated	See Specific	11462 East Lane	70.	i			10-2	31-5435			
	Ameno	ded return	Instruc-	City or town, state or country, and	1 ZIP + 4			F Group Ex	oup Exemption				
	Applica	ation pending	tions.	Whitmore Lake, MI 48189				Number	umber >				
	• Se	ection 501(c)(3)	organiz	rations and 4947(a)(1) nonexe	mpt charitable trusts r	nust attach	G Accou	inting Method	1: 🗹	Cash			
				npleted Schedule A (Form 99)			4	(specify)					
									orga	nization is not			
	Mah.	site: ▶ mich	iganene	eechcoaches.org			I		*				
-						(4) D 50:	- 1		ach Schedule B (Form 990,				
				nly one) — ☐ 501(c) (3) ◀				Z, or 990-PF					
	Check		-	zation is not a section 509(a)(3) :		-							
				turn is not required, but if the c					eturn	<u>. </u>			
<u>L /</u>	Add lir			9 to determine gross receipts; if					\$				
P	art l	Revenu	ie, Exp	enses, and Changes in	Net Assets or Fur	nd Balance	s (See the	instructio	ns fo	or Part I.)			
	1	Contribution	ons, gift	ts, grants, and similar amou	nts received			1		0			
	2		-	evenue including governme				2		15963.00			
	3	- 3		and assessments				3	\top	962.00			
	4		•					4	+	0			
	1 _					1 1		· · ·	+	 			
	5			m sale of assets other than	•			0 10					
	'			er basis and sales expenses				0	4				
•	'			n sale of assets other than ir				<u>5c</u>	<u>.</u>	0			
ž	6	Special event	ts and act	tivities (complete applicable parts of	Schedule G). If any amour	nt is from gam ii	ng, check here	▶ □ *					
ě	;	a Gross reve	enue (no	ot including \$	of contribution	ons ·-			,]	-			
Revenue		reported o	n line 1			. 6a		0	`				
_	L	Less: direct expenses other than fundraising expenses 6b					0 %	1					
	1	•		ss) from special events and			ne 6a)	6c	7	0			
	7			rentory, less returns and allo		1 1		· · o	1				
	Ι.			• '	•	7b							
			Less: cost of goods sold						7	•			
		-	-	• •	Subtract line /b from	line /a) .		<u>7c</u>					
	8		Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 8	+	10005.00			
	9						· · · ·		—	16925.00			
	10	Grants and	d simila	r amounts paid (attach sche	dule)			<u>10</u>	╁	3791.00			
	11	Benefits pa	Benefits paid to or for members						1	0			
es	12		Salaries, other compensation, and employee benefits						<u> </u>	0			
Expenses	13	Profession	al fees	and other payments to inde	pendent contractors	1.VED .	.	13	1_	920.00			
ğ	14			utilities, and maintenance		A C C	.	. 14		0			
Ŵ	15	Printing, p	ublicati	ons, postage, and shipping	. 00		.#	15		331.00			
	16	Other expe	enses (d	describe > newsletter edite	or By JUL 0 8	2010	တ္သူ) 16		300.00			
	17	Total expe	enses.	Add lines 10 through 16 .			<u> </u>	▶ 17		5342.00			
	18	Excess or	(deficit)	for the year (Subtract line 1	7 from line 9)			18	T	11583.00			
ë	19	Net assets	or fun	d balances at beginning of	vear (from title 27)	olumn (A))	(must agree	with					
Į\$				reported on prior year's ref			븻	19	7	0			
Net Assets	20						20	+					
	21						. Þ 21	+	11583.00				
	art [Ralance	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990										
	arti	(See the instructions for Part II.) (A) Beginning or						T					
_		0 1		•	•	•	(A) Dec		100	(B) End of year			
22								27729.0		30306.00			
23			nd and buildings				23	0					
24			her assets (describe ►)				24	0					
2	-	Total assets .					·	27729.0	$\overline{}$	30306.00			
26	` <u> </u>							26	0				
27	7	Net assets or	fund b	palances (line 27 of column	(B) must agree with !	ine 21)	. 1	27729.0	127	30306.00			

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)								
	t is the organization's primary exempt purpose?	Educational	(Required for section						
Desc	ribe what was achieved in carrying out the org	ganization's exempt purposes. In a clear and concise				501(c)(3) and 501(c)(4)			
manı	ner, describe the services provided, the number o	of persons benefited, and other relevant information for				organizations and section 4947(a)(1) trusts, optional			
each	program title.					hers)			
28	We run speech events for high school and middle sc	hool students in the state of	Michigan. Junior V	/arsity					
	Debate State Tournament in 2009. We had 44 studen	its participate. We gave trop	hies to the top 8 te	ams and					
	top 10 individuals.								
	(Grants \$ 0) If this amount	28a	953.00						
29	Novice Individual events States was the second even				200				
LJ	students participate. We gave trophies to the top 6 s			C 1140 02					
	students participate. We gave tropines to the top 6 s								
						254.00			
		includes foreign grants, ch		<u>. ▶⊔</u>	29a	651.00			
30	Mackinac Spring Tournament and Conference. Here								
	students that they can use for professional developm								
	and forensics competition for students. We had 387	adults and students particip	ate in this event						
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	3578.00			
31	Other program services (attach schedule)								
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	0			
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	5182.00			
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	ctions for Part IV)			
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances			
Davi	d Bassett, 624 Essex, Rochester Hills, MI	devoted to position	one: v ,	dolonou compo	- Cason	Outer anomalies			
	d Dassett, 024 Essex, nochester ritis, im	President2 hours/wk	o		0	o			
D	Val. COAA O-all and O-and Diag - III		- 0	 	U				
Hutn	Kay, 6224 Opal Lane, Grand Blanc, MI	Past President 2 hours/w	_			-			
			0		0	0			
Heat	her McKaig, 7061 Herbst, Brighton, MI	Secretary-5 hours/week							
			0		0	0			
Kirst	in Carolin, 18041 Marsal, Macomb Twp, MI	President Elect 3 hours/wk							
		President Elect 3 hours wk	0		0	0			
Debo	ora Marsh, 11462 East Lane, Whitmore Lake, MI	T							
		Treasurer 5 hours/wk	0		0	o			
John	Rutherford, 3309 Innsbrook Dr. Rochester, MI								
		Trustee	0		0	o			
Jame	es Menchinger, 7223 Leawood, Portage, MI								
	o monormigor, resourced, restago, in	Trustee	0		0	0			
lool	Thursam, 47550 Barbara, Macomb Twp, Mi				·				
	Thursday, 47330 Daibara, Maconib Twp, In	Trustee			^	0			
			0		0	- 0			
				_		· · · · · · · · · · · · · · · · · · ·			
	***************************************					1			
		-							
		<u> </u>							

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		e de la composição de l	27.00
b	Did the organization file Form 1120-POL for this year?	37b		✓
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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			5
а	Initiation fees and capital contributions included on line 9		3.44	
b	Gross receipts, included on line 9, for public use of club facilities			2.5
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	a series		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	Alleria de la compansión de la compansió		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Michigan			
42a	The organization's books are in care of ▶ Debora K. Marsh Telephone no. ▶	810-23	1-543	5
	Located at ► 11462 East Lane, Whitmore Lake, MI ZIP + 4 ►	481	89	-
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)?	42b	Yes	No √
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		5 300000×	Yes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	100	
		- 00/	\ E7	(2000)

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) 47(a)(1) nonexemp nd 51.	nonexem t charitable	pt charita e trusts mi	able ust	trusts only. A answer question	II sec ons 46	tion 3–49t)
46	Did the organization engage in direct or indirect							Yes	No
	candidates for public office? If "Yes," complete	•					46		<u> </u>
47	Did the organization engage in lobbying activities						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 ex	•		="			49a		V
_	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi						49b		d kov
50	employees) who each received more than \$100,	gnest compensated	n from the o	roanization	ı Oli	icers, directors, i there is none len	truste: ter "N	one "	u key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	ge (c)	c) Compensation (d) Contributions to employee benefit plan deferred compensati			(e) Expense & account and		
We do	n't have any employees				_				
we do	n t nave any employees								
		-							
									
			1		Ť				
f	Total number of other employees paid over \$100	0.000		0					
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type						pe of service (c) Compensation			ation
We on	ly hire out the website for less than \$1000 per year								
				-					
				-					
	Total number of other independent contractors of	each receiving over	\$100,000 	▶ <u></u>		0			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including an of preparer (other than of	ccompanying s	chedules and on all informat	state	ments, and to the best which preparer has	any kno	knowl	edge e
Sign Here	Dubra K. Marsh June 30, 2010 Signature of officer Date								
	Signature of officer Debora K. Marsh, Treasurer of MSCI Type or print name and title								
Paid	Preparer's signature	Sel Sel					nber (Se	e instruc	tions)
Prepar Use Or	I Firm's name (or			employed ▶	EIN	<u> </u>			
	address, and ZIP + 4		-Alam-		Phor	ne no	1 54	<u> </u>	
May th	ne IRS discuss this return with the preparer showing	n above? See instru	ctions .	<u></u>	•		M 99		No (2009)