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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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	•				may make to account									
	For th	ne 2009 calen	dar year,	or tax year beginn	ing Oct 1		2009, an	d ending	Sep	30		, 2010		
В	Check	f applicable		C Name of organizat	lion					D Employ	er Ideni	fication Num	nber	
	\prod_{Ac}	Idress change	Please use IRS label	Michigan As	ssociation	of Non-E	ublic	Schoo	ols	38-	2133	602		
	\Box	me change	or print or type		t (or P O box if mail is			Room/su		E Telepho				
		tial return	See	510 S. Cap:	ital Ave					/51	71 3	72-066	2	
			specific Instruc-	City, town or coun			State ZIF	code + 4		721	' /	72 000		
		rmination	tions	1	uy							550	070	
	H	mended return		Lansing			MI 4	8933				\$ 553,		_
	L Ar	plication pending	F Name	and address of principal	officer					a group retur		iliates?	Yes	X No
			Brian Br	oderick 510 S. Ca	apitol Ave. La	nsing	MI 48	933-126		affiliates incl attach a list		structions) L	Yes	∐ No
<u> </u>	Tax	-exempt statu	ıs X 501	l(c) (3) ⋖	(insert no)	4947(a)(1)	or !	527			,	,		
J	We	bsite: ► ww	w.m-a-	-n-s.org	_				H(c) Group	exemption no	ımber •	•		
ĸ	Form	of organization	X Corpor		Association Oth	ner ►	L Year	of Formation	on 1972	2 M s	state of	legal domicile	MI	
Pa		Summ		والمساورة والمساور والمساورة		-								
				ganization's missio	n or most signific	ant activities	See	Attac	hed S	chedul	e			
	·	2,10, 2000	,	,			-322		<u> </u>	3-1-1-1	<u> </u>			
Governance														
Ę.														
Ver	2	Chack this he	~~F	if the organization	discontinued its	operations or	disposed	of more	than 259	 % of its as				
ဖွ				bers of the govern			uisposeu	OI IIIOI E	11011 23	70 OI II.S AS		14		
م ح				it voting members			line 1b)				4	14		
Activities &				yees (Part V, line								4		
Ş				eers (estimate if n							6	0		
Ą				ousiness revenue fi		lumn (C), ine	12				7 a			0.
		-		taxable income fr							7 b			
									П в	rior Year		Curr	ent Ye	
	8	Contributions	and aran	nts (Part VIII, line 1	h)				<u> </u>	157,8	97		151,	
Ë				nue (Part VIII, line i					1	323,0			357,	
Revenue		-		art VIII, column (A)		7d)				54,4				784.
æ									-	J4,4	07.		20,	704.
				III, column (A), line			\\ line 10)\		535,4	E 1	•	535,	970
	12			nes 8 through 11 (4), iiile 12	.)	1	333,4	Э1.		555,	870.
				ounts paid (Part IX					ļ					
	1			members (Part IX,										
s)	15	16 Professional fundraising res (Part IX, column (A), line 11e)								277,8	55.		281,	<u>695.</u>
Expenses	165													
Ç	189	Total fundaali	enalekbei	nses Part IX, colu	mn (D), line 25)	•		0.						
ũ			ses (Part I	IX Column (A) June	es 11a-11d 11f-2	4f)				168,7	182		315,	294
	Other expenses (Part IX) column (A), lines 11a-11d, 11f-24f) 18 Totakaxpenses Additions 13-17 (must equal Part IX, column (A), line 25)									446,6			596,	
	1	AGUE		s-Subtract line 18	from loss 12	11111 (A), 1111 0 2	.5)				_			
	19	Mevenue less	s-expense	S-Subtract line to	irom line 12				 	88,8		-	-61,	
Net Assets or Fund Balances										ning of Y			of Yea	
30.0	20	Total assets							1	,233,4		1,	175,	
4 E	21	Total liabilitie	es (Part X	, line 26)							0.		2,	994.
	22	Net assets or	r fund bala	ances Subtract lin	e 21 from line 20				1	,233,4	04.	1,	172,	685.
Pa	rt II	Signat	ure Blo	ck										
		Under pedalty	ee of perjury.	, I declare that I have exe e Declaration of grepare	amined this return, inc	luding accompany	ing schedule	s and state	ments, and	to the best of	of my kn	owledge and	belief, it	ıs
		true, correct,	and complete	Declaration of prepare	r (other than obicer) is	based on all into	rmation of w	nıçn prepar	er nas any	knowledge				
Sig	ın	▶ X	/) //	un C	95Mort	ul				11-27	-10			
He		Signature	officer	~					Da	te				-
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		Type or b	mint name an	nd title			, ca,	,,,,	<u> </u>	<u> </u>			 ,	
			 -				Date		T _G	hands of	ΙP	reparer's idei	ntifying n	umber
Pa	id			Louns	$\alpha \sim 0$				se	heck if		reparer's idei see instruction	ns)´ °	
Pro		Preparer's signature	_ /	LX2 'V V	121		111	18/10	er	nployed P	Ч			
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On		employed), address, and	► 464)				E	IN ►				
		ZIP + 4	OKE	MOS		MI	48864-	1795	PI	hone no	(51	7) 349	-660	0
Ma	the l	RS discuss th	nis return v	with the preparer s	hown above? (se	e instructions)					X Ye	s [No
				nyork Reduction A						TEFACIO	07100	vos Es	~ 000	(2009

Form		38-213360)2		Page 2
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	See Attached Schedule				
2	Did the organization undertake any significant program services during the year which were not listed on the program services.	ior		_	
	Form \$90 or 990-EZ?		Yes	X	No
	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 ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	penses Secti	on 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported	ations to othe	15, the	totai	
	0.4				
48	a (Code) (Expenses \$ 284,763. including grants of \$ 0.) (Reve	enue Ş			0.)
	Legislative & Government Agency Liaison Services to Members				
					
4 b	c) (Code) (Expenses \$209, 543. including grants of \$) (Reve	enue \$			0.)
	Conferences for Member Teachers, Parents, and Administrative Include	ding	~		
	Speakers & Workshops	. _			
		-			
		. _			
		. 			
40	c (Code) (Expenses \$32,237. including grants of \$0.) (Reve	enue S			0.)
	Administration of Accrediting Association Involving the Oversight				
	the Accreditation Process for Non-Public Schools				
	200000000000000000000000000000000000000				
					. – – -
		 _			
40	d Other program services. (Describe in Schedule O)			-	
	(Expenses \$10,746. including grants of \$ 0.) (Revenue \$		0.)	
46	e Total program service expenses ► 537, 289.				
					

			V	N
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
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		<u> </u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		<u> </u>
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		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		<u> </u>
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
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		<u>x</u>
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		X
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		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u> _

			Yes	No
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		<u> </u>
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
t	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		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
ŀ	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		<u>x</u>
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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> x</u>
(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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
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	38		х
3 A A		East	. 000	(2000)

Form **990** (2009)

				Yes	No
1 8	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 0			
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
•	c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			
21	b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3 a		х
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4a		Х
ŀ	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 Financial Accounts	oreign Bank and			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		Х
ł	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		X
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti Tax Shelter Transaction?	ty Regarding Prohibited	5 c		· · ·
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	d did the organization	6 a		Х
I	b If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	ntributions or gifts were not	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly and partly as a contribution and contr	rtly for goods and services	7a		Х
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ch it was required to file	7с		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		X
	${f g}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as re	•	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business	8		X
9	Sponsoring organizations maintaining donor advised funds.		Ť		•
	a Did the organization make any taxable distributions under section 4966?		9a		Х
	b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		X
	Section 501(c)(7) organizations. Enter			اک	
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	•			
	a Gross income from other members or shareholders .	11a			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	l 12bl			

BAA

Form **990** (2009)

Form 990 (2009) Michigan Association of Non-Public Schools 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 16 14 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Х 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Х 10 a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 b X 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy?. 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a X a The organization's CEO, Executive Director, or top management official X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. **Disclosures** List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

MI = 48933-1266 = (517) = 372-0662

Brian Broderick, Executive Director 510 S. Capitol Ave., Lansing,

BAA

Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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

Check this box if the organization did no (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average							' '		Estimated amount of other
	hours per week	वर्षांगत ज्ञे रिव्हर्स्ट ज तीरक कर	mshhibowal feuslee	Offi :er	Key emphyee	High est conniensated employee	Fusner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Barbara Stork Asst. Director	40.00	x		х	х	х		73,131.	0.	0.
Brian Broderick	30.00			^	<u> </u>	_^_	 	75,151.		
Exec. Director	40.00			х	х			95,720.	0.	0.
										· · · · · · · · · · · · · · · · · · ·
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										, -
										

11/10/09

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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
	on line 1a? If 'Yes,' complete Schedule J for such individual

- 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
- 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

3	X
4	Х
_ 5	X

Section 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) Compensation

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 ►

	t viii Statement 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
TS, GRANTS	1a Federated campaigns . 1a b Membership dues 1b 151,585. c Fundraising events 1c		, , , , , ,		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f				
AND C	g Noncash contributs included in lins 1a-1f: \$ h Total. Add lines 1a-1f	151,585.			
핕	Business Code				
Ä	2a Accreditation Fees n/a	23,465.	23,465.	0.	0.
Ě	b Conference Reg & Exhibit Fees n/a	294,035.	294,035.	0.	0.
Ë					
Ž.	c Energy Agreement, Net n/a	32,230.	32,230.	0.	0.
I SE	d Continuing Educ Units n/a	7,771.	7,771.	0.	0.
OGRAN	f All other program service revenue	<u>-</u> w			
<u> </u>	g Total. Add lines 2a-2f ▶	357,501.			
į	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	34,798.	0.	0.	34,798.
	5 Royalties				
	(i) Real (ii) Personal				
:	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory 9, 188.				
	b Less cost or other basis and sales expenses 17, 202.				
	c Gain or (loss) -8,014.				
	d Net gain or (loss)	-8,014.	0.	0.	-8,014.
ÆNUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 a				
뜊	b Less direct expenses b				
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	-			
	10 a Gross sales of inventory, less returns and allowances				
1	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
1	c	·			
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	535,870.	357,501.	0.	26,784.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	168,851.	151,966.	16,885.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	55,552.	49,997.	5,555.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,589.	15,830.	1,759.	0.
9	Other employee benefits	24,290.	21,861.	2,429.	0.
10	Payroll taxes	15,413.	13,872.	1,541.	0.
	Fees for services (non-employees)		20/01/21		
	Management				
ŧ	Legal	12,936.	11,642.	1,294.	0.
(Accounting	9,320.	8,388.	932.	0.
(J Lobbying				
•	Prof fundraising svcs See Part IV, In 17	, ,			
f	Investment management fees				
Ç	Other				
12	Advertising and promotion				
13	Office expenses	3,151.	2,834.	317.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	18,251.	16,426.	1,825.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	229,137.	206,223.	22,914.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,783.	1,605.	178.	0.
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)				
	Dues and Subscriptions	5,870.	5,283.	587.	0.
	Gifts/memorials	1,693.	1,524.	169.	0.
	: Marketing Faithbased Education	10,376.	9,338.	1,038.	0.
	Bank Charges	4,879.	4,391.	488.	0.
	Postage & Shipping	2,032.	1,829.	203.	0.
	All other expenses	15,866.	14,280.	1,586.	0.
	Total functional expenses. Add lines 1 through 24f	596,989.	537,289.	59,700.	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				
BAA					Form 990 (2009)

Page 11 Part X Balance Sheet (A) Beginning of year **(B)** End of year 1 1,150,679 Cash - non-interest-bearing 1,208,404 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Δ Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 25,000 7 25,000. Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10 c **b** Less accumulated depreciation Investments - publicly-traded securities 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 1,233,404 1,175,679 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 0. 17 2,994 18 18 Grants payable 19 Deferred revenue 19 LIABI 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 0 26 994 26 Organizations that follow SFAS 117, check here X and complete lines N E T 27 through 29 and lines 33 and 34. ASSETS 27 1,232,019 27 1,170,900. Unrestricted net assets 28 Temporarily restricted net assets 1,385 28 1,785. 29 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete FUZZO lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 BALAZCES 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,175,679. Form 990 (2009)

1,172,685.

1,233,404

1,233,404

33

34

BAA

Form **990** (2009)

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No 1545-0047 **2009**

Open to Public Inspection

Name o	ame of the organization Employer identification number												
Mic	chigan Association of Non-Public Schools 38-2133					133602	2						
Part	I	Reason for Public Charity Status (All organizations must complete this part.) See instructions											
The o	rga	nization is not a priv	ate foundation becaus	e it is (For lines 1 throug	gh 11, cl	neck onl	y one bo	ox)					
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section	170(Ь)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	П	A hospital or coope	rative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(ii	i).					
4		A medical research	organization operated	I in conjunction with a ho	spital de	escribed	ın secti	on 170(ьх1хах	(iii) Ente	er the hosp	ıtal's	
	_	name, city, and sta-	te	•				_		•			
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	f a college or university of	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in sec	tion	
6 7		An organization tha		overnmental unit describe substantial part of its sup irt II)					or from t	he gene	ral public d	escrib	ed
8		A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9	X	from activities relations	ed to its exempt functi) more than 33-1/3 % of ons – subject to certain is taxable income (less so implete Part III)	exceptio	ns. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fi	rom ar	OSS
10		An organization org	janized and operated e	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4).				
11		more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or s	ection 50	09(a)(2)	ions of, See s	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one box t	or hat
		a 🔲 Type I	b 🗌 Type II	c 🔲 Type III	- Func	tionally	integrate	ed		d 🗌	Type III-	Other	
е		By checking this bo than foundation ma 509(a)(2).	x, I certify that the org nagers and other than	anization is not controlle one or more publicly sup	d directly pported	y or ındı organıza	rectly by itions de	one or scribed	more d in section	isqualifie on 509(a	ed persons i)(1) or sec	other tion	
f			received a written dete	rmination from the IRS th	hat is a	Туре І, Т	ype II o	r Type I	II suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
												Yes	No
		(i) a person who below, the go	directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	ogether v	vith pers	sons des	cribed i	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ed in (i) above?						11 g (ii)			
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	cribed in (i) or (ii) above?						11 g (iii)		
h		Provide the following	ig information about th	e supported organization	ns				,				
(i) Name of Supported Organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) listed in your governing document?			the organ	ou notify ization in (i) of ipport?	(vi) Is the organization in col (i) organized in the US?		(vii) Amou	nt of Sup	port				
					Yes	No	Yes	No	Yes	No			
								,			-		
				······································									
			·										
					1					[

BAA 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) 200	9 Michigar	n Associatio	n of Non-Pub	olic Schools	38-213	3602	2	Page 2
<u>Pa</u>	rt II Support Schedule for (Complete only if you checke				(b)(1)(A)(iv) an	id 170(b)(1)(A)(vi)	
Sec	ction A. Public Support			·	····				
Cale begi	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200 ^e	9	(f) Tota	al
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4 5	Total. Add lines 1-through 3 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)								
6	Public support. Subtract line 5 from line 4								
Sec	ction B. Total Support		·						
	ndar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Tota	1
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activi	ties, etc (see ins	structions)				12		
13	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, second	d, third, fourth, or	r fifth tax year as a	a section 501	(c)(3)		▶ □
	tion C. Computation of Pul								
	Public support percentage for 200			e 11, column (f)		-	14		<u>%</u>
	Public support percentage from 2					L	15		
	a 33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a pub	olicly supported org	ganization					▶ 🗌
l	b 33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a pub	not check a box o dicly supported org	n line 13, or 16a, janization	and line 15 is 33-	1/3% or mor	e, che	ck this box	► 🗌
17 a	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-a	ind-circumstances'	test, check this b	oox and stop here.	. Explain in P	art IV	how	► 🗌
l	b 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a	ind-circumstances'	test, check this b	ox and stop here.	. Explain in P	art IV	5 is 10% how the	▶ 🔲

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 BAA

	(Complete only if you chec	ked the box on lin	e 9 of Part I)				
Sec	tion A. Public Support		- · · · · · · · · · · · · · · · · · · ·				<u> </u>
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	166,511.	171,993.	161,038.	157,897.	151,585.	809,024.
2	Gross teceipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	432,700.	263,217.	144,187.	323,087.	294,035.	1,457,226.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	599,211.	435,210.	305,225.	480,984.	445,620.	2,266,250.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line				·		
	7c from line 6.)						2,266,250.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	599,211.	435,210.	305,225.	480,984.	445,620.	2,266,250.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	45,119.	62,633.	39,761.		•	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				54,467.	34,798.	236,778.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	45,119.	62,633.	39,761.	54,467.	34,798.	236,778.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 14	Total support. (add Ins 9, 10c, 13, and 12) First five years. If the Form 990 organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3	2,503,028. ► □
Sec	tion C. Computation of Pul		ercentage				
15	Public support percentage for 200			13 column (ft)		15	90.54%
16	Public support percentage from 2		• •	io, column (i))	•	16	89.11%
	tion D. Computation of Inv					10	09.1176
				•	- (0)	17	0.460
17	processing the second contract of the second						
18 19 a	8 Investment income percentage from 2008 Schedule A, Part III, line 17 9a 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						
b	33-1/3 support tests — 2008. If this not more than 33-1/3%, check	e organization did	not check a box of	on line 14 or 19a.	and line 16 is mo	re than 33-1/3%.	
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	ck this box and se	ee instructions	

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545-0047 2009

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Employer identification number

Michigan Association of Non-Public Schools [36-2133002
Pt VI-A, Line 6 The organization has non-public schools in Michigan as it's members
Pt_VI-A, Line 7a The members of the organization vote on the officers
Pt VI-A, Line 7b The members must approve decisions of the governing body
Pt VI-A, Line 8a Minutes of the meetings by the board are maintained
Pt VI-B, Line 11A The finance and budget committee are responsible for reviewing the
Form 990 before the executive director signs it for filing.
Pt_VI-B, Line 12c The board has approved a conflict of interest policy for the organization
Pt_VI-B, Line 15 The board evaluates and approves changes to the compensation of all
employees_of_the_organization
Pt_VI-C, Line 19 The organization provides detail of its structure and purpose on its
website and makes policy statements available upon request

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

4d Describe	the exempt purpo	ose achievements for each of the organization's other program
services.	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
report the	e amount of grant	is and allocations to others, the total expenses, and revenue, if any, for
each pro	gram service repo	orted
Code·	Description	Fee revenue from services provided to and for member schools
Expenses _	10,746.	
Grants Of _	0.	
Revenue _	0.	

MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – SEPTEMBER 30, 2010 FEDERAL ID# 38-2133602

PART V-A, LIST OF OFFICERS AND DIRECTORS

REV. JOHN MCCRACKEN - PRESIDENT

254 Sixth St Manistee MI 49660 Member-At-Large, Catholic

VACANT - VICE PRESIDENT

MR. DANIEL NETZ - SECRETARY

6729 Hanna Lake Avenue Caledonia, MI 49316 Christian Schools International (CSI)

DR. BRUCE BRAUN - TREASURER

3773 Geddes Road Ann Arbor, MI 48105 Lutheran Church – Missouri Synod

MRS. DEBORAH KRUEGER

2865 Henry St. Port Huron, MI 48060 Member-At-Large, Catholic

MR. THOMAS J. DEJONGE

1812 Sylvan Ave SE Grand Rapids, MI 49506 Member-At-Large, CSI

MRS. BERNADETTE SUGRUE

305 Michigan Avenue Detroit, MI 48226 Archdiocese of Detroit

MR. CHARLES TAYLOR

611 W North St Gaylord MI 49735 Diocese of Gaylord

MR. MICHAEL KNOFF

607 E South Union Bay City, MI 48706 Diocese of Saginaw MR. MARK SALISBURY 117 W Washington Marquette, MI 49855 Diocese of Marquette

Fr. Steven Mattson 300 W. Ottawa Lansing, MI 48933 Diocese of Lansing

MR. PAUL A. LONG 510 S. Capitol Avenue Lansing, MI 48933 Michigan Catholic Conference

DR. BERNARD STANKO 360 Division Ave, Ste 3 Grand Rapids, MI 49503 *Diocese of Grand Rapids*

MR. BARRY BLOMQUIST 1916 Ridgewood Ave SE Grand Rapids, MI 49506 Member-At-Large, LCMS

MRS. MARGARET ERICH 215 N Westnedge Ave Kalamazoo MI 49007 Diocese of Kalamazoo

SR. MONICA KOSTIELNEY, RSM – EX-OFFICER
510 S. Capitol Avenue
Lansing, MI 48933
Michigan Catholic Conference

MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – SEPTEMBER 30, 2010 FEDERAL ID# 38-2133602

PART III (1) STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

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

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

CONFERENCE REGISTRATION AND EXHIBIT FEES

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

POLICY HANDBOOK

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

PART VIII – STATEMENT OF REVENUE:

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

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

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

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