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Department of the Treasury Internal Revenue Service

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

A Fo	r the .	2009 ca	alendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-2010)		
		pplicable	Please	C Name of organization MICHIGAN ASSOCIATION OF S			D Employer id	entification number
┌ Add	Iress ch	nange	use IRS label or		SCHOOL BOINDS		38-132344	
☐ Nar	ne cha	nge	print or type. See	Doing Business As			E Telephone n	umber
┌ Inıt	ıal retu	rn	Specific Instruc-	Number and street (or P O b	ox if mail is not delivered to street address	ss) Room/suite	(517) 327-	
Ter	mınate	d	tions.	1001 CENTENNIAL WAY No 40	00		G Gross receipts	5 \$ 4,448,794
☐ Am	ended	return		City or town, state or country	, and ZIP + 4			
☐ App	lication	pending		LANSING, MI 489179279				
				ne and address of principal	officer	H(a) Is th	■ ıs a group retur	n for
				EEN HAYES CENTENNIAL WAY No 400		affilia	ates?	⊤Yes ▼ No
				NG,MI 489179279	•	H(b) Are al	II affiliates includ	ded?
			<u> </u>					(see instructions)
I Tax	x-exem	npt status	▼ 501(c)) (3) ◀ (insert no)	a)(1) or 527	H(c) Grou	up exemption ni	umber 🟲
J W	ebsite	e:⊨ ww	w masb org					
K Forn	n of or	ganızatıon	✓ Corporat	ion Trust Association C	other 🟲	L Year of fo	ormation 1949 I	M State of legal domicile MI
Pai	rt I	Sum	mary			•	•	
	1	•		-	most significant activities	SENTO 9. DILE	RLIC EDUCATI	
2		LEADE	KSHIP/AD	VOCACT SERVICES FOR	BOARDS OF EDUCATION, STU	JENIS & PUE	BLIC EDUCATI	ON IN MICHIGAN
Governance								
E E								
100			·		tinued its operations or disposed			
	3		_	-	oody (Part VI, line 1a)			20
<u> </u>	4				e governing body (Part VI, line 1b)		
乭	5			nployees (Part V, line 2a)			5	44
Activities &				lunteers (estimate if neces	• •		-	60
-		•			Part VIII, column (C), line 12 . Form 990-T, line 34	•		a 58,887 b 11,747
	-	Net um	elateu busi	ness taxable income nom	1 om 9 90-1, me 34	Pric	r Year	Current Year
	8	Contri	hutions and	d grants (Part VIII, line 1h)	PIIC	30,670	191,756
≘	9			revenue (Part VIII, line 2g		3,709,065	3,851,684	
Reven	10				Innes 3, 4, and 7d)		54,261	35,873
Ť	11			, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)		489,866	367,175
	12				t equal Part VIII, column (A), line	•	,	· · · · · · · · · · · · · · · · · · ·
							4,283,862	4,446,488
	13				olumn (A), lines 1-3)		15,500	13,500
	14				lumn (A), line 4)		+	0
8	15	Saları 10)	es, other co	ompensation, employee bei	nefits (Part IX, column (A), lines 5	·-	2,484,104	2,461,690
Expenses	16a	Profes	sional fund	raising fees (Part IX, colur	nn (A), line 11e)			0
홄	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line	25) ▶ 0			
ш	17				11a-11d, 11f-24f)		1,613,135	1,663,175
	18	Total	expenses /	Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		4,112,739	4,138,365
	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12		171,123	308,123
\$ ₹							g of Current	End of Year
Net Assets or Fund Balances]	.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ear	
Ass Be	20			t X, line 16)			4,734,189	5,171,546
5 ×	21 22		-		1 from line 20		1,071,526 3,662,663	1,106,812
	† III		ature Blo		1 1101111111111111111111111111111111111		3,002,003	4,004,734
		_			nined this return, including accompanying	schedules and s	tatements, and to	the best of my knowledge
					n of preparer (other than officer) is based			
Sign		***					44.00	
Here		I B	ature of office	er		2010- Date	-11-08	
		 KAT	HIFEN HAYES	EXECUTIVE DIRECTOR				
			e or print nam					
		Preparer	r's L			Check If	Preparer's ident	ifying number
Paid		signatur		d L Williams III CPA		elf- empolyed • —	(see instructions	
Prepa	arer's	Firm's na	ame (or your	s 👠 Maner Costerisan PC		· /		
Use (ıf self-er	mployed), and ZIP + 4	P			EIN 🕨	
	-	audiess,	and LI F + 4				Phone no 🕨 (.	517) 323-7500
<u> </u>		<u> </u>		Lansing, MI 489123291	-h2 /-			
May t	:ne IR	S discus	ss this retu	rn with the preparer shown	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

4d

4e

(Expenses \$

Total program service expenses►\$

TO PROVIDE QUALITY EDUCATIONAL LEADERSHIP SERVICES FOR MICHIGAN BOARDS OF EDUCATION AND TO ADVOCATE FOR STUDENT ACHIEVEMENT AND PUBLIC EDUCATION TO SUPPORT EDUCATIONAL PROGRAMS AND RESOURCES DESIGNED TO HELP SCHOOL BOARD MEMBERS MEET THEIR STATUTORY OBLIGATIONS, IMPROVE EDUCATIONAL PROGRAMS, DEVELOP AND IMPLEMENT EMPLOYEE CONTRACT EVALUATION AND NEGOTIATION SERVICES, ASSIST LOCAL BOARDS IN LOCATING, SCREENING AND EMPLOYING COMPETENT SCHOOL ADMINISTRATORS, ASSIST LOCAL BOARDS WITH THEIR GOVERNMENT RELATIONS, POLICY, AND LEGAL MATTERS, AND OTHER SERVICES DEEMED NECESSARY AND USEFUL TO HELP MEMBERS MEET THEIR OBLIGATIONS

Did the organization undertake any significant program services during the year which were not listed on

Other program services (Describe in Schedule O) See also Additional Data for Description

including grants of \$

3,341,583

881,294

	the prior Form 990 or 99	0-EZ?				Yes 🔽 No
	If "Yes," describe these	new services on Sche	dule O			
3	Did the organization ceaservices?	•,	•	t changes in how it cond		Yes 🔽 No
	If "Yes," describe these	changes on Schedule	0			
4		01(c)(4) organization	s and sectio	on 4947(a)(1) trusts are	rgest program services by expredition required to report the amount rvice reported	<u>-</u> '
4a	(Code) (Expenses \$	1,358,436	ıncludıng grants of \$) (Revenue \$	1,537,748)
	MICHIGAN THIS INCLUDES S	SERVICES SUCH AS SUPER OBLIGATIONS OF THE ROL	INTENDENT SE E OF ELECTED	EARCH, WORKSHOPS, CONFER	NING, AND SUPPORT THE ROLE OF S RENCES AND SEMINARS THAT PROVI NOWLEDGE AND NETWORKING TO EI	IDE ACCESS TO INFORMATION
4b	(Code) (Expenses \$	634,167	ıncludıng grants of \$) (Revenue \$	980,048)
	LEGAL BRIEFS, INFORMATIO	N, PUBLICATIONS AND POL	icy and byla	W SERVICES FOR MEMBER BOA	HOOL BOARD MEMBERS AND PUBLIC ARDS IN THEIR ROLE OF POLICY MA RACT EVALUATION AND NEGOTIATIO	KERS FOR SCHOOL
4c	(Code) (Expenses \$	467,686	ıncludıng grants of \$) (Revenue \$	180,063)
	FEDERAL LEVEL AND REPRES	SENTING SCHOOL BOARD V	IEWS BEFORE		G MEMBERS AWARE OF LEGISLATIVE ATIVE GOVERNMENT, AS WELL AS GF EVED 604	

13,500) (Revenue \$

1,153,825)

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			Yes	No
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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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 similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		Į.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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		
25a	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		Νο
b	Is the organization 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	25b		Νο
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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		Νο
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	Yes	
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		Νο
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IR	S Filings and	Tax Compliance
--------	------------	-----------	----------	---------------	----------------

	otalements regarding other little i mings and lax compilation		Yes	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		163	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
Ь	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? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1001 CENTENNIAL WAY SUITE 400

LANSING, MI 489179279

(517) 327-5901

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	ction A. Governing Body and Management					
36	ction A. Governing Body and Management				V	N.
					Yes	No
1a	Enter the number of voting members of the governing body	1a	20			
b	Enter the number of voting members that are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents s		•			
_	filed?			4		N o
5	Did the organization become aware during the year of a material diversion of the orga			5		No
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf var}$	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schede	who c	annot be reached at the	9		No
50	ction B. Policies (This Section B requests information about policies not			9		NO
	venue Code.)	requi	red by the Internal			
110	venue douc.				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	Yes	- 110
	If "Yes," does the organization have written policies and procedures governing the ac		es of such chanters			
	affiliates, and branches to ensure their operations are consistent with those of the or	ganız	ation?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governir	ig boa	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi	ew an	d approval by			
_	Independent persons, comparability data, and contemporaneous substantiation of th		peration and decision?	15-	V	
	The organization's CEO, Executive Director, or top management official			15a	Yes	
D	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a	Yes	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization	anızat	ion to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b	Yes	
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►MI					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public. See Additional Data	-				
20	State the name, physical address, and telephone number of the person who possesses			e orga	ınızatıor	n
	NANETTE PEARSON			-		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- 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) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1b	Total	0		113,590
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm 99 0	(2009)

Form 99		·						Page 9
Part V	<u>/##1</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts otc	1a	Federated cam	paigns 1a					
<u>e</u> 2	ь	Membership du	es 1b					
ts,	С	•	ents 1c					
<u></u>	d	Related organiz Government grants	zations 1d					
Contributions, gifts, grants and other similar amounts	e	_	ons, gifts, grants, and 1f	191,756				
ř.	'	sımılar amounts no	ot included above					
## ##	g		butions included in					
S ₩	h		s 1a-1f	▶	191,756			
				Business Code				
en.	2a	MEMBERSHIP DUE	S	900,099	2,298,502	2,298,502		
Program Service Revenue	Ь	SERVICE FEES & R		541,900	810,000	810,000		
	С	CONFERENCES & S	SEMINARS	900,099	743,182	743,182		
	d							
ä	e	A.H. a.b.b. a.u. a.u. a.u.						
Š	'	All other progra	am service revenue					
	g		s 2a-2f		3,851,684			
	3		ome (including dividend ar amounts)	. F	15,569			15,569
	4		stment of tax-exempt bond p	· · ·				
	5	Royalties		•	308,288			308,288
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 14,710	(II) O ther 7,900				
	b	Less cost or other basis and		2,306				
		sales expenses Gain or (loss)	14,710	5,594				
	d		ss)		20,304			20,304
	8a		rom fundraising					
Other Revenue		See Part IV, lin	s reported on line 1c) ne 18 a					
ĕ	b c		penses b (loss) from fundraising e	events ►				
	9a	Gross income f	rom gaming activities					
	b c		penses b	/ities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	с		loss) from sales of inve					
		Miscellaneou		Business Code	25 527		25 527	
	l _	aDVERTISING	_	541,800 323,100	35,537 15,989		35,537 15,989	
	b	printed materia		525,990	7,361		7,361	
	c d	MILAF INCOM All other reven		323,330	,,301		,,501	
		Total. Add lines	l					
	12		See Instructions	•	58,887 4,446,488	3,851,684	58,887	344,161
					7,770,700	3,031,004	50,007	377,101

Part IX Statement of Functional Expenses

^	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations		СХРСПЭСЭ	general expenses	Скрепосо
-	in the U.S. See Part IV, line 21	13,500	13,500		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	289,210	228,463	60,747	
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	1,564,919	1,258,656	306,263	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	163,504	119,319	44,185	
9	Other employee benefits	305,789	223,151	82,638	
10	Payroll taxes	138,268	109,586	28,682	
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,161		3,161	
c	Accounting	11,500		11,500	
d	Lobbying	5,500	5,500		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	14,829	1,654	13,175	
g	Other	356,338	313,024	43,314	
12	Advertising and promotion	5,417	5,417		
13	Office expenses	322,806	246,508	76,298	
14	Information technology	5,600	5,476	124	
15	Royalties				
16	Occupancy	90,039	22,280	67,759	
17	Travel	355,734	341,057	14,677	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,235	106,986	11,249	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,363		54,363	
23	Insurance	16,578		16,578	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DUES & FEES	148,925	36,826	112,099	
b	LOSS ON MELG INVESTMENT	55,432	33,320	55,432	
c	CHAPTER REFUNDS	54,933	54,933	35,132	
d	CONTRIBUTIONS & SUPPORT	35,932	26,352	9,580	
e	OVERHEAD	-1	221,869	-221,870	
f	All other expenses	7,854	1,026	6,828	
25	Total functional expenses. Add lines 1 through 24f	4,138,365	3,341,583	796,782	
26	Joint costs. Check here F If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	7,130,303	3,311,303	7,70,702	
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			200	1	200
	2	Savings and temporary cash investments	•		986,106	2	1,234,153
	3	Pledges and grants receivable, net				3	15,000
	4	Accounts receivable, net			289,164	4	130,023
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II o		4958(f)(1)) and			
24.		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			76,329	9	88,182
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,088,285			
	ь	Less accumulated depreciation	10b	882,514	185,461	10c	205,771
	11	Investments—publicly traded securities			1,443,657	11	1,792,514
	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			1,753,272	15	1,705,703
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,734,189	16	5,171,546
	17	Accounts payable and accrued expenses .			484,472	17	420,590
	18	Grants payable				18	
	19	Deferred revenue			583,094	19	682,284
_	20	Tax-exempt bond liabilities				20	
- Se	21	Escrow or custodial account liability Complete Part IV of Schedule	∍D.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- 🖺		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,960	25	3,938
	26	Total liabilities. Add lines 17 through 25			1,071,526	26	1,106,812
ري د		Organizations that follow SFAS 117, check here ► 🔽 and comp	lete lir	nes 27			
ž		through 29, and lines 33 and 34.			3,247,575		3,607,533
<u>କ</u>	27	Unrestricted net assets					
Fund Balance	28	Temporarily restricted net assets			415,088		457,201
Ĕ	29	Permanently restricted net assets		-1-4-		29	
正		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	a comp	piete			
0.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Š	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances			3,662,663		4,064,734
ž	34	Total liabilities and net assets/fund balances			4,734,189		5,171,546
	<u> </u>	rotal habilities and het assets/fulla balances			1 4,754,169	54	5,171,546

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Inspection **Employer identification number**

									38-132344			
	rt I			blic Charity Stat						tructions		
The	rganı —			e foundation because)			
1		A churc	h, convention	on of churches, or as	sociation of	churches s e	ection 170(b)	(1)(A)(i).				
2	Г			ın section 170(b)(1)								
3	Г	A hosp	tal or a coop	perative hospital serv	vice organiza	atıon descrıt	ed in section	170(b)(1)(<i>k</i>	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	nospital desc	rıbed ın secti	ion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	=	-	erated for the benefit	·=	or university	owned or op	erated by a g	governmental	unıt describ	— ed ın	
_	_			A)(iv). (Complete Pa	· ·			470/1-1/41/	(4.)()			
-	<u> </u>			local government or .	_							
7	ı	describ	ed in	t normally receives a A)(vi) (Complete Pa		i part of its s	upport from a	a governmeni	tai unit or froi	m the genera	i public	2
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)				
9	굣	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% o	f its support 1	from contribu	itions, membe	ership fees, a	nd gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ection 511 ta	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee section 5 0	09(a)(2). (Co	mplete Part	III)			
10	Г	Anorga	nization org	anized and operated	exclusively	to test for p	ublic safety	See section 5	09(a)(4).			
11	Γ	one or i	more publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions describ orting organiz	bed in section zation and c	on 509(a)(1)	or section 50 11e through	09(a)(2) See	•	(a)(3).	Check
e		other th	_	ox, I certify that the o on managers and oth	•		•	•	•	•	•	
f			-	eceived a written de	termination f	from the IRS	that it is a T	ype I, Type I	II or Type III	[supporting	organız	zatio <u>n,</u>
a		check t		006, has the organiz	ation accent	ted any dift (or contributio	n from any of	f the			J
g			g persons?	ooo, nas the organiz	ation accept	ted any girt	or contributio	ii ii oiii aiiy oi	rtile			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organiza	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) al	ove?			11g(iii))	
h		Provide	the followin	g information about t	he supporte	d organizatio	on(s)					
	(i) Name Suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in irning	(v) Did you no organizat col (i) of	tify the tion in f your	(vi) Is the organizat col (i) org	e ıon ın anızed	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
Tota	ı			1			1					

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,125,558	2,158,434	2,218,387	2,248,418	2,490,258	11,241,05
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,743,220	1,602,173	1,430,935	1,521,549	1,553,182	7,851,05
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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						
6	Total. Add lines 1 through 5	3,868,778	3,760,607	3,649,322	3,769,967	4,043,440	19,092,11
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						19,092,11
	ction B. Total Support			ľ	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	3,868,778	3,760,607	3,649,322	3,769,967	4,043,440	19,092,11
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220,643	268,660	126,240	387,116	323,857	1,326,51
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	220,643	268,660	126,240	387,116	323,857	1,326,51
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	8,726	6,861	6,550	5,307	11,747	39,19
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	394,287	451,075	397,243	126,779		1,369,38
13	Total support (Add lines 9, 10c, 11 and 12)	4,492,434	4,487,203	4,179,355	4,289,169	4,379,044	21,827,20
14	First Five Years If the Form 990 is check this box and stop here	for the organization	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	zation,
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public Support Percentage for 2009			13 column (f))		15	87 470 %
16	Public support percentage from 200	08 Schedule A, Pa	rt III, line 15			16	86 820 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	-			(f))	17	6 080 %
18	Investment income percentage from	n 2008 Schedule A	Part III. line 1	7		10	4 810 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493314013440

OMB No 1545-0047

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	me of the organization CHIGAN ASSOCIATION OF SCHOOL BOAR	DS		Employer ide	ntıfıcatıon number
				38-1323441	
Par	t I-A Complete if the or	ganization is exempt under	section 501(d	c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	:)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectior	1 4 9 5 5 -	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47.	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c) except section 50)1(c)(3).
1	Enter the amount directly expe	nded by the filing organization for s	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to o	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	form 1120-POL for this year?			─────────────────────────────────────
5	were made For each organizat contributions received that we	nd employer identification number (E ion listed, enter the amount paid fro re promptly and directly delivered to ittee (PAC) If additional space is n	n the filing organi a separate polition	zation's funds Also enter cal organization, such as a	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politica

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to a			
В	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	51,000	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	40,791	
c	Total lobbying expenditures (add lines 1a and 1	b)	91,791	
d	Other exempt purpose expenditures		4,046,574	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	4,138,365	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	356,918	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	89,230	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	О	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
_2a	Lobbying non-taxable amount	364,027	366,340	355,637	356,918	1,442,922
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,164,383
c	Total lobbying expenditures	110,181	64,611	61,331	91,791	327,914
d	Grassroots non-taxable amount	91,007	91,585	88,909	89,230	360,731
е 	Grassroots ceiling amount (150% of line 2d, column (e))					541,097
f	Grassroots lobbying expenditures	52,000	7,937	20,000	51,000	130,937

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493314013440

Cat No 52283D Schedule D (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441

	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other account	ts
Tota	I number at end of year					
Agg	regate contributions to (during year)					
Agg	regate grants from (durıng year)					
Agg	regate value at end of year					
	the organization inform all donors and donor advisors are the organization's property, subject to the o			sed	☐ Yes	_ N
use	the organization inform all grantees, donors, and d only for charitable purposes and not for the bender ferring impermissible private benefit				┌ Yes	┌ N
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Ye	es" to Form	<u> 990, Part I</u>	V, line 7.	
Com	pose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Implete lines 2a-2d if the organization held a qualication held a qualication held a qualication held.	on or pleasure) Preservation (of a certified	historic stru		
eas	ement on the last day of the tax year			Held at the	e End of the Y	/ear
Tota	al number of conservation easements		2a			
Tota	al acreage restricted by conservation easements		2b			
Nun	nber of conservation easements on a certified his	toric structure included in (a)	2c			
Nun	nber of conservation easements included in (c) ac	equired after 8/17/06	2d			
	nber of conservation easements modified, transfe taxable year 🛌	rred, released, extinguished, or termi	inated by th	e organizatior	ı durıng	
Nun	nber of states where property subject to conserva	ation easement is located 🛌				
	s the organization have a written policy regarding reement of the conservation easements it holds?		handling of	violations, an		ΓN
Staf	fand volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ea	asements du	iring the year	-	
A mo	ount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easen	nents during	the year 🟲 \$		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of	fsection		☐ Yes	ΓN
bala the	art XIV, describe how the organization reports coince sheet, and include, if applicable, the text of torganization's accounting for conservation easem	he footnote to the organization's final nents	ncıal statem	ents that des	cribes	
rt III	Organizations Maintaining Collectio Complete if the organization answered "			ier Similar	Assets.	
art,	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ride, in Part XIV, the text of the footnote to its fin	for public exhibition, education or res	search in fur			
hıst	le organization elected, as permitted under SFAS orical treasures, or other similar assets held for p vide the following amounts relating to these items	oublic exhibition, education, or resear			•	
(i)	Revenues included in Form 990, Part VIII, line 1			► \$		
(ii)	Assets included in Form 990, Part X			► \$		
Ifth	e organization received or held works of art, histo wing amounts required to be reported under SFAS		ets for financ	:ial gain, prov	ıde the	
If th			ets for financ		ıde the	

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	<u>tori</u>	<u>cal Tr</u>	easu	res, or O	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing t	that are	e a significa	int u	se of its col	lection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	ızatıon			es" to Forr	n 990	,	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	for c	ontribu	itions o	r other ass	ets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			A mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	10 717				L				Yes	┌ No
			c 21,							,	. 63	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n ans		ed "Ve	s" to F	orm gan	Dar	t IV/ ling 1	n		
FŒ	Complete i	(a)Current Year)Prior \			Years Back		Three Years Ba		Four Y	ears Back
1a	Beginning of year balance			-								
b	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are helo	d and a	dministered	d for	the			
	organization by	3							_		Yes	No
	(i) unrelated organizations								_	3a(i)		
	(ii) related organizations								🏻	3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	·						•	[3b		<u> </u>
	t VI Investments—Land, Buildings					00 Da	rt V line	10				
rai	investments—Land, Bundings	, and Equipme	:III. <u>3</u>			•	i '		(a) Assumu	ntod		
	Description of investment				a) Cost o sıs (ınves		(b)Cost or o basis (oth		(c) Accumu depreciati		(d) Bo	ook value
1a	Land		•	<u> </u>								
	Buildings		•	<u> </u>								
С	Leasehold improvements		•	igspace								
d	Equipment						585	,163	5!	50,743		34,420
				\vdash								
	Other			上			503	3,122	▶-	31,771		171,351

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			(b) Book walus
INVESTMENT IN MELG	otion		(b) Book value 1,705,703
INVESTMENT IN MEES			1,703,703
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		1,705,703
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION			
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
	3,938		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,938		

Schedule D (Form 990) 2009

orm 990 to Financial Statements	
1	4,446,488
2	4,138,365
3	308,123
4	93,948
5	
6	
7	
8	
9	93,948
ines 3 and 9	402,071
al Statements With Revenue per Return	
ements 1	4,540,436
2	
2a 93,948	
2b	
2c	
2d	
2e	93,948
	4,446,488
e 1	
b . 4a	
. 4b	
4c	0
Part I, line 12)	4,446,488
cial Statements With Expenses per Return	
1	4,138,365
2a	
2b	
2c	
2d	
2e	0
	4,138,365
	.,
b 4a	
4b	
4c	0
Part I, line 18)	4,138,365
,,	.,===,,==

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493314013440

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Employer identification number

MIC	HIGAN ASSOCIATION C		38-1323441					
Pa	art I General Infor	mation on Gra	nts and Assistance				•	
1 2	the selection criteria use	ed to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us				•	√ Yes
Pa	Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(;	a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance

Part III	Grants and Other Assista	nce to Individ	uals in the United State	s. Complete if the organization	answered	"Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional sp	ace is needed.				

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplem									
Ident if ier	Return Reference	Explanation							
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 AT THIS TIME ONLY DEMINIMUS AWARDS (\$1,500 EACH) ARE GRANTED TO SCHOOL DISTRICTS THAT MEET THE SPECIFIC CRITERIA OUTLINED IN THE EDUCATION EXCELLENCE AWARDS PROGRAM MASB DOES NOT PLACE ANY RESTRICTIONS ON THE MONEY ONCE AWARDED TO THE SCHOOL DISTRICTS, AND IT IS UP TO THE SCHOOL DISTRICTS TO MONITOR THE USE IN KEEPING WITH ANY REGULATIONS THEY ARE BOUND TO							

DLN: 93493314013440

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			38-1323441			
Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org- reimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive [2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee	it appl	·			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in I					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
KATHLEEN HAYES (I	(1)	142,479 0		0	0	31,763	174,242	0
	11)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS Employer identification number

38-1323441

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		MEMBERS INCLUDE MICHIGAN BOARDS OF EDUCATION
Form 990, Part VI, Section A, line 7a		MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS SOME BOARD OF DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE AT LARGE AND ARE ELECTED BY THE MEMBERSHIP AS A WHOLE
Form 990, Part VI, Section A, line 7b		DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS
Form 990, Part VI, Section B, line 11		The 990 is provided electronically to all members of the Board Questions and comments are solicited prior to filing. After any concerns presented by the board are addressed, the Executive Director signs and files the return. A copy of the 990 is provided on both the public wiebsite and the boards administrative document storage site.
Form 990, Part VI, Section B, line 12c		Officers, directors and employees are required to update the conflict of interest formannually, and are required to informmanagement of any changes that may occur between written updates. The forms are reviewed by the executive staff and a process is in place to follow up on any potential conflict.
Form 990, Part VI, Section B, line 15		The governing board conducts an annual performance review of the Executive Director. If compensation is being reviewed, it includes comparing total compensation to three outside sources including one national, one state and one local compensation study. Compensation for the Executive Director is then considered, approved and documented in the minutes of the Executive session of the Board of Directors. Compensation for all other staff is benchmarked to market studies on at least a biannual basis. Any changes to total compensation for staff are then considered by and approved as part of the annual budget process and documented in the minutes of the board of directors.
Form 990, Part VI, Section C, line 19		ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE THE 990 IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE Financial reports are included in the annual report which is distributed to members and available on the website Readers are invited to contact the business office to request additional information
FORM 990, PART XI, LINE 2C	OVERSIGHT OF AUDIT	MICHIGAN ASSOCIATION OF SCHOOL BOARDS HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
		FORM 4562 ELECTION OUT OF BONUS DEPRECIATION EMPLOYER IDENTIFICATION NUMBER 38-1323441 FOR THE YEAR ENDING JUNE 30, 2010 MICHIGAN ASSOCIATION OF SCHOOL BOARDS, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168 (K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JUNE 30, 2010 ALL PROPERTY IN THE 3 AND 5 YEAR CLASS SEE ATTACHED FORM 4562

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DLN: 93493314013440

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury
Internal Revenue Service

Name of the organization
MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Employ

Employer identification number

38-1323441

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

► Attach to Form 990.

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

See separate instructions.

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c) Legal domicile (state or foreign country) (d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

MICHIGAN EDUCATION LEADERSHIP GROUP

1001 CENTENNIAL WAY SUITE 400

LANSING, MI 48917 38-3318753 PROVIDES BUILDING TO CONSORTIUM OF NON-PROFITS

ΜI

501(c)(2)

N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(2)

(3)

(4)

(5)

(6)

cnedu	le K (1 01111 9 9 0) 2 0 0 9		- 1	age .
Part	V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)		
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	s No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?		
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	12	3	No
b 6	Gift, grant, or capital contribution to other organization(s)	11	•	No
c G	ift, grant, or capital contribution from other organization(s)	10	:	No
d L	oans or loan guarantees to or for other organization(s)	10	1	No
e L	oans or loan guarantees by other organization(s)	16	=	No
				
	ale of assets to other organization(s)	11	_	No
_	urchase of assets from other organization(s)	19		No
	xchange of assets	11		No
i L	ease of facilities, equipment, or other assets to other organization(s)	11		No
j L	ease of facilities, equipment, or other assets from other organization(s)	1j	i	No
k P	erformance of services or membership or fundraising solicitations for other organization(s)	11	·	No
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m S	haring of facilities, equipment, mailing lists, or other assets	11	n Ye	s
n S	haring of paid employees	1r	1	No
o R	eimbursement paid to other organization for expenses	10		No
	termbursement paid by other organization for expenses	1;	,	No
		<u> </u>		
q C	ther transfer of cash or property to other organization(s)	10	1	No
r O	ther transfer of cash or property from other organization(s)	11	r	No
2 I1	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	nips and transaction thresholds		
	(a) Name of other organization	(b) Transaction Amou type(a-r)	(c) nt invo	lved
L) MICH	HIGAN EDUCATION LEADERSHIP GROUP	M		100,30
L) See	Additional Data Table			

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493314013440

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Form 4562

See separate instructions.

Attach to your tax return.

Seauence No **67**

Name(s) shown on return Business or activity to which this form relates Identifying number MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Form 990 Page 10 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) . . . 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800.000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 42.088 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation vear placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property 46,625 3 0 MMS/L 736 **b** 5-year property 18,776 2,557 **c** 7 - year property **d** 10-year property **e** 15-year property **f** 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental property 27 5 yrs MMS/L MMS/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 45 381 and on the appropriate lines of your return $\mbox{Partnerships}$ and \mbox{S} corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

сотр	olete only	vehicle for 24a, 24b, co	olumns	(a) thro	ugh (c)	of Se	ction	A, all c	of Sec	tion B	, an	d Se	ction C	if ap	plicat	
Section A—Depre 24a Do you have evider													<i>sseng</i> written?			_
24a Do you nave evider	nce to support	the business/inv	estment t	ise claimed	a∕i Yes	i NC)	241	DIT "Ye	s," is th	e evi	<u> </u>	written	ı Ye	3 J NO	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost o ba	rother	Basis for (busines us			(f) Recovery period	(g Meth Conve	iod/	D	(h Depreci deduc	ation/		(i) Electe section 1 cost	179
25Special depreciation allo 50% in a qualified busi			rty placed	in service o	during the	tax yea	rand u	sed more	than	25						
26 Property used more	•		business	use					<u> </u>	· · · · · ·						
		%												$oxed{oxed}$		
		%												+		
27 Property used 50%	orless in a		ıness us	e												
		%							5/L -							
		%							5/L - 5/L -					4		
28 Add amounts in co	L olumn (h) lir		h 27 En	ter here a	and on lu	ne 21	page		J, L	28				+		
29 Add amounts in co		_											29	+		
				—Infor		onl	Jse o	f Vehi	cles							
complete this section															1	
f you provided vehicles to				_	a)		<u> в)</u>		(c)	прієсіп <u>д</u>	(d)		(e			f)
30 Total business/inv year (do not inclu-			ing the •	Vehi	-		icle 2		nicle 3	V	ehic		Vehic	•		icle 6
31 Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomn	nuting) miles	drıven													
33 Total miles driven through 32 .	during the y	ear Add line	s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		by a more th	nan 5 %													
36 Is another vehicle		•														
Section Answer these question 5% owners or related	ns to determ	•	et an exc												not mo	re tha
37 Do you maintain a employees?				nibits all	personal • .	use o	f vehic	les, inc	ludıng • .	comm	utıng •	, by y	our	Y	es	No
38 Do you maintain a employees? See t												our				
39 Do you treat all us															\dashv	
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio	on fror	n your e	mploye	es ab	out t	he us •	e of the	,		
41 Do you meet the r	equirements	concerning q	ualified a	automobi	le demor	nstrati	on use	e? (See i	nstruc	tions)						
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye:	s," do not	t comple	te Sec	tion B	for the	covere	d vehi	cles					
Part VI Amorti	zation															
		(b)		(c	:)			(d)		(e)				(f)		
(a) Description of c	osts	Date amortizatior begins	۱	A morti a mo	ızable		C	ode	p e	ortizat eriod o centai	r			tızatıd nıs yea		
42 A mortization of co	sts that bec		ur 2009	tax year	(see ins	tructio	ns)		1		- 					
SO FTWA RE		2010-06-10		,	11,				3 0							322
					,											
43 A mortization of co	sts that beg	an before you	ır 2009 t	ax year						4	3					8,660

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Additional Data

Software ID: Software Version:

EIN: 38-1323441

Name: MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	394,419 including g	rants of \$	13,500) (Revenue \$	230,739)
DUCATIONAL AC	S AND PUBLIC RELATIONS TIVITIES AND TRENDS AT SOARD MEMBER RECOGNIT	THE STATE AND NATIO	NAL LEVEL ALSO	NCLUDED ARE MEDIA RE	
(Code) (Expenses \$	297,808 including g	grants of \$) (Revenue \$	68,976)
ELATED TO PROG	RIOUS PROGRAMS THAT II RAMS, POLICIES AND LEG E ANNUAL MEETING BOAF	ISLATIVE INITIATIVES	ADDRESSED BY VA		
(Code) (Expenses \$	147,075 including g	rants of \$) (Revenue \$	667,752)
	RS AND SERVICES INCLUI	ES A VARIETY OF PRO	GRAMS, GRANTS AN	ND SERVICES THAT SUPP	ORT SCHOOL
	AND PUBLIC EDUCATION				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		(C) ition (c that ap	hecka	II	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Ke) emplojes Officei	Former Highest compensated employee	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
FRANK REID DIRECTOR	10 00	×		·		0	0	0
BRAD BALTENSPERGER DIRECTOR	10 00	X				0	0	0
RENEE BIRD DIRECTOR	10 00	X				0	0	0
RUTH A COPPENS DIRECTOR	10 00	X				0	0	0
LILLIAN FIELDS DIRECTOR	10 00	X				0	0	0
MARY JASON DIRECTOR	10 00	X				0	0	0
ALLYN MILLER DIRECTOR	10 00	X				0	0	0
EARL C RICKMAN DIRECTOR	10 00	X				0	0	0
DEBBIE SQUIRES DIRECTOR	10 00	X				0	0	0
STEVE ZINGER DIRECTOR	10 00	Χ				0	0	0
DONALD HUBLER DIRECTOR	10 00	X				0	0	0
JOHN A KNICKERBOCKER DIRECTOR	10 00	X				0	0	C
LAMAR LEMMONS DIRECTOR	10 00	Χ				0	0	C
ANITA L OSTERMAN DIRECTOR	10 00	X				0	0	C
BARBARA RUSSELL DIRECTOR	10 00	X				0	0	C
KEITH WARNICK DIRECTOR	10 00	Χ				0	0	C
JANICE HOLZ PRESIDENT	15 00	X		X		0	0	C
BURL GHASTIN VICE PRESIDENT	15 00	X		X		0	0	0
GREGORY A PEOPLES PRESIDENT-ELECT	15 00	X		X		0	0	0
PAULA SAARI PAST PRESIDENT	15 00	X		X		0	0	0
KATHLEEN HAYES EXECUTIVE DIRECTOR	55 00			X		142,479	0	31,763
NANETTE PEARSON CFO	55 00			X		96,346	0	21,307
BRAD BANASIK LEGAL COUNSEL	55 00				X	105,782	0	19,085
OLGA HOLDEN LEADERSHIP SERVICES DIR	55 00				X	106,124	0	12,734
DONALD WOTRUBA GOV'T RELATIONS DEPUTY	55 00				X	103,721	0	28,701

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DUES & FEES	148,925	36,826	112,099	
LOSS ON MELG INVESTMENT	55,432		55,432	
CHAPTER REFUNDS	54,933	54,933		
CONTRIBUTIONS & SUPPORT	35,932	26,352	9,580	
OVERHEAD	-1	221,869	-221,870	