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DLN: 93493291006071

Form 990

Department of the Treasury

# 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)

2010

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number B Check if applicable MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) (517) 327-5900 1001 CENTENNIAL WAY NO 400 Terminated G Gross receipts \$ 4,766,651 City or town, state or country, and ZIP + 4 LANSING, MI 489179279 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes KATHLEEN HAYES 1001 CENTENNIAL WAY NO 400 **H(b)** Are all affiliates included? LANSING, MI 489179279 If "No," attach a list (see instructions) H(c) Group exemption number > Tax-exempt status **▼** 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW MASB ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1949 M State of legal domicile MI Summary Part I 1 Briefly describe the organization's mission or most significant activities LEADERSHIP/ADVOCACY SERVICES FOR BOARDS OF EDUCATION, STUDENTS & PUBLIC EDUCATION IN MICHIGAN Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 20 Number of independent voting members of the governing body (Part VI, line 1b)  $oldsymbol{.}$ 4 20 40 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 6 62 **6** Total number of volunteers (estimate if necessary) . . . . 7a 35.071 7a Total unrelated business revenue from Part VIII, column (C), line 12 .  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 7b 22,061 Contributions and grants (Part VIII, line 1h) . 191,756 75,896 Revenue Program service revenue (Part VIII, line 2g) . 3,851,684 3,883,828 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 35,873 32,130 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 367,175 527,458 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 4,446,488 4,519,312 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13,500 71,898 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 2.461.690 2,510,672 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 1,663,175 1,640,982 4,138,365 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4.223.552 19 Revenue less expenses Subtract line 18 from line 12 . 295,760 308,123 Net Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 5,171,546 5,615,052 21 1,106,812 1,096,487 Total liabilities (Part X, line 26) . . 22 4.064.734 4.518.565 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	*****			2011-10-05	
Sign	Signature of officer			Date	
Here	KATHLEEN HAYES EXECUTIVE DIRECTOR Type or print name and title				
	<u>                                     </u>				
Paid	Print/Type preparer's name EDWARD L WILLIAMS III CPA	Preparer's signature EDWARD L WILLIAMS CPA	III Date	Check if self- employed •	PTIN
Preparer	Firm's name MANER COSTERISAN PC				Firm's EIN
Jse Only	Firm's address 2425 E GRAND RIVER SUITE	1			Phone no  (517) 323-7500
	LANSING, MI 489123291				
May the IF	RS discuss this return with the preparei	shown above? (see instructions) .			▼ Yes

Form	າ 990 (2010)						Page <b>2</b>
Par		of Program Servedule O contains a resp	_				F
1	Briefly describe the	organization's mission					
STU HELI IMPI SCR RELA	DENT ACHIEVEMEN P SCHOOL BOARD M LEMENT EMPLOYEE EENING AND EMPLO	EDUCATIONAL LEADE T AND PUBLIC EDUC EMBERS MEET THEIR CONTRACT EVALUAT YING COMPETENT S ND LEGAL MATTERS,	ATION TO SU STATUTORY TION AND NEC CHOOL ADMI	PPORT EDUCATION OBLIGATIONS, IMP GOTIATION SERVIC NISTRATORS, ASSI:	IAL PROGRAMS AND ROVE EDUCATION ES, ASSIST LOCAL ST LOCAL BOARDS	) RESOURCES ALPROGRAMS BOARDS IN L WITH THEIR G	DESIGNED TO 5, DEVELOP AND DCATING, OVERNMENT
_	D.1.1						
2	the prior Form 990 o			rvices during the yea	r which were not liste		No No
	If "Yes," describe th	ese new services on So	hedule O				
3	•	cease conducting, or r	nake sıgnıfıcan • • • •	t changes in how it co	onducts, any program	. Г Yes	s ✓ No
	If "Yes," describe th	ese changes on Sched	ule O				
4	Section 501(c)(3) a	t purpose achievement nd 501(c)(4) organizat s, the total expenses, a	ions and sectio	on 4947(a)(1) trusts a	are required to report	, ,	
4a	(Code	) (Expenses \$	1,354,231	including grants of \$	) (Reve	enue \$	1,551,919 )
	MICHIGAN THIS INCLU NECESSARY TO FULFILI	INCLUDES ACTIVITIES THA IDES SERVICES SUCH AS SU THE OBLIGATIONS OF THE NESS BOARDS OF EDUCATI	PERINTENDENT SE ROLE OF ELECTED	ARCH, WORKSHOPS, CON	FERENCÉS AND SEMINAR	S THAT PROVIDE A	CCESS TO INFORMATION
4b	(Code	) (Expenses \$	674,199	ıncludıng grants of \$	) (Reve	enue \$	972,747 )
	LEGAL BRIEFS, INFORM	VICES INCLUDES LEGAL ST ATION, PUBLICATIONS AND JDES SERVICES TO RESEAR 09	POLICY AND BYLAV	W SERVICES FOR MEMBER	BOARDS IN THEIR ROLE	OF POLICY MAKER	S FOR SCHOOL
4c	(Code	) (Expenses \$	513,585	ıncludıng grants of \$	) (Reve	enue \$	199,792 )
	FEDERAL LEVEL AND RE	GOVERNMENT RELATIONS PEPRESENTING SCHOOL BOAR RE OF ISSUES THAT FACE P	D VIEWS BEFORE	LEGISLATIVE AND ADMINIS	STRATIVE GOVERNMENT, A		
4d	Other program serv	vices (Describe in Sch	edule O ) <b>See a</b>	also Additional Data f	or Description		
	(Expenses \$	806,501 inc	luding grants o	f\$ 71	,898 ) (Revenue \$	1,175	5,281)
4e	Total program serv	ice expenses <b>⊧</b> \$	3,348,51	6			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$ $\Box$ Yes $\Box$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 42			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_	,	
<b>L</b>	year?	3a 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 30	163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		NI -
<b>.</b>	account)?	40		No
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	эс 6а		N o
oa	organization solicit any contributions that were not tax deductible?	Ou .		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
h	required?	7g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	47-		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management				
		Γ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20			
ь	Enter the number of voting members included in line 1a, above, who are independent	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel other officer, director, trustee, or key employee?		2		Νο
3	Did the organization delegate control over management duties customarily performed by or un supervision of officers, directors or trustees, or key employees to a management company or	nder the direct	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior filed?		4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		Νο
6	Does the organization have members or stockholders?	[	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore members of the	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions under year by the following	rtaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannorganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νο
	ection B. Policies (This Section B requests information about policies not required	d by the Internal			
Re	evenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Г	10a	Yes	-110
	If "Yes," does the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with those of the organization	F	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body b		11a	Yes	
b	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 $\cdot$ . $\cdot$ .		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12ь	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the pol	· · · · · · ⊢	120	165	
-	describe in Schedule O how this is done		12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and a independent persons, comparability data, and contemporaneous substantiation of the delibera-	• •			
	The organization's CEO, Executive Director, or top management official		15a	Yes	
Ь	Other officers or key employees of the organization		15b	Yes	
	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 taxable entity during the year?		16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps to organization's exempt status with respect to such arrangements?	to safeguard the	16b	Yes	
Se	ection C. Disclosure		TOD	162	
17	List the States with which a copy of this Form 990 is required to be filed►MI				

- Section 6104 requires an organization to make its Form 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 of windows website. Another's website. 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. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization NANETTE PEARSON
  1001 CENTENNIAL WAY SUITE 400
  LANSING, MI 489179279
  (517) 327-5901

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	(che		II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DARRYLE J BUCHANAN DIRECTOR	10 00	х						0	0	0
(2) FRANK L REID DIRECTOR	10 00	х						0	0	0
(3) BRAD BALTENSPERGER DIRECTOR	10 00	Х						0	0	0
(4) RENEE D BIRD DIRECTOR	10 00	х						0	0	0
(5) RUTH A COPPENS DIRECTOR	10 00	х						0	0	0
(6) LILLIAN FIELDS DIRECTOR	10 00	х						0	0	0
(7) MARY P JASON DIRECTOR	10 00	Х						0	0	0
(8) PAULA SAARI DIRECTOR	10 00	Х						0	0	0
(9) EARL C RICKMAN III DIRECTOR	10 00	Х						0	0	0
(10) DEBBIE SQUIRES DIRECTOR	10 00	Х						0	0	0
(11) RENNY R RANSBOTTOM DIRECTOR	10 00	Х						0	0	0
(12) DONALD R HUBLER DIRECTOR	10 00	Х						0	0	0
(13) CINDY A GANSEN DIRECTOR	10 00	Х						0	0	0
(14) LAMAR LEMMONS DIRECTOR	10 00	Х						0	0	0
(15) ANITA L OSTERMAN DIRECTOR	10 00	х						0	0	0
(16) BARBARA RUSSELL DIRECTOR	10 00	Х						0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per		(( tion (	(che		II		(D) Reportable compensation from the		Reportable For compensation co		(E) Reportable compensation from related	ı	(F) Estima amount o compens	ated fother
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza		organizations (W- 2/1099- MISC)		from to organizati relat organiza	the on and ed		
(17) KEITH WARNICK DIRECTOR	10 00	х							0		0		0		
(18) GREGORY A PEOPLES PRESIDENT	15 00	х		х					0		0		0		
(19) STEVE ZINGER VICE PRESIDENT	15 00	х		х					0		0		0		
(20) BURL GHASTIN PRESIDENT-ELECT	15 00	Х		х					0		0		0		
(21) JANICE HOLZ PAST PRESIDENT	15 00	х		х					0		0		0		
(22) KATHLEEN HAYES EXECUTIVE DIRECTOR	55 00			х					134,774		0		32,673		
(23) NANETTE PEARSON CFO	55 00			х					95,118		0		20,565		
(24) BRAD BANASIK LEGAL COUNSEL	55 00					Х			103,353		0		19,230		
											+				
1b Sub-Total			•	•	٠.		<b> </b>								
c Total from continuation sheets t	o Part VII, Sec	tion A			•	Þ									
d Total (add lines 1b and 1c)	ding but not lim				• ted a	• above)	► ) who	received	333,245 more tha		0		72,468		
\$100,000 in reportable compens	ation from the o	organiza	ition <b>i</b>	<b>►</b> 2											
3 Did the annual track and farmer		<b>.</b>										Yes	No		
3 Did the organization list any form on line 1a? If "Yes," complete School	•			,	ey e		ee, o	r nignest	• •	• • •	3		Νο		
4 For any individual listed on line 1 organization and related organiza individual											4	Yes			
5 Did any person listed on line 1a r services rendered to the organiza		-						_	nızatıon o	r individual for	5		No		
Section B. Independent Cont	ractors														
1 Complete this table for your five \$100,000 of compensation from	hıghest compen		ndepe	ende	nt c	ontrac	tors	that rece	ived more	than					
· · · · · ·	(A) e and business add								Descr	(B) ption of services		(C Comper			

(A) Name and business address	( <b>B)</b> Description of services	( <b>C</b> ) Compensation
3. Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

ederated campaigns embership dues	1a . 1b . 1c . 1d . 1e . and 1f . nes 1a-1f \$	75,896  Business Code 900099 541900 611430	(A) Total revenue  75,896  2,286,872  843,268  753,688  10,880  389,139	or exempt function revenue 2,286,872 843,268 753,688		exclude from tax under sections 512, 513, or 514
embership dues	. 1b . 1c . 1d . 1e . and 1f . nes 1a-1f \$	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		513, or 514
embership dues	. 1b . 1c . 1d . 1e . and 1f . nes 1a-1f \$	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		10,88
elated organizations elated organizations	. 1c . 1d . 1e . and 1f	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
elated organizations	id  ie  and if  nes 1a-1f \$  venue  g dividends, interest  empt bond proceeds  (i) Real  87,337	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
overnment grants (contributions)  I other contributions, gifts, grants, milar amounts not included above oncash contributions included in line otal. A dd lines 1a-1f  EMBERSHIP DUES ERVICE FEES & REIMB ONFERENCES & SEMINARS  II other program service revolutions and other similar amounts) is come from investment of tax-exercity oyalties  ross Rents ess rental genses	ie  , and if  nes 1a-1f \$  venue  g dividends, interest  empt bond proceeds  (i) Real  87,337	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
I other contributions, gifts, grants, milar amounts not included above oncash contributions included in lii otal. Add lines 1a-1f  EMBERSHIP DUES ERVICE FEES & REIMB ONFERENCES & SEMINARS  II other program service revious and other similar amounts) come from investment of tax-executes and other similar amounts.  Toss Rents ESS rental Repenses	yenue  g dividends, interest  empt bond proceeds  (i) Real  87,337	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
milar amounts not included above oncash contributions included in line otal. Add lines 1a-1f  EMBERSHIP DUES ERVICE FEES & REIMB ONFERENCES & SEMINARS  Ill other program service revolution of the similar amounts) income from investment of tax-exectory altress rental geneses	g dividends, interest  empt bond proceeds  (i) Real  87,337	Business Code  900099  541900  611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
EMBERSHIP DUES ERVICE FEES & REIMB ONFERENCES & SEMINARS  Il other program service revolution and other similar amounts) come from investment of tax-execution and other similar amounts of tax-execu	g dividends, interest  empt bond proceeds  (i) Real  87,337	900099 541900 611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
EMBERSHIP DUES ERVICE FEES & REIMB ONFERENCES & SEMINARS  Il other program service revolution of the similar amounts of the similar amoun	g dividends, interest  mempt bond proceeds  (i) Real  87,337	900099 541900 611430	2,286,872 843,268 753,688 3,883,828	2,286,872 843,268 753,688		,
ERVICE FEES & REIMB ONFERENCES & SEMINARS  Il other program service revolution of the similar amounts) come from investment of tax-execution o	g dividends, interest  empt bond proceeds  (1) Real  87,337	900099 541900 611430	843,268 753,688 3,883,828 10,880	843,268 753,688		,
ERVICE FEES & REIMB ONFERENCES & SEMINARS  Il other program service revolution of the similar amounts) come from investment of tax-execution o	g dividends, interest  empt bond proceeds  (1) Real  87,337	541900	843,268 753,688 3,883,828 10,880	843,268 753,688		,
ONFERENCES & SEMINARS  Il other program service revolution of the similar amounts of the service from investment of tax-exervice from investment of tax-exervi	g dividends, interest  empt bond proceeds  (1) Real  87,337	611430	753,688 3,883,828 10,880	753,688		,
Il other program service revotal. Add lines 2a-2f	g dividends, interest  empt bond proceeds  (1) Real  87,337		3,883,828			,
otal. Add lines 2a-2f	g dividends, interest  empt bond proceeds  (1) Real  87,337	(II) Personal	10,880			,
otal. Add lines 2a-2f	g dividends, interest  empt bond proceeds  (1) Real  87,337	(II) Personal	10,880			,
nvestment income (including nd other similar amounts) come from investment of tax-exectly alternatives.	g dividends, interest	(II) Personal	10,880			,
nvestment income (including nd other similar amounts) come from investment of tax-exectly alternatives.	g dividends, interest	(II) Personal	10,880			,
come from investment of tax-exectory alties	empt bond proceeds	(II) Personal	·			,
ross Rents ess rental expenses	(ı) Real 87,337	(II) Personal	389,139			389,1
ross Rents ess rental expenses	(1) Real 87,337	(II) Personal	389,139			389,1
ess rental openses	87,337	(II) Felsolial				1
kpenses						
ental income	87,337					
· (loss) et rental income or (loss)		I	87,337			87,3
	(ı) Securities	(II) O ther				
ross amount om sales of	264,381	4,208				
ssets other an inventory						
ess cost or ther basis and	247,339					
iles expenses aın or (loss)	17,042	4,208				
et gaın or (loss)		l	21,250			21,2
	ng events					
,	а					
		_				
	·	ь				
	_					
ross sales of inventory, les	s					
turns and anowances	а					
	les of inventory 🟲					
		Business Code 541800	27.681		27,681	
		900099				
		525990	·			
			•			
			F0 000			
	•	<u> </u>	50,982			
				I	25.074	508,60
es e	es expenses in or (loss)  It gain or (loss)  It including  It including  It including  It including  It income or (loss)  It income or (loss)	t gain or (loss)  t including  contributions reported on line 1c)  e Part IV, line 18  ss direct expenses  t income or (loss) from fundraising events  b tincome or (loss) from fundraising events  ss direct expenses  t income or (loss) from gaming activities See Part IV, line 19  ss direct expenses  t income or (loss) from gaming activities  ss sales of inventory, less  urns and allowances  a  ss cost of goods sold  t income or (loss) from sales of inventory  Miscellaneous Revenue  VERTISING  SCELLANEOUS INCOME  LAF INCOME  other revenue  tal. Add lines 11a-11d  t	t gain or (loss) 17,042 4,208  It including 18 1,208  It including 19 10 10 10 10 10 10 10 10 10 10 10 10 10	se expenses in or (loss) 17,042 4,208 t gain or (loss)	se expenses nor (loss) 17,042 4,208 t gain or (loss) 21,250  Doss income from fundraising events it including contributions reported on line 1c) e Part IV, line 18	17,042

# Part IX Statement of Functional Expenses

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

А	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).							
Do n	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	69,898	69,898					
3	U S See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,000	2,000					
4	Benefits paid to or for members			1				
5	Compensation of current officers, directors, trustees, and key employees	277,293	211,845	65,448				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,	,	,				
7	Other salaries and wages	1,588,313	1,226,576	361,737	_			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	171,703	124,665	47,038				
9	Other employee benefits	333,785	242,344	91,441				
10	Payroll taxes	139,578	107,538	32,040				
а	Fees for services (non-employees) Management	13,300		13,300				
Ь	Legal	20,300		20,300				
c	Accounting	12,690		12,690				
d	Lobbying	6,000	6,000					
e	Professional fundraising services See Part IV, line 17				_			
f	Investment management fees	17,042	2,661	14,381				
g	Other	319,377	304,721	14,656				
12	Advertising and promotion	4,633	4,633					
13	Office expenses	261,986	191,433	70,553				
14	Information technology	33,660	5,093	28,567				
15	Royalties							
16	Occupancy	89,672		89,672				
17	Travel	199,866	179,402	20,464				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	370,735	345,305	25,430				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	70,374		70,374				
23	Insurance	17,617		17,617				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а		136,849	45,184	91,665				
b	LOSS ON MELG INVESTMENT	48,213		48,213	_			
c	MISCELLANEOUS	13,618	5,194	8,424				
d	CONTRIBUTIONS & SUPPORT	5,050		5,050				
e	OVERHEAD	0	274,024	-274,024				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	4,223,552	3,348,516	875,036	0			
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X Balance Sheet (A) (B) Beginning of year End of year 200 l 500 1 Cash—non-interest-bearing . . . . . . . . . . . . . 1 1,234,153 2 1.632.358 2 Savings and temporary cash investments . . . . . . . 15,000 3 3 130,023 4 188,236 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net . . . . . . . . . 8 8 Prepaid expenses and deferred charges . . . . 88,182 9 143,657 10a Land, buildings, and equipment cost or other basis Complete 1.197.708 10a Part VI of Schedule D 10b 913.856 ь Less accumulated depreciation . . . . . 205,771 10c 283.852 1,701,096 11 1.792.514 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,705,703 15 1,665,353 15 16 5,171,546 16 5,615,052 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 406,198 420,590 17 17 Accounts payable and accrued expenses . 18 18 682.334 19 682.284 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 3.938 25 7,955 Other liabilities Complete Part X of Schedule D . . . . . 26 1,106,812 26 1,096,487 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 3.607.533 3,993,799 Temporarily restricted net assets . . . . . 457,201 524,766 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 4,064,734 33 4,518,565 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 5.171.546 5,615,052

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.5	519,31
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	223,55
3	Revenue less expenses Subtract line 2 from line 1	3		2	295,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	064,73
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	158,07
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,5	518,56
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ie •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	-	За		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

#### DLN: 93493291006071

**Employer identification number** 

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **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.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441

e organ	ızatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, check	only one b	oox)				
ı 🗆	A churc	h, conventi	on of churches, or as	sociation of	churches	described in <b>s</b> e	ection 170(	b)(1)(A)(i).				
2	A scho	ol described	I in <b>section 170(b)(1</b>	)( <b>A</b> )(ii). (A ti	tach Sched	dule E )						
3 F	A hosp	tal or a coo	perative hospital ser	vice organiz	atıon desc	rıbed ın <b>sectio</b>	n 170(b)(1	.)(A)(iii).				
4			n organization operat ty, and state	ed in conjun	ction with a	a hospital desc	ribed in <b>se</b>	ection 170(b)(	<b>1)(A)</b> (i	iii). Ente	rthe	
5	An orga	ınızatıon op	erated for the benefit	of a college	or univers	ıty owned or o	perated by	a government	al unit	describe	ed in	
	section	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	art II )								
5	A feder	al, state, or	local government or	government	al unit des	crıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).				
7	describ	ed ın	at normally receives  A)(vi) (Complete Pa		I part of its	s support from	a governm	ental unit or fr	om the	general	public	:
в Г			described in <b>section</b>	•	<b>A)(vi)</b> (Co	mplete Part II	)					
• 🔽		•	at normally receives			·	•	ibutions, mem	bership	o fees, a	nd aro	SS
,	_		ities related to its ex	• •		• •		•		•	-	
			oss investment incor	·	_			, ,				
		_	janization after June				•		,			
o [			janized and operated									
. –			janized and operated						o carry	out the	nurnos	ses of
	one or r the box	more publicl	y supported organizations the type of supp <b>b</b> Type II	atıons descrı ortıng organı	bed in sec zation and	tion 509(a)(1)	or section s 11e thro	n 509(a)(2)  Se ugh 11h	ee <b>sect</b> i		a)(3).	Check
e   f	other th section If the o	ian foundati 509(a)(2) rganization	ox, I certify that the on managers and oth received a written de	ner than one	or more pu	blicly support	ed organıza	ations describe	ed in se	ection 50	09(a)(	1) or
J	followin	ugust 17, 2 g persons?	2006, has the organi								Yes	No
			governing body of th				persons de	seribed iii (ii)	ı	11g(i)	163	140
		•	er of a person describ		-					11g(ii)		<del>                                     </del>
		•	led entity of a persor			ahove?				11g(iii)		<del> </del>
h			ng information about						•	119(/	1	<u>!</u>
(i Nam suppo organiz	ie of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is th organizat col (i) org	e :ion in anized		A mo	<b>rii)</b> unt of port
			instructions))	Yes	No	Yes	No	Yes	No			
tal												

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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						
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 activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginnin in) 🟲	g <b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do n	ot 2,158,434	2,218,387	2,248,418	2,490,258	2,450,105	11,565,60
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that is related to the organization's tax-exempt	ın 1.602.173	1,430,935	1,521,549	1,553,182	1,605,477	7,713,31
3	purpose Gross receipts from activities tha	at					
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	3,760,607	3,649,322	3,769,967	4,043,440	4,055,582	19,278,91
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						ı
b	A mounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7 c from line 6 )						19,278,91
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
	1117		3,649,322	3,769,967	4,043,440	4,055,582	19,278,91
9	A mounts from line 6	3,760,607	3,049,322	-,,			
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	, ,	126,240	387,116	323,857	407,409	1,513,28
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	268,660	126,240	387,116	323,857		
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	268,660		, ,	323,857 323,857	407,409 407,409	1,513,28 1,513,28
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	268,660	126,240	387,116	·		
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	268,660	126,240	387,116	323,857	407,409	1,513,28
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	268,660 268,660 6,861	126,240 126,240 6,550	387,116 387,116 5,307	323,857	407,409	1,513,28 52,52
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c,	268,660 268,660 6,861 451,075	126,240 126,240 6,550 397,243 4,179,355	387,116 387,116 5,307 126,779 4,289,169	323,857 11,747 4,379,044	407,409 22,061 4,485,052	1,513,28 52,52 975,09 21,819,82
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 in the check this box and stop here	268,660  268,660  6,861  451,075  4,487,203 s for the organization	126,240  126,240  6,550  397,243  4,179,355  on's first, second,	387,116 387,116 5,307 126,779 4,289,169 third, fourth, or f	323,857 11,747 4,379,044	407,409 22,061 4,485,052	1,513,28 52,52 975,09 21,819,82 ) organization,
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 in check this box and stop here  ction C. Computation of Purpublic Support Percentage for 20	268,660  268,660  6,861  451,075  4,487,203  s for the organization	126,240  126,240  6,550  397,243  4,179,355  on's first, second,	387,116 387,116 5,307 126,779 4,289,169 third, fourth, or f	323,857 11,747 4,379,044	407,409 22,061 4,485,052	1,513,28 52,52 975,09 21,819,82 ) organization,
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 in the check this box and stop here	268,660  268,660  6,861  451,075  4,487,203  s for the organization	126,240  126,240  6,550  397,243  4,179,355  on's first, second,	387,116 387,116 5,307 126,779 4,289,169 third, fourth, or f	323,857 11,747 4,379,044	407,409 22,061 4,485,052 section501(c)(3	1,513,28 52,52 975,09 21,819,82 ) organization,
10a  b  c 11  12  13 14  Se 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 is check this box and stop here  Ction C. Computation of Pupublic Support Percentage for 20 Public support percentage from 2	268,660  268,660  6,861  451,075  4,487,203  s for the organization  blic Support Performance of the column (1009 Schedule A, Parameter and Performance of the column (1009 Schedule A, Parame	126,240  126,240  6,550  397,243  4,179,355  on's first, second,  ercentage f) divided by line : art III, line 15  me Percentage	387,116  387,116  5,307  126,779  4,289,169  third, fourth, or f	323,857 11,747 4,379,044 Ifth tax year as a	4,485,052 section501(c)(3	1,513,28 52,52 975,09 21,819,82 ) organization, • 688 360 %
10a b c 11 12 13 14 Se 15 16 Se 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 in check this box and stop here  ction C. Computation of Pureline Support Percentage for 20 Public Support percentage from 2	268,660  268,660  6,861  451,075  4,487,203  s for the organization  blic Support Performance of the column (100) and the column (100) are supported to the column (100) are sup	126,240  126,240  6,550  397,243  4,179,355  on's first, second,  ercentage f) divided by line : art III, line 15  me Percentage lumn (f) divided b	387,116  387,116  5,307  126,779  4,289,169  third, fourth, or f	323,857 11,747 4,379,044 Ifth tax year as a	4,485,052 section501(c)(3	1,513,28 52,52 975,09 21,819,82 ) organization, • 688 360 %
10a  b  c 11  12  13 14  Se 15 16  Se 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 is check this box and stop here  Ction C. Computation of Pupublic Support Percentage for 20 Public support percentage from 2	268,660  268,660  6,861  451,075  4,487,203 s for the organization  (blic Support Performance of the column (100) of the colum	126,240  126,240  6,550  397,243  4,179,355  on's first, second,  ercentage f) divided by line: art III, line 15  me Percentage lumn (f) divided b	387,116  387,116  5,307  126,779  4,289,169  third, fourth, or f	323,857 11,747 4,379,044 Ifth tax year as a	407,409 22,061 4,485,052 section501(c)(3 15 16 17 18	1,513,28 52,52 975,09 21,819,82 ) organization, •• • • • • • • • • • • • • • • • • • •

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493291006071

## OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

**Political Campaign and Lobbying Activities** 

lf the organization	answered "Yes,"	" to Form 990, Part	IV, Line 3, or Form	n 990-EZ, Part V, line	46 (Political Campaign A	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

If the	, , , , -	t have NOT filed Form \$768 (elections," to Form 990, Part IV, Line 5 sations. Complete Part III			•
Na	me of the organization	·		Employer iden	tification number
MIC	CHIGAN ASSOCIATION OF SCHOOL BOAR	RDS		38-1323441	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(		organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	civities in Part IV	
2	Political expenditures	,		<b>.</b>	\$
3	Volunteer hours			·	¥
	•	ganization is exempt unde	_		
1		e tax incurred by the organization			\$
2		e tax incurred by organization mar		n 4955 ►	\$
3	-	ection 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				│ Yes │ No
b	If "Yes," describe in Part IV			->	17-7727
	-	ganization is exempt unde			<u>(c)(3).</u>
1		ended by the filing organization for			\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid front d directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to			
В	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	83,264	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	52,000	
c	Total lobbying expenditures (add lines 1a and 1	b)	135,264	
d	Other exempt purpose expenditures		4,088,288	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	4,223,552	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	361,178	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
_	Grassroots nontaxable amount (enter 25% of lir	20.15	90,295	
_	·	,	90,295	
	Subtract line 1g from line 1a If zero or less, ent			
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

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

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

	Lobbying Expe	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total
<u>2a</u>	Lobbying non-taxable amount	366,340	355,637	356,918	361,178	1,440,073
ь	Lobbying ceiling amount (150% of line 2a, column(e))					2,160,110
_с	Total lobbying expenditures	64,611	61,331	91,791	135,264	352,997
d	Grassroots non-taxable amount	91,585	88,909	89,230	90,295	360,019
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					540,029
f	Grassroots lobbying expenditures	7,937	20,000	51,000	83,264	162,201

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ moun	nt
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?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [					n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c	)(5), (	or se		
	501(c)(6).	501(c	)(5), « 		Yes	No
1	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	501(c	)(5), ( 	1		
1 2	<b>501(c)(6).</b> Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c	)(5), ( 	1 2		
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c	)(5), (	1 2 3	Yes	No
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **III-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 I	501(c	)(5), (	1 2 3	Yes	No
1 2 3 Par	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **III-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 I answered "Yes".	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	501(c II-A,	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TII-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	501(c II-A, 1 2a 2b	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	501(c II-A, 1 2a 2b 2c	)(5), (	1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **TIII-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 I answered "Yes".  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3	)(5), (	1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493291006071

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public

That Nevertue Service F Attach	to rottii 990. F See separate ilistructions.	Inspection
lame of the organization IICHIGAN ASSOCIATION OF SCHOOL BOARDS		Employer identification number
ITCHISCHIA VOOCENITOIA OL OCHOOF DOWENO		38-1323441
	r Advised Funds or Other Similar	Funds or Accounts. Complete if the
organization answered "Yes" to Forn	n 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Bonor advised lands	(b) I alias and other accounts
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to		onor advised Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit		·
art II Conservation Easements. Compl	ete if the organization answered "Yes"	' to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by t  Preservation of land for public use (e g , rec  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a easement on the last day of the tax year	reation or pleasure)  Preservation of Preservation of	an historically importantly land area a certified historic structure rm of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	ents	2b
Number of conservation easements on a certifie		2c
Number of conservation easements included in (	(c) acquired after 8/17/06	2d
Number of conservation easements modified, tra	servation easement is located 🗠	
Does the organization have a written policy rega enforcement of the conservation easements it h		Yes No
Staff and volunteer hours devoted to monitoring,		
A mount of expenses incurred in monitoring, insp		
Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		☐ Yes ☐ No
In Part XIV, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financ	
	ctions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	s, or Other Similar Assets.
If the organization elected, as permitted under S art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to it	held for public exhibition, education or resea	arch in furtherance of public service,
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these i	for public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII, li	ne 1	<b>▶</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, following amounts required to be reported under		
Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
· ,		

**b** Assets included in Form 990, Part X

Part	<b>TITE</b> Organizations Maintaining Co	llections of Ar	t, His	tori	cal Ti	reasu	res, or C	the	<u>r Similar As</u>	sets	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a significa	ant u	se of its collec	tion	
а	Public exhibition		d	$\vdash$	Loan	orexch	ange prog	rams			
b	Scholarly research		e	$\sqcap$	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ furth	ar the o	rdanizatior	1'S AY	emnt nurnose	ın	
•	Part XIV										
5	During the year, did the organization solicition assets to be sold to raise funds rather than t			,					nılar	┌Yes	Г№
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 9		, 10
	Is the organization an agent, trustee, custod included on Form 990, Part X?		•				r other ass	etsı	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		Г				
							-		A r	nount	
с	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?							┌ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	1									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	/ear	(c)Two	Years Back	(d)	Three Years Back	<b>(e)</b> Fou	r Years Back
1a	Beginning of year balance							-			
b	Contributions							_			
c	Investment earnings or losses							-			
d	Grants or scholarships							-			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										-
2	Provide the estimated percentage of the yea	r end balance held	as					•			
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re hel	d and a	dministere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations			•				•	3a		
	(ii) related organizations							•	3a(		<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon							•	3	D	
	t VI Investments—Land, Buildings					190 Da	rt V line	10			
14.11	t vi investments—Land, bunding:	s, and Equipme	t. J			or other	(b)Cost or		(c) Accumulate	д .	
	Description of investment					stment)	basis (oth		depreciation	u (d)	Book value
	Description of investment			Das	sis (ilive	sunent)	busis (oti		'		
	Land			Das	is (ilive	sunent)	busis (eti		·		
			•	Das	is (iiive	suilent)	busis (eti		·		
b	Land		· ·	Das	is (iiive	sunenty	243/3 (04				
<b>b</b>	Land		· · ·	Das	sis (ilive	sunency		3,664		093	34,571
b   c   d   e (	Land	· · · · · · · · · · · · · · · · · · ·	· · ·				57: 62:	1,044	539,0		34,571 249,281

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. See		13	
Parteviti. Investments—Frogram Related. See	T		d of valuation
(a) Description of investment type	(b) Book value		f-year market value
		Cost of end-o	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im	e 15.		
(a) Descrip	tion		(b) Book value
(1) INVESTMENT IN MELG			1,665,353
(1) 111 12 111 111 111 111 111 111 111 11			1,000,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.) -		1,665,353
		<u> </u>	1,000,000
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
DEFERRED COMPENSATION	7,955		
ı			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,955		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,519,312
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,223,552
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	295,760
4	Net unrealized gains (losses) on investments	4	158,071
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	158,071
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	453,831
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Returi	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	4,677,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	158,071
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,519,312
4	A mounts 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 . 4a	]	
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	4,519,312
Part		s per Retu	
1	Total expenses and losses per audited financial statements	1	4,223,552
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
Ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,223,552
4	A mounts 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		
	0.11 (7) 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
b	Other (Describe in Part XIV) 4b		
b c	Add lines <b>4a</b> and <b>4b</b>	4c	C

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE
		TO FOUR YEARS

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**General Information on Grants and Assistance** 

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

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493291006071

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Schedule I (Form 990) 2010

Department of the Treasury Internal Revenue Service

Name of the organization
MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Employer identification number

38-1323441

Form 990, Part I\	/, line 21 for any	Governments and recipient that received eded	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
(1) OAKLAND INTERMEDIATE SCHOOL DISTRICT2111 PONTIAC LAKE ROAD WATERFORD,MI 48328	38-1713563	N/A	5,563				TO REIMBURSE FOR ACTIVITIES THAT SUPPORT COUNTY SCHOOL BOARD GROUP ACTIVITIES
(2) WAYNE COUNTY REGIONAL EDUCATION SERVICE AGENCY33500 VAN BORN ROAD NAYNE,MI 48184	38-1909530	N/A	5,718				TO REIMBURSE FOR ACTIVITIES THAT SUPPORT COUNTY SCHOOL BOARD GROUP ACTIVITIES

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	2.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DEMINIMUS AWARDS (\$1,500 EACH) ARE GRANTED TO SCHOOL DISTRICTS THAT MEET THE SPECIFIC CRITERIA OUTLINED IN THE EDUCATION EXCELLENCE AWARDS PROGRAM MASB DOES NOT
IN THE U S		PLACE ANY RESTRICTIONS ON THE MONEY ONCE AWARDED TO THE SCHOOL DISTRICTS, AND IT IS UP TO THE
		SCHOOL DISTRICTS TO MONITOR THE USE IN KEEPING WITH ANY REGULATIONS THEY ARE BOUND TO BEGINNING THIS YEAR, MASB ISSUED GRANTS TO ISD'S THAT SUPPORTED COUNTY AREA SCHOOL BOARD
		GROUPS MASB DOES NOT HAVE CONTROL OVER THESE GROUPS MASB REQUIRES THE ISD TO SUBMIT INFORMATION TO MASB IN ORDER TO APPLY FOR THE GRANT IF THE ISD MEETS THE CRITERIA OUTLINED BY
		MASB, A GRANT IS ISSUED TO THE ISD WHERE THE COUNTY AREA SCHOOL BOARD GROUP IS ACTIVE

**Compensation Information** 

DLN: 93493291006071

OMB No 1545-0047

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

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

38-1323441

- 0	questions Regarding Compensation			
			Yes	Νo
.a	Check the appropriate box(es) if the organization provided any of the following to organization provided any relevant information provide any relevant information.			
	First-class or charter travel Housing allowance o	or residence for personal use		
	□ Travel for companions     □ Payments for busine	ess use of personal residence		
	Tax idemnification and gross-up payments Health or social club	o dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e	e g , maıd, chauffeur, chef)		
b	b If any of the boxes in line 1a are checked, did the organization follow a written po reimbursement orprovision of all the expenses described above? If "No," comple		,	
2	Did the organization require substantiation prior to reimbursing or allowing expen officers, directors, trustees, and the CEO/Executive Director, regarding the items	•		
3	Indicate which, if any, of the following the organization uses to establish the comporganization's CEO/Executive Director Check all that apply	pensation of the		
	▼ Compensation committee     ▼ Written employment	contract		
	▼ Independent compensation consultant	· · · ·		
	Form 990 of other organizations  Approval by the boa	rd or compensation committee		
ı	During the year, did any person listed in Form 990, Part VII, Section A, line 1a wor a related organization	vith respect to the filing organization		
а	Receive a severance payment or change-of-control payment from the organization	on or a related organization?	1	Νo
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement p	lan?	·	Νo
c	Participate in, or receive payment from, an equity-based compensation arrangem	nent?	:	Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III		
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
•	For persons listed in form 990, Part VII, Section A, line 1a, did the organization $\mu$ compensation contingent on the revenues of	pay or accrue any		
а	a The organization?	5a	ı	Νo
ь	<b>b</b> Any related organization?	51		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
•	For persons listed in form 990, Part VII, Section A, line 1a, did the organization properties of compensation contingent on the net earnings of	pay or accrue any		
а	a The organization?	6a	1	Νo
b	<b>b</b> Any related organization?	61	)	Νο
	If "Yes," to line 6a or 6b, describe in Part III			
,	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III	provide any non-fixed 7		No
3	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a			
	subject to the initial contract exception described in Regs section 53 4958-4(a	)(3)? If "Yes," describe		
	ın Part III	8		Νo
)	If "Yes" to line 8, did the organization also follow the rebuttable presumption proc section 53 4958-6(c)?	cedure described in Regulations		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns (B)(ı)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	other deferred benefits compensation		reported in prior Form 990 or Form 990-EZ	
(1) KATHLEEN HAYES	(I) (II)	130,679 0	0	4,095 0	15,681 0	16,992 0	167,447 0	0	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
( 10 )									
( 11 )									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									
	_	·							

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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2010
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Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Inspection

Name of the organization
MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Employer identification number

38-1323441

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS INCLUDE MICHIGAN BOARDS OF EDUCATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS SOME BOARD OF DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE AT LARGE AND ARE ELECTED BY THE MEMBERSHIP AS A WHOLE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE

ldentifier	Return Reference	Explanation
	,	OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL CONFLICT

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IF COMPENSATION IS BEING REVIEWED, IT INCLUDES COMPARING TOTAL COMPENSATION TO THREE OUTSIDE SOURCES INCLUDING ONE NATIONAL, ONE STATE AND ONE LOCAL COMPENSATION STUDY COMPENSATION FOR THE EXECUTIVE DIRECTOR IS THEN CONSIDERED, APPROVED AND DOCUMENTED IN THE MINUTES OF THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS COMPENSATION FOR ALL OTHER STAFF IS BENCHMARKED TO MARKET STUDIES ON AT LEAST A BIANNUAL BASIS ANY CHANGES TO TOTAL COMPENSATION FOR STAFF ARE THEN CONSIDERED BY AND APPROVED AS PART OF THE ANNUAL BUDGET PROCESS AND DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE THE 990 IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE FINANCIAL REPORTS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS DISTRIBUTED TO MEMBERS AND AVAILABLE ON THE WEBSITE READERS ARE INVITED TO CONTACT THE BUSINESS OFFICE TO REQUEST ADDITIONAL INFORMATION

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 158,071

ldentifier	Return Reference	Explanation
OVERSIGHT	FORM 990, PART	
OF AUDIT	XII, LINE 2C	FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
ELECTION OUT OF BONUS DEPRECIATION	FORM 4562	EMPLOYER IDENTIFICATION NUMBER 38-1323441 FOR THE YEAR ENDING JUNE 30, 2011 MICHIGAN ASSOCIATION OF SCHOOL BOARDS, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JUNE 30, 2011 ALL PROPERTY IN THE 3 AND 5 YEAR CLASS SEE ATTACHED FORM 4562

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2010

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# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990.
 ★ See separate instructions.

Name of the organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS	Employer iden 38-1323441	tification number					
Part I Identification of Disregarded Entities (Com	plete if the organization	on answered "Yes"	on Form 990, Part	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organization	answered "Yes" o	n Form 990, Part	IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</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	Section 5: conti	<b>g)</b> 12(b)(13 rolled nization
(1) MICHIGAN EDUCATION LEADERSHIP GROUP						Yes	No
1001 CENTENNIAL WAY SUITE 400  LANSING, MI 48917 38-3318753	PROVIDES BUILDING TO CONSORTIUM OF NON- PROFITS	MI	501(C)(2)		N/A		No
						1	
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	ions for Form 990.	Cat No 50	135Y		Schedule R (	 Form 990)	2010

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, an	(a) Id EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	es No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	anızatıons lısted ın Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
<b>b</b> Gift, grant, or capital contribution to other organization(s)			11		No		
<b>c</b> Gift, grant, or capital contribution from other organization(s)			10		No		
d Loans or loan guarantees to or for other organization(s)							
e Loans or loan guarantees by other organization(s)			16	:	No		
f Sale of assets to other organization(s)			1f		No		
g Purchase of assets from other organization(s)			19	ı	No		
h Exchange of assets			11		No		
i Lease of facilities, equipment, or other assets to other organization(s)			11		No		
j Lease of facilities, equipment, or other assets from other organization(s)			<b>1</b> j		No		
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)			1k		No		
I Performance of services or membership or fundraising solicitations by other organization(s)			11		No		
m Sharing of facilities, equipment, mailing lists, or other assets			1r	n Ye	es		
n Sharing of paid employees			1r		No		
• Reimbursement paid to other organization for expenses			10		No		
<b>p</b> Reimbursement paid by other organization for expenses			15	)	No		
<b>q</b> Other transfer of cash or property to other organization(s)			10	1	No		
r Other transfer of cash or property from other organization(s)			11		No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relatı	onships and transacti	ıon thresholds				
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		amount		
1) MICHIGAN EDUCATION LEADERSHIP GROUP	М	99,400	OWNERSHIP PERCEN	Т			
2)							

(a) Name of other organization	Transaction type(a-r)	Amount involved	Method of determining amount involved
(1) MICHIGAN EDUCATION LEADERSHIP GROUP	М	99,400	OWNERSHIP PERCENT
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agını tner?
			Yes	No		Yes	No		Yes	N
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493291006071

OMB No 1545-0172

Form 4562

Attachment

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** MICHIGAN ASSOCIATION OF SCHOOL BOARDS FORM 990 PAGE 10 38-1323441 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) . MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 60,223 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 3 0 3.756 ММ S/L 19a 3-year property 14.615 **b** 5-year property 35,770 5 0 ММ S/L 4.593 c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs ММ S/L 39 yrs ММ S/I i Nonresidential real property 38,401 39 0 ΜМ S/L 960 Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs **b** 12-year S/L **c** 40-year 40 yrs ММ S/L **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 69,532 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24D, COIL															
Section A—Depre								nstr									
<b>24a</b> Do you have evider	nce to support	the business/inves	tment us	se claimed	d? ┌ Yes	Гио			24b	If "Ye	es," is	the ev	idence	written?	Гүе	sГN	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or bas	other	(busines	(e) deprecia s/investn e only)		(f) Recov perio	very	(c Meth Conve		ı	( <b>h</b> i Deprecia deduc	ation/		(i) Electe section cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	•		placed i	n service o	during the	tax year	and u	ised n	nore t	than	25						
26 Property used more	•	,	siness	use							1 2.5						
20 Froperty asea more	1	%	3111033	450								Т			T		
		%										-			+-		
<b>27</b> Property used 50%	ı 6 orlessın a		ess use	<u> </u>													
, ,		%							_	/L -					$\Box$		
		%								/L - /L -		+			4		
28 Add amounts in co	l olumn (h) lir		77 Fnt	er here a	and on lu	ne 21 r	nage	1		28	T				+		
29 Add amounts in co		_						•					29				
25 Aud amounts met	01411111 (17, 11111				mation	on U	se o	of V	ehic	les							
Complete this section	for vehicles	used by a sole	proprie	tor, part	tner, or o	ther "m	ore t	han	5%	owner	r," or	relate	d pers	on			
If you provided vehicles to	your employee	es, first answer the	question 		on C to see a)	e if you m		n exc		n to cor (c)	mpletii 	ng this (d		for thos			f)
30 Total business/in		•	g the	ا Vehi	-	Vehi	•			icle 3		V e hic	•	Vehic	-	1 -	icle 6
year ( <b>do not</b> ınclu	de commutir	ng miles) .	• [														
<b>31</b> Total commuting	mıles drıven	during the year	. [														
<b>32</b> Total other persor	nal(noncomn	nutıng) mıles drı	ven														
33 Total miles driven through 32	during the y	ear Add lines 3	30														
34 Was the vehicle a	vailable for n	· · · · · · · · · · · · · · · · · · ·	· ·	Yes	No	Yes	No	+	es .	No	,  ,	Yes	No	Yes	No	Yes	No
during off-duty ho			.		1.0	1.55		+		+					1		+
<b>35</b> Was the vehicle u owner or related p	sed primarily	by a more than	15%														
<b>36</b> Is another vehicle		r personal use?								1							
Section	on C—Que	stions for Er	nploy	ers W	ho Pro	vide \	/ehi	cles	s fo	r Use	e by	The	ir En	nploy	ees		1
Answer these questio 5% owners or related			an exce	eption to	complet	tıng Se	ction	B fo	rveh	nicles	used	by er	mploy	ees wh	areı	not mo	re tha
<b>37</b> Do you maintain a employees?	written polic	cy statement that	at proh	ıbıts all <sub>I</sub>	personal •	use of	vehic •	eles,	ınclı •	udıng •	comr	muting •	g, by y •	our •	<u> </u>	es	No
<b>38</b> Do you maintain a employees? See t	•	•	•	•				•					your			$\perp$	
39 Do you treat all us						513, une		3, 01	1 /0	01 1110	, i e o v	ile i 3		• •		_	
<b>40</b> Do you provide mo	ore than five	vehicles to you				rmatio	n fror	n yo	ur en	nploy	• ees a	• bout t	he us	• e of the	,		
vehicles, and reta  41 Do you meet the r			lified a	utomobi	· · le demor	• nstratio	nuse	• e?(S	ee ii	nstruc	• ctions		• •				
Note: If your answ	•							-				-				-+	
	rtization	, , , , , , , , , , , , ,															
(a) Description of c		(b) Date amortization begins		(c A morti a mo	ızable		C	(d) Code ectio		p	(e) ortiza eriod rcent	ation or			<b>(f)</b> tizations yea		
<b>42</b> A mortization of co	osts that ben		2010 t	ax vear	(see inst	truction	ns )			1 50		9 -					
		, , _ , _ , _ , _ , _ , _ , _ , _	T	,	, = =	1	- /					1					
										$\top$							
<b>43</b> A mortization of co	sts that beg	an before your 2	2010 ta	ax year								43					842
44 Total. Add amoun	ts ın column	(f) See the inst	ruction	s for wh	ere to re	port						44					842

#### **Additional Data**

Software ID: Software Version:

**EIN:** 38-1323441

Name: MICHIGAN ASSOCIATION OF SCHOOL BOARDS

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

(Code	) (Expenses \$	437,857 in	cluding grants of \$	71,898 ) (Revenue \$	215,709)
EDUCATIONAL ACT		THE STATE AND	D NATIONAL LEVEL ALSO	ICATIONS WITH MEMBERS ( D INCLUDED ARE MEDIA RE N SERVED 609	
(Code	) (Expenses \$	308,069 ın	cluding grants of \$	) (Revenue \$	23,067 )
RELATED TO PROGR		ISLATIVE INITI	ATIVES ADDRESSED BY	E BOARD OF DIRECTORS AI VARIOUS MEMBERSHIP COI	
222220 // 11/2					
(Code	) (Expenses \$	45,952 ın	cluding grants of \$	) (Revenue \$	750,639 )
(Code AFFILIATE MEMBER	, , ,	·		) (Revenue \$ AND SERVICES THAT SUPP	