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### **SCANNED** NOV **2 9** 2010

Form **990** 

### **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)

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benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, D Employer identification number Check if applicable C Name of organization Please label or Address change MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS print or Name change type. 38-1613620 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number 001 CENTENNIAL WAY 300 (517)327-5910 instruc-Amende return 2,925,053. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending LANSING, MI 48917 H(a) Is this a group return F Name and address of principal officer WILLIAM H. Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status. X 501(c) (3 ) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.GOMASA.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other -L Year of formation: 1953 M State of legal domicile: MI Part | Summary Briefly describe the organization's mission or most significant activities. THE PURPOSE OF THIS ASSOCIATION Activities & Governance SHALL BE TO PROMOTE: CONTINUOUS IMPROVEMENT OF PUBLIC EDUCATION, Check this box fthe organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 <u>31</u> Total number of employees (Part V, line 2a) Ō 6 Total number of volunteers (estimate if necessary) 44,646. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a -384. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** RECEIVED 44,500. 83,176. 8 Contributions and grants (Part VIII, line 1h) Ω̈́ Q 2,093,954 2,639,603. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A) Thes \$10 4nd 708 2010 28,624 11,465. 190,809. 229,154. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,396,232 2,925,053. Total revenue - add lines 8 through 11 (must equal Part All, column A), line Grants and similar amounts paid (Part IX, column A), lines 13) Benefits paid to or for members (Part IX, column (A), line 4) 14 1,562,743 2,131,542. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) THE RESERVE OF THE PERSON NAMED IN b Total fundraising expenses (Part IX, column (D), line 25) 691,062. 680,407 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,822,604. 2,243,150 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 153,082 102,449. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,332,259 2,416,403. 20 Total assets (Part X, line 16) 296,089. 281,537. 21 Total liabilities (Part X, line 26) 2,036,170 134,866 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block that I have examined this return, including accompanying schedules and statements, and to the best of mer (other than officer) is based on all information of which preparer has any knowledge Sign Here WILLIAM H. MAYES EXECUTIVE DIRECTOR Type or print name and title Preparer's Paid and M. Petera signature employed > Preparer's Firm's name (or PLANTE & MORAN, PLLC EIN ▶ Use Only yours if 1111 MICHIGAN AVE. , self-employed),

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EAST LANSING, MI

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2009)

X Yes No

48823

Phone no.  $\triangleright$  (517) 332-6200

	990 (2009) MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620 Page 2
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.  THE MISSION OF MASA IS TO DEVELOP LEADERSHIP AND UNITY WITHIN ITS  MEMBERSHIP AND TO ACHIEVE THE CONTINUOUS IMPROVEMENT OF PUBLIC  EDUCATION IN MICHIGAN.
2	Did the organization undertake any supplicant program services during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: )(Expenses \$ 2,345,695. including grants of \$ )(Revenue \$ 2,513,181.) PROMOTE LEADERSHIP AND UNITY WITHIN ITS MEMBERS TO ACHIEVE THE CONTINUOUS IMPROVEMENT OF PUBLIC SCHOOL EDUCATION IN MICHIGAN THROUGH FALL AND MIDWINTER CONFERENCES.
4b	(Code )(Expenses \$ 116,271. including grants of \$ )(Revenue \$ 133,439.) PROVIDE ACCESS TO COURAGEOUS JOURNEY PROGRAM DEVELOPED BY MICHIGAN ASSOCIATION OF SCHOOL ADMINISTRATORS. THIS PROGRAM PROVIDES SCHOOL LEADERS WITH AN OPPORTUNITY TO RECEIVE STATE ENDORSEMENT. SUPERINTENDENTS WHO PARTICIPATE ARE GIVEN INFORMATION, TOOLS, STRATEGIES, AND OTHER RESOURCES TO 1) IMPROVE STUDENT OUTCOMES; 2) WORK EFFECTIVELY WITH STAFF, SCHOOL BOARDS AND COMMUNITIES ON THESE MISSIONS; 3) SHAPE LEADING EDGE CHANGE; AND 4) BUILD HIGHLY ADAPTIVE LEARNING ORGANIZATIONS.
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 2,461,966.
<u>4e</u>	Total program service expenses ►\$ 2,461,966.

	•		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3	Х	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	^	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	<b> </b> •	<b></b>	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		x
44	If "Yes," complete Schedule D, Part V  Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X	10	<del>                                     </del>	<u> </u>
11	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	行数	32	
	Part VI		117	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	200		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	330		1
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		뙗	
	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		1.5	
	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	X	2 11 11 11 11
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	AL.	2750	5,523
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b> </b>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		}	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	├—	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	١		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├—	X
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	40		x
10	• • • • • • • • • • • • • • • • • • • •	18	-	├^-
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	10	ļ	х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<del>                                     </del>	X
20	bid the organization operate one of more nospitals ( ii 100) complete ochedule (1	1 20		<u> </u>

	rt IV Checklist of Required Schedules (continued)	020	<u>P</u>	age 4
• •	1. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	т—		
21.	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		<u> </u>
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J		x	
240	• • • • • • • • • • • • • • • • • • • •	23		<u> </u>
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	l		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	١		₩
		24a		X
0	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	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			4,7
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
00	Schedule L, Part I	25b		X
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		X
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	Store 16	X
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).	* Paris		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	y and the state of			
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	]		₹.
20		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.5
22	Schedule N, Part II	32		<u> </u>
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			<b></b>
34		33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
26	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v-
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Y
	and mans dealed as a partnership for leneral income tax purposes? If "Yes " complete Schedule H. Part VI	. 27		ı X

Form **990** (2009)

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

				Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 7	李素		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	. 4	A 1,45	26.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	775	12, 13	
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		, 4523,744	<b>W</b> -144	
	filed for the calendar year ending with or within the year covered by this return	2a 31	3	逐基	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•	ستنشت	N.Y	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Sec. 6)	X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	3.2	746	
_	Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	•	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	irding Prohibited	\ _		
<b>c</b> -	Tax Shelter Transaction?		_5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did than y contributions that were not tax deductible?	ne organization solicit	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	one or afte	- Oa		<del>  ^</del> -
	were not tax deductible?	ions or gins	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	• • •	700	270	ris
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services		1200	43.45
_	provided to the payor?	5	7a		x
b	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 w	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	TOTAL SEC		10
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			3
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		
g	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 1098-0	•	7h	106 . Gdo *12	. Asofrans
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings	338	92:A:	
_	at any time during the year?		8	78600 S	\$\$.0°-25
9	Sponsoring organizations maintaining donor advised funds.			Traf	BEZ
a	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	Det.	10 7 F. Mars
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				围鎖
	Gross income from members or shareholders	11a	L.		
	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·			
~	amounts due or received from them.)	116	門實		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	- X-X-17	200
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1 1		11.40
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Form 990 (2009)

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

<u>26c</u>	tion A. Governing Body and Management		_ <del></del> -		r	
		ا ا	1	7.80	Yes	No
1a	Enter the number of voting members of the governing body	1a				
ь	Enter the number of voting members that are independent		h anu athar	-473	<b>1</b>	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip wit	n any other	2		X
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customanly performed by or under the	ho dir				<u> </u>
3		ile diri	ect supervision	3		х
4	of officers, directors or trustees, or key employees to a management company or other person?	0		4		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		an was med?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's asserbed the organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization's asserbed to organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization of the organizatio	ets?		6	x	<u> </u>
6 7-	Does the organization have members or stockholders?		 of the	·   •	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more megoverning body?	embe	ers of the	7.	x	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			. 7a 7b	X	<del> </del>
_	Did the organization contemporaneously document the meetings held or written actions undertaken			10	196	34.54.D
8	by the following	ı uunı	ig uie year			
	The governing body?			8a	X	A TANK
a	Each committee with authority to act on behalf of the governing body?		••	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ochor		00		<del> </del>
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acnec	) at the	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Peven	ue Code )	13	<u> </u>	1 43
000	tion bit office (me decide b requests members about periods not required by the internal	10,000	uc code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	n char	oters, affiliates.	.	<b></b>	
_	and branches to ensure their operations are consistent with those of the organization?		,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina t	the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			<u> </u>	100
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	1525255
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould g	ive rise	·		
	to conflicts?		_	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	* describe			
	ın Schedule O how this is done			12c	<u>L</u>	_ X_
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	/al by	ındependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a		X_
b	Other officers or key employees of the organization			. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				12.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?	-		. 16a	X	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluate the organization of the organization of the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organi					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ation's	1 THE		
	exempt status with respect to such arrangements?		<u> </u>	16b		X
<u>Sec</u>	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-	·T (50	1(c)(3)s only) avai	lable for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	confli	ct of interest poli	cy, and fin	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a JOHN ZOELLNER - 517-327-5910	and re	ecords of the orga	anization <sup>.</sup>	<u> </u>	
	1001 CENTENNIAL WAY, LANSING, MI 48917					
		_		Forn	1 <b>990</b>	(2009)

932006 02-04-10

### 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				2)		1	(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
!	hours per	⊢	neci	all	that	app	ly)	compensation from	compensation from related	amount of other
	week	recto						the	organizations	compensation
		5 6	stee			nsated		organization	(W-2/1099-MISC)	from the
		tas	혈	'	oyee	эдшог		(W-2/1099-MISC)	'	organization and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		n	organizations
CRAIG DOUGLAS	1 00									
IMMEDIATE PAST PRESIDENT	1.00	X	_	X	<b>-</b>			0.	0.	0.
TOM LANGDON PRESIDENT	1.00	x		x				о.	0.	_
T.C. WALLACE	1.00	^	-	Λ	-	┝		ļ		0.
PRESIDENT ELECT	1.00	x		х				0.	0.	0.
MARY VRATANINA	1.00	-	┢		$\vdash$		H			<u> </u>
DIRECTOR	1.00	x		1				0.	0.	0.
MARSHA WELLS										
DIRECTOR	1.00	X			L			0.	0.	0.
CURTIS FINCH								_	_	
DIRECTOR	1.00	X	_		<u> </u>	<u> </u>		0.	0.	0.
PETER DION DIRECTOR	1 00	- I						o.	0.	_
WILLIAM H. MAYES	1.00	<u> </u>	_	<u> </u>	├	-	<u> </u>	0.	<u> </u>	0.
EXECUTIVE DIRECTOR	40.00			x	1			162,323.	0.	51,325.
	20.00			-		$\vdash$	┝	102,3231		31,323.
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932007 02-04-10

			_	_					DMINISTRATOR		1362	0	Page 8
Par	Section A. Officers, Directors, Tru	T	mple	yee		_	High	est					
	(A)	(B)				C)			(D)	(E)		(F.	•
•	Name and title	Average hours	(ci		Pos call t		app	M	Reportable compensation	Reportable compensation	n	Estima	
		per	_	T		Γ	<u> </u>	',,	from	from related		oth	
		week	drect			ľ			the	organizations		ompen	
			es o	ustee		1	ensate		organization (W-2/1099-MISC)	(W-2/1099-MIS	· 1	from organiz	
		İ	en fras	and the		loye	COMP Se		(***2/1035************************************			and re	
			Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganiz	ations
			=	=	0	×	x 2	- A			_		
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$\overline{}$													•
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	Total	··					▶		162,323.		0.	51,	325.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	nose	liste	ed a	bov	e) wh	no r	eceived more than \$100	),000 ın reportabl	е		1
_	compensation from the organization								- <u> </u>	<del></del>		Ye	s No
3	Did the organization list any former officer,			, ke	y en	olqr	yee,	or t	nighest compensated er	nployee on	75.	<b>O E</b>	
	line 1a? If "Yes," complete Schedule J for s										ئا	3 345	X
4	For any individual listed on line 1a, is the su	-		•					•	the organization			
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											·	
3	the organization? If "Yes," complete Sched	-			110111	airy	uiii	Cia	ed organization for serv	ices rendered to	المنا	_35 33 5	X
Sec	tion B. Independent Contractors				•			_			··		
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensation	on from	n
	the organization.								(5)	<del></del>			
	(A) Name and business	address							(B) Description of s	services	Com	(C) ipensa	ition
AAS									<del></del>			<u> </u>	
	NORTH QUINCY ST, ARL	INGTON,	V	A :	222	20	3	_	NATIONAL DUE	S	1	L12,	945.
	ND TRAVERSE RESORT BOX 404, ACME, MI 496	10							ANNUAL CONFE	RENCE	1	102	971.
	Bon 104, nemi, mi 130.	<u> </u>				_		寸	MINOAL CONTE	КИКСИ		.04,	7110
								4					
	Total number of independent contractors (	includina but r	not li	mite	d to	tho	se le	ster	d above) who received n	nore than	OF THE	Miles of	
_	\$100,000 in compensation from the organi	_					2				K.M.		e ji
									· — · — ·			00	0 (2000)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	(A)	(B)	ete columns (B), (C), ar	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			なる 大変 大変 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学	
	organizations in the U.S. See Part IV, line 21				i. robining
2	Grants and other assistance to individuals in			1. 3 · 1. 1 · 1. 1 · 1. 1 · 1. 1	
	the U.S. See Part IV, line 22			不要不完成 老年	· 中華 李 和 新文章
3	Grants and other assistance to governments,			一个社会事件的图	
	organizations, and individuals outside the U.S.			The same of the sa	
	See Part IV, lines 15 and 16			・ 湯 は温を ない 優かさまかい	
4	Benefits paid to or for members .			restant and the second	
5	Compensation of current officers, directors,	040 404			
	trustees, and key employees .	210,134.	201,350.	8,784.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 (05 300	4 555 504		<u></u>
7	Other salaries and wages	1,625,302.	1,557,501.	67,801.	
8	Pension plan contributions (include section 401(k)	01 000	77 000	2 222	
	and section 403(b) employer contributions)	81,298.	77,900.	3,398.	
9	Other employee benefits	82,710.	79,253.	3,457.	
10	Payroll taxes	132,098.	126,576.	5,522.	
11	Fees for services (non-employees).				
а	Management	0.405	5 4 5 4	4 054	
þ	Legal	8,405.	7,154.	1,251.	
C	Accounting	13,550.		13,550.	
d	Lobbying		ALL A SULFACE VILLES VILLES VILLES	The second of th	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4.2.222		4 2 2 2 2	
g	Other	13,332.		13,332.	
12	Advertising and promotion	06.045		26.045	
13	Office expenses	86,845.	·	86,845.	
14	Information technology	28,267.		28,267.	
15	Royalties	25 000		25 000	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	35,877.		35,877.	
17	Travel	11,382.		11,382.	<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	205 205	205 005		
19	Conferences, conventions, and meetings	285,095.	285,095.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
20	Interest				ļ
21	Payments to affiliates	22 000	22 006		
22	Depreciation, depletion, and amortization	33,896.	33,896.	0 600	
23	Insurance	8,682.	a serva during van var var accion	8,682.	
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	SPECIAL PROJECT EXPENSE	93,241.	93,241.	60 500	
þ	MISCELLANEOUS	62,587.		62,587.	
C	TAX INFORMATION COUNCIL	5,308.		5,308.	
d	BOOKS AND MAGAZINES	4,595.		4,595.	
е					
f	All other expenses	0.000 60 6			
25	Total functional expenses. Add lines 1 through 24f	2,822,604.	2,461,966.	360,638.	0.
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

2,416,403. Form 990 (2009)

2,134,866.

32

33

2,036,170.

2,332,259.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

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

Department of the Treasury

### **Public Charity Status and Public Support**

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

OMB No 1545-0047 Open to Publica

		At	tach to Form 990 or Fo	LW 330-F	Z. ► See	separate	Instructio			Senses.		
Name of t	he organizat									dentification		nber
Dort Ivi	Bassan	MICHIGA	N ASSOC. OF	SCHOO	L ADM	INIST	RATOR	<u>.s</u>	38	-1613	620	
Partel			ity Status (All organiz					ructions.				
		-	because it is (For lines	•	•	•	•					
1			s, or association of chur		ribed in se	ction 170	(b)(1)(A)(i)	•				
2			'0(b)(1)(A)(ii). (Attach Sc	•		420(1)(4)						
3	-		tal service organization					/L.\/.4\/.A\/::	::\			_
4 📖		=	operated in conjunction	with a nos	pital desci	ndea in <b>se</b>	Ction 170	(D)(1)(A)(II	II). Enter tr	ie nospitai	s nam	e,
5 🗀	city, and stat		benefit of a college or ui	awamatu au	mod or or	orotod by	0.000000	montal un	t doserbo			
3		(b)(1)(A)(iv). (Comple		iliversity ov	wired or of	berated by	a govern	nemai un	ii describe	u in		
6			ent or governmental unr	t describer	d in sectio	n 170/h//	WAWA					
7 🗂		•	eives a substantial part					r from the	a deneral n	ublic desci	abod u	
. —		<b>b)(1)(A)(vi).</b> (Comple		or its supp	oit noin a	governine	intai uint c	n nom are	s general p	aniic aesci	ibed ii	,,
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II )							
9 X			eives: (1) more than 33			rom contri	butions m	nembersh	in fees, and	d aross rea	eints :	from
			nctions - subject to certa									
			axable income (less sect							_		
		509(a)(2). (Complete	•		•		•					
10 🔲	An organizat	on organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	<b>I)</b> .				
11	An organizat	ion organized and o	perated exclusively for the	ne benefit d	of, to perfo	orm the fu	nctions of,	or to can	ry out the p	ourposes o	f one o	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	?). See <b>se</b> c	tion 509	( <b>a)(3).</b> Che	ck the box	that	
			organization and compl		•							
	a L Type		• •		e III - Func	•	3			Type III - C		
e 📖			it the organization is not		-	-	-					n
			han one or more publich		-				9(a)(1) or s	ection 509	(a)(2).	
f	_		ten determination from	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
_		rganization, check the	••							•	•	
9	=		organization accepted ar irectly controls, either al			-				1	Yes	No
		•	upported organization?	one or tog	eulei wiul	persons	lescribed	iii (ii) asiu	(III) DEIOW,	11g(i)	163	140
		- ·	n described in (i) above?		•				• •	11g(ii)		
	•	•	person described in (i)		?	•	•	•	•	11g(iii)		
h		•	about the supported or	• • •		•		•	•			
		J	••									
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did yo	notify the	(vi) l:		(vii) Am	ount o	f
	nization	, ,	organization (described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	zed in the	subt		•
			above or IRC section	governing	ocument?	(i) of you	support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009						Page 2
Рa	Support Schedule for (Complete only if you checke			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)	
542	ction A. Public Support	u the box on line 5	, 7, 0r 8 01 Part I.)	·····	<del></del>	<del></del>	
	<del></del>	(-) 0005	(t-) 0000	4.1.0007	4-0.000	(-) 0000	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				<u> </u>	<del></del>	
2	ization'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						
	The portion of total contributions		F 6 3 F 3				
	by each person (other than a						
	governmental unit or publicly	-44-4-5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	- <b>(</b>	
	supported organization) included	1.6.4.4.4			A Tracking		
	on line 1 that exceeds 2% of the	44.4.5				7777	
	amount shown on line 11,	7.以多學學					
	column (f)	***			F 1 F 19 5		
	Public support. Subtract line 5 from line 4	<b>计算条件</b>	外表在實際	<b>引用"制作物</b> "。		***	
Seg	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		:				
	dividends, payments received on	,					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			,		]	
	activities, whether or not the						
	business is regularly carried on			<del></del>			
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)					ŀ	
44	Total support. Add lines 7 through 10			- <b>-</b>		HONORAN AFIR	
	Gross receipts from related activities,			ACCOUNT OF AMERICAN	Tarta describer d	12	
	First five years. If the Form 990 is for	-	•	 d fourth or fifth to			
	organization, check this box and stor		mot, second, tim	u, lourn, or mar a	ax year as a section	11 30 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage	•	· · · · · · · · · · · · · · · · · · ·	<del></del>	
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2008	•	· ·	· · ·		15	<u>%</u>
	33 1/3% support test - 2009.If the o	•	•	line 13, and line 1	 14 is 33 1/3% or m		
	stop here. The organization qualifies	•		•		,	. ▶□
b	33 1/3% support test - 2008. If the o		•	• •	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	=		· ·	_		. ▶□
17a	10% -facts-and-circumstances tes		· · ·		13, 16a, or 16b, a	ind line 14 is 10% or	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization	-	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar 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 707,161. 617,591. 623,422 649,949. 682,830. include any "unusual grants.") 3280953. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 1105063. 863,827. 1355774. 1494480. 2049809 6868953. organization's tax-exempt purpose 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 1979196. 1570988. 1722654. 2144429. 2732639.10149906. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 104,431 7,000 2,000 18,000 131,431. 3 received from disqualified persons b Amounts 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 104,431 7,000. 2,000, 18,000 131. c Add lines 7a and 7b LINE WALKER To Grand The Sand PER THE DEC 10018475 8 Public support (Subtractline 7c from line 6. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1570988 1722654 1979196 2144429 2732639.10149906. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 205,485. 234,798. 230,900 202,712. 150,611 1024506. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 205,485 234,798. 230,900. 202,712. 150,611. 1024506. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is -38,955. -9,221 -33,309. -25,602.  $-384. \vdash 107,471.$ regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 20,036. 8,963 7,383 7,100 7,017 50,499. assets (Explain in Part IV.) 1757554. 1933106. 2191877. 2345020. 2889883.11117440. Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 90.1115 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 88.56 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 9.2217 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) % 10.7418 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

### Schedule A

### Payments from Disqualified Persons Included on Part III, Line 7a

2009

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2005 Amount	2006 Amount	2007 Amount	2008 Amount	2009 Amount
	93,118.	0.	0.	0.	0 .
ı	11,313.	7,000.	2,000.	18,000.	0 .
					- <u>, , , , , , , , , , , , , , , , , , ,</u>
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,					
,					
					<del></del>
Total to Schedule A, Part III, Line 7a	104,431.	7,000.	2,000.	18,000.	

923172 10-26-09

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

### **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.



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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	601(c)(4), (5), or (6) organiza	tions: Complete Part III.	y 1941, uidii		
Name of orga		•			Employer identification numb
		N ASSOC. OF SCHO			38-1613620
Part   A	Complete if the or	ganization is exempt und	er section 501(c	or is a section 5	27 organization.
1 Provide	a description of the organi	zation's direct and indirect politic	cal campaign activities	s in Part IV.	
2 Political	expenditures		***		<b>▶</b> \$
3 Volunte	er hours				
			<del></del>		
Part I-B	Complete if the or	ganization is exempt und	der section 501(c	)(3).	
1 Enter th	e amount of any excise tax	incurred by the organization un-	der section 4955		►\$
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	55	<b>▶</b> \$
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes N
4a Was a d	orrection made?				Yes L
	describe in Part IV.			· · · · · · · · · · · · · · · · · · ·	F64/ V/0
Part IEC		ganization is exempt und		<del></del>	
	• •	d by the filing organization for se	•		<b>S</b>
	• •	nization's funds contributed to of	ther organizations for	section 527	
•	function activities			•	<b>&gt;</b> \$
	•	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	<b>.</b> .
line 17b					· <b>-</b> \$
	filing organization file Form	•			Yes L
		mployer identification number (E		-	
	•	the amount paid from the filing o ivered to a separate political org	•		
		d, provide information in Part IV.	•	oparate segregated ter	nd of a political action committee
	(a) Name	(b) Address	<del></del>	(d) Amount noud f	from (a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio	
				funds. If none, ent	er -0 promptly and directly
					delivered to a separate political organization.
		į			If none, enter -0
		<del></del>		<del></del>	
				·····	
	<del></del>				
			1		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Schedule C (Form 990 or 990-EZ) 2009  Part IL-A Complete if the orgen (election under sec	janization is exe	SSOC. OF SC	HOOL ADMINI n 501(c)(3) and fi	STRATORS8-1 led Form 5768	613620 Page 2
A Check If the filing organiza	tion belongs to an affi				
Limi	ts on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opınıon (	grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)			
<ul> <li>Total lobbying expenditures (add l</li> </ul>	nes 1a and 1b)				
d Other exempt purpose expenditure	es .				<u> </u>
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		L	
Lobbying nontaxable amount. Ent		e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:	FRIANCE E	
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
		<del></del>			N AN AN EAST LA
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> </ul>	•				
i Subtract line 1f from line 1c. If zero	· ·	•	•		
j If there is an amount other than ze	•	 line 1: did the organiz	ation file Form 4720	L	L
reporting section 4911 tax for this		ine ii, did the organiz	ation tile Form 4720	Γ	Yes No
(Some organia	4-Year Averations that made a solumns below. See the	eraging Period Under section 501(h) election se instructions for line	n do not have to comes 2a through 2f on p	•	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	<del>, </del>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	and the second s				
b Lobbying ceiling amount		Note: Karoni			
(150% of line 2a, column(e))	AND AND AND AND AND AND AND AND AND AND				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount			*/#////#:=		
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					1

Schedule C (Form 990 or 990-EZ) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS8-1613620 Page 3

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

<u> </u>		(4	a)	(t	<del>)</del>
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	<u> </u>	4. <b>海</b> 非常觀	(4.1.186)
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f			Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10	5,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities? If "Yes," describe in Part IV	1 //d 1 m/h 2	X		
j	Total. Add lines 1c through 1i		看到到		5,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	200000000	X	5.艾德拉	
	If "Yes," enter the amount of any tax incurred under section 4912	The state of			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	30 W 30	COLUMN TO	72 27 2	91 // 01 h 92 les 30
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)	<u> </u>	条件。	1823618; T.
Par	**************************************	on but (c	)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	•	· 1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	2	<b></b>	<u> </u>
<u>3</u>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	F01/a	3	L .	<u> </u>
rai	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."				I
1	Dues, assessments and similar amounts from members		1	Γ	<del></del>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	 ical	3/2-1		
_	expenses for which the section 527(f) tax was paid).	.001			
а	Current year		2a		
	Carryover from last year		2b		
c	Total	•	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	。随道		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			1	
	expenditure next year?	<b>F</b>	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
_	t'IVA Supplemental Information	• • • • • • • • • • • • • • • • • • • •			
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; a	nd Part II-B	line 1. Als	o. complete	this part
	ny additional information.		,	-, <b>,</b>	· ····· pu
	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
-					
COL	NTACT WITH STATE LEGISLATORS (IN PERSON, BY TELEPHO	ONE, E	-MAIL,	AND	<del></del>
OTI	HER MEANS) AND PERSONS IN THE EXECUTIVE BRANCH FOR	THE P	URPOSE	OF	· · · · · · · · · · · · · · · · · · ·
PRO	OMOTING THE GOALS AND OBJECTIVES OF THE ASSOCIATION	IN G	ENERAL	ı <b>;</b>	
REI	LATED ACTIVITIES DESIGNED TO INFLUENCE PUBLIC DECIS	SION M	AKERS	то	
PAS	SS, AMEND, OR DEFEAT LEGISLATIONS AND ADMINISTRATIVE				<del></del>
		Schedu	ıle C (Form	ı 990 or 99	0-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATOR38-1613620 Page 4 Partily Supplemental Information (continued)
AFFECTING THE ASSOCIATION'S MEMBERSHIP; DISSEMINATION OF RELATED
INFORMATION TO THE PUBLIC, MEDIA, AND ASSOCIATION MEMBERSHIP;
PREPARATION OF SUPPORTING INFORMATION AND ARGUMENTATION.
<del></del>
Schedule C (Form 990 or 990-EZ) 200

21

### 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.

2009
Copenito Public Inspection

Name of the organization

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

Employer identification number 38-1613620

Ra	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Rai	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	•	. 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	· ————————————————————————————————————	
5	Does the organization have a written policy regarding the pe	<u> </u>	
_	violations, and enforcement of the conservation easements	•••	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	<del>-</del>	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		•
	include, if applicable, the text of the footnote to the organizationservation easements.	ition's financial statements that describes	s the organization's accounting for
Dai	till Organizations Maintaining Collections of	f Art Historical Treasures or C	Other Similar Assets
2.6	Complete if the organization answered "Yes" to Form		And Girman Addotor
		33,1 2.111,1 3.	
1a	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these		solid doi vido, provido, in care xire, and text of
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
_	or other similar assets held for public exhibition, education, of		
	these items:	or resource at the tall the tall to the paper of the	o, provide the fellowing amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	easures or other similar assets for financi	al gain, provide
-	the following amounts required to be reported under SFAS 1		g, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assorts week deal or Esses 000 Deat V		<b>\$</b>
~	Assets included in Form 990, Part X		-

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

932051
02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 MICHIGA	N ASSOC. O	F SCHOOL A	ADMINIST	RATOR	.s 38-	1613620	) Page <b>2</b>
	Tilli Organizations Maintaining C							
3	Using the organization's acquisition, accessi							
	(check all that apply)	•		Ū	J			
а	Public exhibition	d	Loan or exc	change progran	ns			
b	Scholarly research	e		onango program				
c	Preservation for future generations	·						
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	n'e avamn	t nurnose in	Part YIV	
5	During the year, did the organization solicit of	•	-	-	•		i zat XIV.	
,	to be sold to raise funds rather than to be m				Silinai as	3513	Yes	□ No
Par	tiV Escrow and Custodial Arran				to Form 9	900 Part IV		
نتنت	reported an amount on Form 990, Pa		ste ii Organization a	uisweied res	to romins	30, Fartiv,	iii le 3, 01	
12	Is the organization an agent, trustee, custod		lians for contribution	no or other acc	ote not inc			
ıa	on Form 990, Part X?	ian or other intermet	nary for contributio	iis of other assi	612 1101 1111	Judea	Yes	□ No
<b>.</b>	If "Yes," explain the arrangement in Part XIV	and complete the fo	Housen table				162	NO
U	ii res, explain the arrangement in Fart Aiv	and complete the id	illowing table					
_	Paginning balance					-	Amount	
	Beginning balance	• •	• • •		•	1c		
	Additions during the year	•		••		1d		
e	Distributions during the year		-			10		<del></del>
7	Ending balance		040			11	1 12	
	Did the organization include an amount on F		. 217		• •	••	└── Yes	∟ No
	if "Yes," explain the arrangement in Part XIV  t V Endowment Funds. Complete it				/ l = = 40			
Fai	Endowment Funds. Complete		<u> </u>			There are to	and I a N Farm	
		(a) Current year	(b) Prior year	(c) Two years	Dack (d)	Three years t	ack (e) Four	years back
1a	Beginning of year balance			45 value (* 1880)	THE TAX		ATT SENERAL	CONTRACTOR OF THE PARTY OF THE
b	Contributions		<del></del>	2 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	talaka s Tu		ALL PRIVATE	
С	Net investment earnings, gains, and losses			A P A Section 1	Marche Pri			
d	Grants or scholarships			THE PARTY OF THE			W KARAI	
е	Other expenditures for facilities							
	and programs .		<u> </u>	25.7		ATTICLE (		a 32 (dit 24
f	Administrative expenses			7/4/7/5/4/2/G	2.00			
g	End of year balance			13113.43	學學院	APTE STA		
2	Provide the estimated percentage of the year	r end balance held a	ıs.					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment	%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	ed for the	organization	,	
	by:							Yes No
	(i) unrelated organizations		•				3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 99	0, Part X, line 10	0.			
	Description of investment	(a) Cost or o	ther (b) Cos	t or other	(c) Accu	umulated	(d) Bool	value
		basis (investr	nent) basis	(other)		ciation		
1a	Land			5	海河鄉	Ferienklik		
b	Buildings							
С	Leasehold improvements							
d	Equipment			72,811.		2,140.		0,671.
е	Other		4(	09,160.	33	5,198.	7.	3,962.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line	10(c) )		<b>•</b>	1 9	4,633.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 MICHIGAN AS Part VII Investments - Other Securities. Sec	SOC • OF SCHOO	L ADMINIST	RATORS	38-1613620	Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method o st or end-of-ye	f valuation ar market value	
Financial derivatives				<del></del>	
Closely-held equity interests					
Other					
INVESTMENT IN MIEM	41,799.	COST		<del></del>	
INVESTMENT IN MELG	921,642.	COST			
	<del>-</del>				
				-	
				<del></del>	
				<del></del>	
				· <del></del>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	963,441.	Markintello di	rijî î danîa.	<b>各地的地位的</b> 国际等	ere est
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line 1	3			TORRING MISS.
		T	(c) Method o	of valuation.	
(a) Description of investment type	(b) Book value	Co		ar market value	
	<del></del>			·····	
				<del>· ·</del>	
				<del></del>	
		·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		A STATE OF THE STA	(14.14.14.14.14.14.14.14.14.14.14.14.14.1		i an in
Part IX Other Assets. See Form 990, Part X, line	15.	12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		2077 E 2 8 2 3AL - V - V - WA	× 44,04 2 400 4 4
	Description		<del> </del>	(b) Book va	alue
<u></u>			•		
		<del></del> -			
			•••		
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		···-	•	
Part X Other Liabilities. See Form 990, Part X,			· · · · ·		
1. (a) Description of liability		(b) Amount			11.04
Federal income taxes			132224		
DEFERRED COMP PLAN LIABILITY		64,129.			
		··-		为"是一种"的	
			14:75		
				44.5.466	
				<b>企业工程</b>	
		<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	64.129.	1/多种学		
2. FIN 48 Footnote. In Part XIV, provide the text of the foo					

uncertain tax positions under FIN 48. 932053 02-01-10

	dule D (Form 990) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRA		
Rai	t汉国 Reconciliation of Change in Net Assets from Form 990 to Audited Finar	ncial St	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,925,053.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,822,604.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	102,449.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,753.
9	Total adjustments (net). Add lines 4 through 8	9	-3,753.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	98,696.
	Reconciliation of Revenue per Audited Financial Statements With Reve		
1	Total revenue, gains, and other support per audited financial statements		1 2,925,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	7.4
~ a	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
b	· · · · · · · · · · · · · · · · · · ·		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1	•	3 2,925,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b		4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 2,925,053.
:Kai	**************************************	enses	
1	Total expenses and losses per audited financial statements		1 2,822,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
9	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 2,822,604.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b		4c 0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 2,822,604.
Pai	t XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P	art IV, lin	es 1b and 2b, Part V, line 4; Part
X, line	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pr	ovide any	y additional information.
	····		<del></del>
PAF	T XI, LINE 8 - OTHER ADJUSTMENTS:		
EQU	VITY SHARE OF LOSS IN MELG: -18802.		····
POI	UITY SHARE OF INCOME IN MIEM: 15049.		
ייעני	ITY SHARE OF INCOME IN MIEM: 15049.		
			·
			<del></del>
			A

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

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

Compensated Employees, and Find Compensated Employees

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Publicy Inspection:

Name of the organization

Part | Questions Regarding Compensation

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

**Employer identification number** 38-1613620

			Yes	No_
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person I	isted in Form 990,	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1134
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it	ems.		
	First-class or charter travel Housing allowance or reside	nce for personal use		
	Travel for companions Payments for business use	of personal residence		
	Tax indemnification and gross-up payments Health or social club dues o	r initiation fees		2.1
	Discretionary spending account Personal services (e.g., maid	i, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding p	ayment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to e	xplain 1	b X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by	il officers, directors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2   X	
			學學學	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	organization's		100
	CEO/Executive Director. Check all that apply.	i i i i i i i i i i i i i i i i i i i		
	Compensation committee X Written employment contract	at light	T E	
	Independent compensation consultant Compensation survey or stu			
	Form 990 of other organizations  X Approval by the board or co	mpensation committee		1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the	filing 3		
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?		a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		ь	X
c		4	С	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in I	Part III.		3.0
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			2
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation		1
	contingent on the revenues of.	gi.		
а	The organization?	. 5	а	X
b	Any related organization?	5	b	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation		
	contingent on the net earnings of:	الزء ا		
а	The organization?		a	X
b	Any related organization?	, <u>,                           </u>	b	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fi	xed payments		
	not described in lines 5 and 6? If "Yes," describe in Part III		7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that wa	s subject to the		
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		3_	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	l in		
	Regulations section 53.4958-6(c)?		9	
LHA	A For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990)	2009

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620

Page 2

Schedule J (Form 990) 2009

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

:		:		•				
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	<u>0</u>	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	8	162,32	0.		0	51,325.	213,648.	0
WILLIAM H. MAYES	3	0	0	0	0	0	0	0
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Schedule J (Form 990) 2009

### SCHEDULE O

### Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

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Name of the organization

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

Employer identification number 38-1613620

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESEARCH ON PUBLIC SCHOOL AND EDUCATIONAL ISSUES, PROTECTION AND ADVANCEMENT OF THE PROFESSIONAL INTERESTS OF ADMINISTRATORS OF PUBLIC EDUCATION, AND PROFESSIONAL SPIRIT AND GROWTH OF ITS MEMBERS. FORM 990, PART VI, SECTION A, LINE 6: MICHIGAN ASSOCIATION OF SCHOOL ADMINISTRATORS HAS THE FOLLOWING CLASSES OF MEMBERSHIP: PRIMARY, ASSOCIATE, AFFILIATE, BUSINESS AFFILIATE, AND HONORARY MEMBERSHIP. ACTIVE MEMBERS WITH DUES AND SERVICE FEES PAID MAY VOTE OR HOLD ELECTIVE ONLY PRIMARY MEMBERS HAVE THE RIGHT TO VOTE. OFFICE. FORM 990, PART VI, SECTION A, LINE 7A: A MEETING OF THE ENTIRE MEMBERSHIP IS HELD ANNUALLY. ONLY ACTIVE MEMBERS WITH DUES AND SERVICE FEES PAID MAY VOTE OR HOLD ELECTIVE OFFICE. FORM 990, PART VI, SECTION A, LINE 7B: A MAJORITY OF ACTIVE MEMBERS IN THIS ASSOCIATION PRESENT AND VOTING AT ANY CONSTITUTIONAL MEETING SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS IN ALL CASES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM WILL BE PROVIDED TO THE BOARD MEMBERS VIA E-MAIL FOR THEIR REVIEW BEFORE FILING. THE FORM 990 IS ALSO PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE

15A: THE COPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD

OF DIRECTORS AND IS DOCUMENTED. EACH YEAR THE EXECUTIVE DIRECTOR RECEIVES

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

Schedule O (Form 990) 2009

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932211

932-03-10

### SCHEDULE O

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

(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 ASSOC. OF SCHOOL ADMINISTRATORS

Employer identification number 38-1613620

THE SAME PERCENTAGE RAISE AS ALL OTHER EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILIBLE UPON REQUEST.
FORM 990, PART XI, LINE 2C:
THE PROCESS FOR THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT
OF THE AUDIT AND SELECTION OF THE INDEPENDANT AUDITOR HAS NOT CHANGED
SINCE THE PRIOR YEAR.
<del></del>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

## Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. Related Organizations and Unrelated Partnerships

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

OMB No 1545-0047

Employer identification number 38-1613620

Part   Identification of Disregarded Entitles (Complete if the organ	te if the organization answered "Yes" t	ization answered "Yes" to Form 990, Part IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicıle (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Parilly organizations of Related Tax-Exempt Organizations (Complement)	ations (Complete if the organization ar	lete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 because	t had one or more	related tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MICHIGAN EDUCATION LEADERSHIP GROUP, INC -38-3318753, 1001 CENTENNIAL WAY, LANSING, MI 48917	PROVIDES CORPORATE HEADQUATERS TO MASA, MASB, MASSP, & MSBO	MICHIGAN	501C(2)	N/A	N/A
MICHIGAN INSTITUTE FOR EDUCATIONAL MANAGEMENT - 38-2368358, 1001 CENTENNIAL WAY, LANSING, MI 48917	PROFESSIONAL DEVELOPMENT CLASSES AND WORKSHOPS FOR SCHOOL ADMINISTRATORS	MICHIGAN	501C(3)	6	N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990	Ó			Schedule R (Form 990) 2009

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38-1613620 · Page 2

Schedule R (Form 990) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

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

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 S Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ite allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Ð Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) (d)
| Direct controlling | Primary activity 9 Legal domicile (state or foreign country) Ü Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Œ 932162 07-21-10 Pent IV

Yes No

# Schedule R (Form 990) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

ım 990, Part IV, line 34, 35, or 36)
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<b>19</b>
Par

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity		t a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		9	×	
c Gift, grant, or capital contribution from other organization(s)		15		×
d Loans or loan guarantees to or for other organization(s)		2		×
Loans or loan guarantees by other organization(s)		9		×
			TANK!	*
f Sale of assets to other organization(s)	•	#		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		1)		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets	•	Ę	×	
n Sharing of paid employees	•	£		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		٩		×
p Reimbursement paid by other organization for expenses		đ	×	
		1.3.4		N. W.
q Other transfer of cash or property to other organization(s)		101		×
	:	=		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds			
(e)	(q)	(c)		
Name of other organization(s)	Transaction type (a-r)	Amount involved	volve	ס
(1) MICHIGAN EDUCATION LEADERSHIP GROUP	M	35	35,877.	77.
(2) MICHIGAN INSTITUTE OF EDUCATIONAL MANAGEMENT	Д	233	•	358.
(6)				
(4)				
(9)				İ
(6)				
932163 02-04-10	Sche	Schedule R (Form 990) 2009	(066	5009

38-1613620

Schedule R (Form 990) 2009 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

Partivia Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

that was not a related organization, see instructions regarding exclusion for certain investment partnerships.	siusion for certain investment partners		-				
(a)	ê)		<u>0</u>			6	
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			(Form 1065)	1 -
	<del></del>						
			_				
					-		_
							<u>-</u>
			_				
						Schedule R (Form 990) 2009	n 990) 2009

932164 02-04-10

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

					f							
Asset No	Description	Date Acquired	Method	Lufe	S o	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES FURNITURE AND SQUIPMENT	VARTESST		5,00	9.1	409/1160			409,150	31.4 .563.	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR FRANSPORTATION					409,160.		0.	409,160	4,56		20,6
7	AUTOMOBILES (**990-PAGE 10 TOTAL FRANSPORTATION EQU	VARI		3.00	16	72,811. 72,811.		0.	72,811. 72,811.	38,879.		13,261.
	GRAND TOTAL 990					481,971.		0	481,971.	353,442.		33,896.
												14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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· 公司 公司 公司												1 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
928102 06-24-09					(D) - A	(D) - Asset disposed		TTC	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	rage, Bonus, Com	mercial Revitali	zation Deduction