

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	Fo	r the	2010 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2010$	ng J	UN 30, 2011	
В	Che	ck if licable	C Name of organization		D Employer identific	cation number
Γ		Address hange	MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS	;		
Ċ	,	Name change	Doing Business As		38-1	613620
, ב	'י	nitial etum Fermin-	1	ı/surte	E Telephone number	)327-5910
L F		ated Amende		_	G Gross receipts \$	3,638,923.
ļ	$\neg$	etum Applica	City or town, state or country, and ZIP + 4 LANSING, MI 48917	-	H(a) Is this a group re	<del>-</del>
L		oending			for affiliates?	Yes X No
			SAME AS C ABOVE		H(b) Are all affiliates inc	
Ī	Ta	x-exe	mpt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
			e: ► WWW.GOMASA.ORG		H(c) Group exemption	
,,,,,			· · · · · · · · · · · · · · · · · · ·	_ Year o	of formation 1953 N	1 State of legal domicile MI
	ar		Summary	DOG	- OF WITC 1	
Ş	2		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{PUR}}$ $\overline{ ext{SHALL}}$ $\overline{ ext{BE}}$ $\overline{ ext{TO}}$ $\overline{ ext{PROMOTE}}$ : $\overline{ ext{CONTINUOUS}}$ $\overline{ ext{IMPROVEMEN}}$			
Š		_	Check this box  if the organization discontinued its operations or disposed o			
9 2012			lumber of voting members of the governing body (Part VI, line 1a)		3	7
Č	2		lumber of independent voting members of the governing body (Part VI, line 1b)		4	7
	3	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	41
20		6 T	otal number of volunteers (estimate if necessary)		6	0
	[		otal unrelated business revenue from Part VIII, column (C), line 12		7a	39,868.
⊜_	+	bΛ	let unrelated business taxable income from Form 990-T, line 34	-	7b	-5,983.
FEB		•	De delle de la constant (De de VIIII de la de V		Prior Year 83,176.	Current Year 64,021.
	3		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	2,639,603.	3,386,970.	
		9 F 10  :	nvestment income (Part VIII, column (A), lines 3,4 and 70)	$\vdash$	11,465.	14,884.
20		.0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		190,809.	173,048.
SCANNED -	- 1		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)		2,925,053.	3,638,923.
స్ట్ _	-		Grants and similar amounts paid (Part IX, column (A), lines (1/3)		0.	0.
U)		14 E	Benefits paid to or for members (Part IX, columna(A), line 4)		0.	0.
é	3 .	1 <b>5</b> S	Salaries, other compensation, employee benefits (Part X, column (A) lines 5:10) Professional fundraising fees (Part IX, column (A), line (Je)		2,131,542.	2,783,824.
20 20 20 20 20 20 20 20 20 20 20 20 20 2	2   -	16a F	Professional fundraising fees (Part IX, column (A), line (19)		0.	0.
	4	ЬΤ	otal fundraising expenses (Part IX, column (D), Îlae 25)	-	601 060	670 150
_			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ	691,062.	678,158.
	- 1		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	2,822,604. 102,449.	3,461,982. 176,941.
_		19 F	Revenue less expenses. Subtract line 18 from line 12	Ros	jinning of Current Year	End of Year
t Assets or	<u>ا اع</u>	20 T	otal assets (Part X, line 16)	DE	2,416,403.	2,497,312.
Ass	<u>ق</u> ارة		otal liabilities (Part X, Ime 26)		281,537.	193,486.
Set Set			let assets or fund balances Subtract line 21 from line 20		2,134,866.	2,303,826.
7111	ar	**********	Signature Block			
Ur	nder	penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowled <del>ge aa</del> d belief, it is
<u>tru</u>	ie, c	orrect	and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge	11 2 10
			Superhuse of afficer	_	Data	7MI 1011
	gn		Signature of officer  NATIONAL MANUSCO EXECUTIVE DIRECTION		Data	1 10000
Н	ere	1	WILLIAM H. MAYES, EXECUTIVE DIRECTOR  Type or print name and title			
_		$\dashv$	Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pa	id		TADD HARBURN, CPA		1-17-12 self-employe	
	epai	rer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN ▶	1 •
Us	e 01	<u> </u>	Firm's address 111 E. COURT ST., SUITE 1A			
_			FLINT, MI 48502-1647		Phone no (	810) 767-5350
M	ay t	he IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
03:	2001	02-22	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2010)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		$\vdash$
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		x
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	Х	
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		
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
<b>.</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<del>                                     </del>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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	X	<del>  -</del>
D	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	· · · ·	<del> </del> -	T
_	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14Ь	]	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		[	,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
U	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		}
	Sports on the interest of the private interest and the interest of the interes		990	(2010)
				,,

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620 Form 990 (2010) Page 4 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 column (A), line 2º If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 through 24d and complete X Schedule K. If "No", go to line 25 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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 Х Schedule L, Part III 27 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): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

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

	1990 (2010) MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613	620	P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u>Ш</u>
	•	r	Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ļ
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. 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 year?	3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Ì
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	• • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	i		
	any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Į	ļ.,
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>	ļ	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	<u> </u>
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	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ł		
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>  -</del>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	<del> </del>	-	X
142	Did the organization receive any payments for indoor tanning services during the tay year?	1442	1	1 A

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**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	_, Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management				_	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		!	
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Does the organization have members or stockholders?			6	X	
7a	,	ember	s of the		<u></u>	
	governing body?	_	•	7a	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year			
	by the following:				v	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?		A Al	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O	acned	at the	9		Х
500	tion B. Policies (This Section B requests information about policies not required by the Internal F	Powoni	o Codo \	9		
<u> </u>	tion b. I onotes (This deciron b requests information about policies not required by the internal r	16VEIIU	e code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers. affiliates.	1.00		
	and branches to ensure their operations are consistent with those of the organization?	· 0,,up.	oro, armatoo,	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before	filma th	ne form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise			
	to conflicts?			12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?		• •	13	X	
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
a	The organization's CEO, Executive Director, or top management official		•	15a		X
b	Other officers or key employees of the organization			15b		X
10_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	ment	with a	40-	Х	
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluata	ita partiaination	16a	Λ	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization					
	exempt status with respect to such arrangements?	ya: IIZal	ion's	16b	1	х
Sec	tion C. Disclosure		_	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.	•	•••			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest policy,	and fina	ncial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	cords of the organiz	ation:	·	
	JOHN ZOELLNER - 517-327-5910					
	1001 CENTENNIAL WAY, LANSING, MI 48917		<del></del>		000	
				Form	990 /	2010)

032006 12-21-10

# 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. 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.

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

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

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

(A)	(B)	(C)						(D)	(D) (E)		
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	heck	all	that	app	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
T.C. WALLACE											
PRESIDENT	1.00	X		Х				0.	0.	0.	
MARSHA WELLS									<u> </u>	-	
PRESIDENT ELECT	1.00	X		X				0.	0.	0.	
THOMAS M. LANGDON											
IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.	
PETER DION						-					
DIRECTOR	1.00	X				L		0.	0.	0.	
MARY VRATANINA											
DIRECTOR	1.00	X						0.	0.	0.	
JOHN SEARLES							ŀ				
DIRECTOR	1.00	X		<u> </u>	ļ.,			0.	0.	0.	
DAVE CAMPBELL									_	_	
DIRECTOR	1.00	X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.	
WILLIAM H. MAYES	40.00					ŀ		1	_		
EXECUTIVE DIRECTOR	40.00			X	<u> </u>		<u> </u>	162,200.	0.	35,816.	
BRAD BILADEAU	40.00					١.,		105 705		04 006	
ASSOCIATE EXECUTIVE DIRECTOR - GOV'T	40.00	_		-		X		105,795.	0.	24,936.	

Par	t VII Section A. Officers, Directors, T (A)	rustees, Key Er (B)	nplo	yee		<u>nd I</u> C)	High	est	Compensated Employ (D)	ees (continued) (E)			(F)	
	. Name and title	Average	Position (check all that apply)						Reportable	Reportable			tımate	
		hours per week (describe hours for related organizations in Schedule O)	ustbe or director	Institutional trustee	- Officer		nsated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	comp fro orga and	nount of other pensariom the anization of the anization o	tion e on ed
	· · · · · · · · · · · · · · · · · · ·													
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		_					<del> </del>				$\dashv$			
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-														
		_	_	<u> </u>	_	ļ	ļ	<u> </u>			_			
										i				
							1							
												. <u>.</u>		
	Sub-total						<b>&gt;</b>		267,995.		0.	6	0,7	
	Total from continuation sheets to Part	VII, Section A							267,995.		0.		0,7	0. 52
_ <u>a</u>	Total (add lines 1b and 1c)  Total number of individuals (including but	t not limited to th	nose	liste	ed a	bov	e) w	ho r	•	0.000 in reportable	التستا		<b>0</b>	<u> </u>
_	compensation from the organization								•					2
											1		Yes	No
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J fo			, ke	y en	nplo	yee,	or I	highest compensated er	nployee on		3		X
4	For any individual listed on line 1a, is the			amo	ensa	atioi	n and	d ot	her compensation from	the organization		-		
	and related organizations greater than \$										İ	4	Х	
5	Did any person listed on line 1a receive of							relat	ted organization or indiv	idual for services				17
Sec	rendered to the organization? If "Yes," co	omplete Schedul	e J	or s	<u>uch</u>	per	son					_5		Х
1	Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization.								r:					
	(A) Name and busine	ee addreee							(B) Description of s	centices	C	<b>(C</b> ompe		n
AAS	SA, 801 N. QUINCY ST.		70	0.					Description of a	SELVICES		Ompe	iisatio	
	LINGTON, VA 22203	,							NATIONAL DUE	s		11	2,9	<u>45.</u>
	AND TRAVERSE RESORT &													
P.(	D. BOX 404, ACME, MI	49610							ANNUAL CONFE	RENCE		10	6,5	25.
2	Total number of independent contractors	s (including but r	not li	mite	ed to	the	se li	ster	d above) who received n	nore than				
	\$100,000 in compensation from the orga	_	11				2							

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS Form 990 (2010) 38-1613620 Page 9 Statement of Revenue (D) (A) (C) (B) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 64,021 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 64,021 h Total. Add lines 1a-1f Business Code 900099 278,433.2,278,433 Program Service Revenue 2 a EXPENSE REIMBURSEMENT MEMBERSHIP DUES 900099 604,812. 604,812 c REGISTRATION-CONFERENC 611710 271,180. 271,180 116,907. 900099 116,907 SPONSORSHIP FEES 900099 MISCELLANEOUS INCOME 115,638. 115,638 f All other program service revenue 3,386,970 Total. Add lines 2a-2f 3 investment income (including dividends, interest, and 14,884 14,884. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 165,592. 33,118. 132,474. Royalties (i) Real (II) Personal 6 a Gross Rents Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADVERTISING 541800 6,750. 6,750. SUBSCRIPTIONS 511140 706. 706 d All other revenue 7,456. Total. Add lines 11a-11d

39,868. 147,358.

Total revenue. See instructions

638,923.3,387,676.

032009

# Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
5	Compensation of current officers, directors,				
	trustees, and key employees	220,525.	204,254.	16,271.	
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	2,209,076.	2,147,704.	61,372.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	87,568. 84,591.	81,107.	6,461.	
9	Other employee benefits		81,107. 78,349.	6,461. 6,242.	
10	Payroll taxes	182,064.	168,630.	13,434.	
11	Fees for services (non-employees):				
а	Management				
b	Legal .	21,449.	17,204.	4,245.	
С	Accounting	14,675.		14,675.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17		, , , , , , , , , , , , , , , , , , , ,		
f	Investment management fees				
g	Other	13,332.		13,332.	
12	Advertising and promotion				
13	Office expenses	72,937.		72,937.	
14	Information technology	27,721.		27,721.	
15	Royalties				
16	Occupancy	36,189.	-	36,189.	
17	Travel	14,698.		14,698.	
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	290,782.	290,782.		
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	28,085.	28,085.		
23	Insurance	8,999.		8,999.	
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	SPECIAL PROJECT EXPENSE	75,144.	75,144.		
ь	MISCELLANEOUS	64,622.		64,622.	
c	BOOKS AND MAGAZINES	5,006.		5,006.	
d e	TAX INFORMATION COUNCIL	4,519.		4,519.	
f	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24f	3,461,982.	3,091,259.	370,723.	0
25 26	Joint costs. Check here Infollowing SOP	0,101,502.		310,1230	
EŪ	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				

art X	Balance Sheet	(4)		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing		1	·
2	Savings and temporary cash investments	1,115,887.	2	1,297,077.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	151,077.	4	137,020.
5	Receivables from current and former officers, directors, trustees, key			
i	employees, and highest compensated employees. Complete Part II			
	of Schedule L	<del></del>	5	<del></del>
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)		6	
2 7 2 8	Notes and loans receivable, net		7	
<b>?</b> 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	27,236.	9	18,639
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 460,373.			
6	Less: accumulated depreciation 10b 371,257.	94,633.	10c	89,11 <u>6</u>
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	963,441.	12	955,460
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	64,129.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,416,403.	16	2,497,312
17	Accounts payable and accrued expenses	82,279.	17	66,305
18	Grants payable		18	
19	Deferred revenue	135,129.	19	127,181
20	Tax-exempt bond liabilities .		20	
ູ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
ā	highest compensated employees, and disqualified persons. Complete Part II			
·	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	64,129.	25	0
26	Total liabilities. Add lines 17 through 25	281,537.	26	193,486
	Organizations that follow SFAS 117, check here   X  and complete			
g	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,134,866.	27	2,303,826
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
ē	Organizations that do not follow SFAS 117, check here   and			
5	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
Ž 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,134,866.	33	2,303,826
34	Total liabilities and net assets/fund balances	2,416,403.	34	2,497,312

Г	990 (2010) MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS	38-16	12620	ο-	40
		30-10	13020	Pag	ge 1 <u>2</u>
ra	Reconciliation of Net Assets				X
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
•	Total revenue (revet accord Dark VIII. actores (A) June 10)	ایا	3,63	a a	23
1	Total revenue (must equal Part VIII, column (A), line 12)	2	3,46		
2	Total expenses (must equal Part IX, column (A), line 25)				$\frac{62.}{41.}$
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,13		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			81.
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_	2,30	3,8	<u> 26.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				,,,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nala Audit		:	
Jd	As a result of a rederal award, was the organization required to undergo an audit of audits as set forth in the Si Act and OMB Circular A-133?	ngie Audit			x
			3a		<u> </u>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

032012 12-21-10

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

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

			<u>MICHIGA</u>	N ASSOC. OF	SCHOO	<u>L ADM</u>	<u>INIS</u> T	<u>RATOR</u>	S _	<u>3</u> 8	<u> 1613</u>	<u>620</u>	
Pŧ	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The	organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii)</b> . (Attach Sc	hedule E.)								
3				tal service organization	•	ın section	170(b)(1)	(A)(iii).					
4		•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	s name	e.
		city, and stat		•						•			•
5		•		benefit of a college or u	niversity ov	wned or or	perated by	a govern	mental uni	t describe	d in		
_			(b)(1)(A)(iv). (Comple				,	<b>3</b>					
6				ent or governmental unr	t describer	d in sectio	n 170/h\/1	)/ <b>Δ</b> )/ω)					
7	一			erves a substantial part					or from the	ceneral n	ublic desc	nhed in	
•		_	(b)(1)(A)(vi). (Comple	· ·	or no supp	on nom a	governine	ma om c	/ 110111 till	generalp	abile dese	iloco iii	
8				section 170(b)(1)(A)(vi).	(Complete	Part II )							
9	X			erves: (1) more than 33			rom contri	hutions m	nembershi	n fees an	d arnee rea	einte f	rom
Ī				nctions - subject to certa									
			•	axable income (less sect	-	-	•			• •	_		
			509(a)(2). (Complete	·		,	0.11000000	.0401100	, ino orgo	anzanon a		0, 107	•
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11	一			perated exclusively for the						v out the r	nurnoses o	f one o	F
• •				ations described in secti							•		•
				organization and compl				.,. 000 001		-,,,,,,	011 1110 2011		
		a Type	·· , _~	nii '		e III - Func		egrated		d 🗌	Type III - C	Other	
e				at the organization is not	• •		•	•	r more dis				,
		-	=	han one or more publicly		•	-	-		•			-
f				ten determination from t						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. , ,	
			rganization, check th					.,,					
g			•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
_				lirectly controls, either al								Yes	No
				upported organization?	_		•		`,		11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)		
		(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) above	∍?					11g(iii)		
h	1	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) Is		(vii) An	nount of	
•		inization	(, =	organization (described on lines 1-9		sted in your	, ,		organization (ii) organiz			port	
				above or IRC section	governing	document?	(i) of you	r support?	l'´ °us	2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
												_	
							<del></del>						
	_												
Tnt:	al		1	1	1	t :	4	1	1				

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		;				
	ization's benefit and either paid to					İ	
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3						····-
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	15 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		<del></del>	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<del></del>		1	T	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	ļ	<u> </u>				
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	L	1	1	<u> </u>		
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•	's first, second, th	ird, fourth, or fifth 1	ax year as a section	on 501(c)(3)	_
50/	organization, check this box and storection C. Computation of Publ	here	rcentage				
	Public support percentage for 2010 (			column (f)		14	
	Public support percentage for 2010 (	, ,,	•	Column (i))		15	<u>%</u> %
	33 1/3% support test - 2010. If the o			on line 13 and line	1/ is 33 1/3% or r		
100	stop here. The organization qualifies	-			1413 00 170 70 011	nore, check this be	<b>▶</b> □
	33 1/3% support test - 2009. If the o	, , , , ,	_		lline 15 is 33 1/39	6 or more check th	nis pox
_	and stop here. The organization qual					o or more, encoura	<b>▶</b> □
17a	10% -facts-and-circumstances tes	• •			e 13. 16a. or 16b.	and line 14 is 10%	or more.
.,,	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						<b>▶</b> □
,	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-cire						. ▶□
18	Private foundation. If the organization		_	•	• • • • •		ns ►
						edule A (Form 990	
						•	•

# Schedule A (Form 990 or 990-EZ) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			,			
	membership fees received (Do not						
	include any "unusual grants.")	617,591.	623,422.	649,949.	682,830.	668,832.	3242624.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1105063.	1355774.	1494480.	2049809.	2788908.	8794034.
3	Gross receipts from activities that		-				
	are not an unrelated trade or bus- iness under section 513				!		
4	Tax revenues levied for the organ-		<del></del>			<del></del> -	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					_	
	furnished by a governmental unit to the organization without charge			!			
6	Total. Add lines 1 through 5	1722654.	1979196.	2144429.	2732639.	3457740.	12036658.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	7,000.	2,000.	18,000.	20,000.	61,221.	108,221.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b	7,000.	2,000.	18,000.	20,000.	61,221.	108,221.
	Public support (Subtract line 7c from line 6)	7,7000.	2,000.	10,000.	20,000.		11928437.
	ction B. Total Support						11920437.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(~) 2009	( <del>-1)</del> 2000	(-) 0010	(A Takal
	Amounts from line 6	1722654.	1979196.	(c) 2008 2144429.	(d) 2009 2732639.	(e) 2010	(f) Total 12036658.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234,798.		202,712.			966,379.
b	Unrelated business taxable income (less section 511 taxes) from businesses					11.,000.	20070720
	acquired after June 30, 1975	234,798.	230,900.	202 712	150,611.	147,358.	0.66 270
	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		-25,602.	-9,221.	-384.	-5,983.	
12	Other income. Do not include gain	33,307.	23,002.	7,221.	-304.	-3,303.	- 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>
	or loss from the sale of capital	8,963.	7,383.	7,100.	7,017.	706.	31,169.
12	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	1933106.	2191877.	2345020.	2889883.	3599821.	
						<del></del>	<u> </u>
	First five years. If the Form 990 is for	the organization s	i iirst, second, tnir	a, tourth, or titth ta	ix year as a sectio	n 501(c)(3) organiz	
500	check this box and stop here ction C. Computation of Publi	io Support Po					<u>▶</u> L
	101			1 (0)			02 04
15	, , , , ,		•	olumn (t))	•	15	92.04 %
16	Public support percentage from 2009					16	90.11 %
	tion D. Computation of Inves				<del>.</del>		7.46
17	Investment income percentage for 20			ie 13, column (f))	-	17	7.46 %
18	Investment income percentage from 2	•	•			18	9.22 %
19a	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box as						$\triangleright X$
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che		_	•		-	<b>P</b>
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u> </u>
03202	3 12-21-10				Sch	edule A (Form 99	0 or 990-EZ) 2010

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 0	action E01(a)(4) (E) or (6) argoniza	tionar Camplata Dart III	.,,	, , , ooz ( .o., .	2.7,
	ection 501(c)(4), (5), or (6) organiza of organization	tions: Complete Part III.		Empl	oyer identification number
144110	<u> </u>	N ASSOC. OF SCHO	יים אראודפיי	·	38–1613620
Dar		ganization is exempt un			
N CAL	CA-A: Complete in the org	ganization is exempt un	der section sonto	OI IS A SECTION SET O	i gariizatiori.
4 -			1	D. + N/	
	Provide a description of the organia	ration's direct and indirect politi	cai campaign activities	_	
	Political expenditures			▶\$	
3 V	olunteer hours				
Par	I-B Complete if the org	ganization is exempt und	der section 501(c	)(3).	
1 E	inter the amount of any excise tax			▶\$	
2 E	nter the amount of any excise tax	incurred by organization manag	gers under section 495	_	
3 II	the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a V	Vas a correction made?		·		Yes No
b li	"Yes," describe in Part IV.				
Par	I-C Complete if the org	panization is exempt und	der section 501(c	), except section 501(	c)(3).
1 E	nter the amount directly expended	· · · · · · · · · · · · · · · · · · ·			
	inter the amount of the filing organ		•		
	xempt function activities			<b>▶</b> \$	
3 T	otal exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	·	
	ne 17b			_, ▶ s	
4 [	old the filing organization file Form	1120-POL for this year?		•	Yes No.
	inter the names, addresses and er	•	IN) of all section 527 p	olitical organizations to whic	
	nade payments. For each organiza	•	•	•	0 0
	ontributions received that were pr				
	olitical action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(0)	(5) 2	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
				<u> </u>	
					-
			·-	<del>-</del>	
				<del></del>	<del> </del>

032041 02-02-11

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Schedule C (Form 990 or 990-EZ) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010 P	MICHIGAN A	SSOC. OF SO	CHOOL ADMINIS	STRATORS8-	1613620 Page
Part II-A Complete if the organ		mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under section	on 501(h)).				
A Check 🕨 🖳 if the filing organization	n belongs to an affi	liated group.			
B Check 🕨 🔛 if the filing organization	n checked box A ar	nd "limited control" pr	ovisions apply.	<u>.</u>	· · · ·
Limits o	on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditu	ires" means amou	ints paid or incurred	.)	totals	totals
1a Total lobbying expenditures to influen			. }		
b Total lobbying expenditures to influen	-	dy (direct lobbying)	-		<del></del>
c Total lobbying expenditures (add lines	s 1a and 1b)		-		
d Other exempt purpose expenditures		_	<u> </u>		-
e Total exempt purpose expenditures (a		•	·		
f Lobbying nontaxable amount. Enter t		e following table in bo	th columns.	······································	
If the amount on line 1e, column (a) or (b	) is The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	)		
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)		ļ.		_
h Subtract line 1g from line 1a. If zero o	r less, enter -0-		<u> </u>		
i Subtract line 1f from line 1c. If zero or	less, enter -0-		L		<u> </u>
j If there is an amount other than zero	on either line 1h or	line 11, did the organiz	cation file Form 4720		
reporting section 4911 tax for this year	ar?				Yes N
	ons that made a s		r Section 501(h) In do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))				· · · · · · · · · · · · · · · · · · ·	
& O					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS8-1613620 Page 3

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

(election under section 501(h)).

		(;	a)	(l:	<del>)</del>
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	1			.,
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		.,		
_	Volunteers?	- v	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	Х		
	Media advertisements?	<del></del>	X		
	Mailings to members, legislators, or the public?		X		<del></del>
	Publications, or published or broadcast statements?		X	_	
	Grants to other organizations for lobbying purposes?   Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16	5,000.
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		7
	Other activities? If "Yes," describe in Part IV		X		
i	Total. Add lines 1c through 1i			16	5,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		<del></del>
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P	art III-A, II	ne 3 is a	nswered	İ
	"Yes."		<del></del>	<u> </u>	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ticai			
_	expenses for which the section 527(f) tax was paid).		20		
a	Current year		2a 2b		·· <del>-</del>
D	Carryover from last year Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	YCASS	<u> </u>		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4	]	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	1	
	Supplemental Information				·
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Part II-B	, line 1ı. Als	o, complete	this part
	ny additional information.				
PAI	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
COI	NTACT WITH STATE LEGISLATORS (IN PERSON, BY TELEPH	ONE, E	-MAIL,	AND	
OTI	HER MEANS) AND PERSONS IN THE EXECUTIVE BRANCH FOR	THE P	URPOSE	OF	
PRO	OMOTING THE GOALS AND OBJECTIVES OF THE ASSOCIATION	N IN G	ENERAL	·;	
יהום	TAMEN ACMINITHIES NESTONEN MO INDITIONOD DIDITO NEST	CTON M	λμπος	<b>ጥ</b> ር	
KE	LATED ACTIVITIES DESIGNED TO INFLUENCE PUBLIC DECI	STON W	MVE KO	10	
DAG	SS, AMEND, OR DEFEAT LEGISLATIONS AND ADMINISTRATI	VE DEC	TSTONS	<b>.</b>	
EM	JO ANDIE ON DELETE EEGIDENITORO AND ADMINISTRATE		ule C (Form		0-EZ\ 2010
		Scried	are o (Loui	. 330 01 33	U-LL, 2010

Schedule C (Form 990 or 990-EZ) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS8-1613620 Page 4  Part IV Supplemental Information (continued)
AFFECTING THE ASSOCIATION'S MEMBERSHIP; DISSEMINATION OF RELATED
INFORMATION TO THE PUBLIC, MEDIA, AND ASSOCIATION MEMBERSHIP;
PREPARATION OF SUPPORTING INFORMATION AND ARGUMENTATION.

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

<del></del>	MICHIGAN ASSOC. OF				<del></del>	8-16136	
Pa	<del></del>		r Other Similar	Funds or F	Accounts.	Complete if t	the
	organization answered "Yes" to Form 990, Part IV, lin						
		(a) Do	nor advised funds		(b) Funds an	d other accou	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)		<del>.</del>				
3	Aggregate grants from (during year)			<u>_</u> _			
4	Aggregate value at end of year			<u></u>			
5	Did the organization inform all donors and donor advisors in	writing that the	e assets held in do	nor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive lega	al control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ing that grant fund	s can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor adviso	or, or for any other	purpose confe	rring		
,	impermissible private benefit?					Yes	No_
Pa	t II Conservation Easements. Complete if the or	ganization ans	wered "Yes" to For	m 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all t	hat apply).				
	Preservation of land for public use (e.g., recreation or	education)	Preservation	of an historica	lly important	land area	
	Protection of natural habitat		Preservation	of a certified h	istoric struct	ure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservat	ion contribution in	the form of a c	onservation e	easement on	the last
	day of the tax year.						
					Held	at the End of th	ne Tax Year
а	Total number of conservation easements		•		2a		
þ	Total acreage restricted by conservation easements				2b		
C	Number of conservation easements on a certified historic sti				2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a histor	nc structure			
	listed in the National Register				2d	<del></del>	
3	Number of conservation easements modified, transferred, re	leased, exting	uished, or terminat	ed by the orga	nızatıon durir	ng the tax	
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		ng, inspection, har	ndling of			
_	violations, and enforcement of the conservation easements				🛌	Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo	ve satisty the i	requirements of sec	ction 170(n)(4)(	B)(I)		□ No
0	and section 170(h)(4)(B)(ii)?	uan aanamanta	In the revenue and	l avaanaa atata	mont and b	Yes	
9	In Part XIV, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization						
	conservation easements	IIION S IIII ancia	i statements that u	escribes trie or	yanızanını 5	accounting is	Ji
Pai	t III Organizations Maintaining Collections	f Art. Histo	rical Treasure	s. or Other	Similar A	ssets	
	Complete if the organization answered "Yes" to Form	· ·		.c, c. cc.		000101	
	If the organization elected, as permitted under SFAS 116 (A			ue statement a	nd balance s	sheet works o	of art.
	historical treasures, or other similar assets held for public ex	•	•				
	the text of the footnote to its financial statements that descri	•	•			, <b>p</b> ,	,
b	If the organization elected, as permitted under SFAS 116 (A			statement and	balance shee	et works of an	t. historical
_	treasures, or other similar assets held for public exhibition, e						
	relating to these items:				, p		
	(i) Revenues included in Form 990, Part VIII, line 1				<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		•		▶ š —		
2	If the organization received or held works of art, historical tre	easures. or oth	er sımılar assets fo	r financial gain			
	the following amounts required to be reported under SFAS 1			_			
а	Revenues included in Form 990, Part VIII, line 1		<b>5</b>		<b>▶</b> \$		
b	Assets included in Form 990, Part X	-		•	<b>▶</b> \$		
	·					-	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 MICHIGA	N ASSOC. O	F SC	HOOL_	ADMINIST	rat(	ORS	38-16	13620	) Pa	ge <b>2</b>
	t III Organizations Maintaining C	ollections of A	rt, Hist	torical T	reasures, c	or Othe	er Simil	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi										3
	(check all that apply):										
а	Public exhibition	c		Loan or ex	change progra	ıms					
b	Scholarly research	e	. 🗀	Other							
С	Preservation for future generations				_						
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organization	on's exe	mpt purp	ose in Par	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, h	storical tre	asures, or othe	er sımılaı	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	collection?				Yes		No
Par	Escrow and Custodial Arran	gements. Compl	ete if the	organizati	on answered '	'Yes" to	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ons or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
	· · · · · · · · · · · · · · · · · · ·								Amount		
c	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 Fe	orm 990, Part X, line	21?						Yes		No
ь	If "Yes," explain the arrangement in Part XIV.	·					<u></u>				
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to F	orm 990, Part	IV, line 1	10.				
		(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance .	 	ļ						******	,	
b	Contributions										
c	Net investment earnings, gains, and losses						45-4	****			
d	Grants or scholarships						•••••				
е	Other expenditures for facilities					İ					
	and programs						<b></b>				
f	Administrative expenses										<del></del>
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held :	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held	and administe	red for t	he organı	zation	r		
	by:									Yes	No
	(i) unrelated organizations				-				3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?				-	3ь		
4	Describe in Part XIV the intended uses of the					-					
Par	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X	(, line 10.	<del></del>						
	Description of investment	(a) Cost or o		1	st or other		ccumulat	L L	(d) Boo	k valu	е
		basis (invest	ment)	bası	s (other)	de	preciation				
1a	Land			1							
b	Buildings			1							
c	Leasehold improvements			<del> </del>	FO 400		10 0			<del>~ ~</del>	
d	Equipment .				50,402.		17,6			$\frac{2,7}{6}$	
	Other				09,971.		<u>353,5</u>	_		$\frac{6,4}{2}$	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pan	t X, colui	mn (B), line	10(c).)				<u>8</u>	9 <u>,1</u>	<u> 10.</u>

Schedule D (Form 990) 2010

P. '

	Form 990) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRA			1613620 Pag	ge <b>4</b>
Part XI	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	ment		
1 Total re	evenue (Form 990, Part VIII, column (A), line 12)	1	_	3,638,92	
2 Total e	xpenses (Form 990, Part IX, column (A), line 25)	2		3,461,98	<u> 32.</u>
3 Excess	or (deficit) for the year. Subtract line 2 from line 1	3		176,94	11.
4 Net un	realized gains (losses) on investments	4			
5 Donate	d services and use of facilities	5			
6 Investr	nent expenses	6			
7 Prior p	eriod adjustments	7			
8 Other (	Describe in Part XIV.)	8			<u> 31.</u>
	djustments (net). Add lines 4 through 8	9		-7,98	
	or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		168,96	<u> 50 -</u>
	Reconciliation of Revenue per Audited Financial Statements With Rever	nue per P	leturr		
	evenue, gains, and other support per audited financial statements		1	3,672,92	<u> 23.</u>
	ts included on line 1 but not on Form 990, Part VIII, line 12:				
	realized gains on investments 2a	4 000			
		4,000.			
	enes of prior year grants	-			
•	Describe in Part XIV.)				
	es <b>2a</b> through <b>2d</b>		2e	34,00	<u> </u>
	ct line 2e from line 1		3	3,638,92	<u> </u>
	ts included on Form 990, Part VIII, line 12, but not on line 1:				
	nent expenses not included on Form 990, Part VIII, line 7b				
	Describe in Part XIV.)		-		_
	es 4a and 4b	•	4c	2 620 00	0.
	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,638,92	<u> </u>
	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per			<del></del>
	openses and losses per audited financial statements		1	3,495,98	<u>) Z •</u>
	ts included on line 1 but not on Form 990, Part IX, line 25:	4,000.	1		
		4,000.	<del> </del>		
A., .	ear adjustments 2b		1 1		
	Describe in Part XIV.)		1 1		
	es 2a through 2d		ا ۱	34,00	۱0
	es za tinough zu . et line 2e from line 1		2e 3	3,461,98	
	ts included on Form 990, Part IX, line 25, but not on line 1:		-3-	3,401,70	<u>,                                    </u>
			1 1		
-	Describe in Part XIV.)  es 4a and 4b		4-		0.
	openses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	3,461,98	
	Supplemental Information		1 3 1	3/101/30	,,,,
	s part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1	h and '	2h: Part V line 4: Pr	
	XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				u. t
	LINE 2: THE ASSOCIATION IS EXEMPT FROM TAXATIO				
<del></del>					
PROVISI	ONS OF SECTION 501(C)(3) OF THE INTERNAL REVENU	E CODE	. A	CCOUNTING	
PRINCIP	LES GENERALLY ACCEPTED IN THE UNITED STATES OF	AMERIC	A R	EQUIRE	
	TENE TO THE TOTAL THE TOTA				
MANAGEN	ENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGA	NIZATI	ON A	AND	
RECOGNI	ZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKE	אז אא זו	ואוריביו	מד ג שמ	
RECOGNI	TARE CAN NOTE THE ORGANIZATION HAD TAKE	II AII C	INCE	KIAIN	
POSITIO	N THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAI	NED UP	ON	EXAMINATIO	ON
				<del></del>	
BY THE	IRS OR OTHER APPLICABLE TAXING ATHORITIES. MANA	GEMENT	HA	S ANALYZED	)
THE TAX	POSITIONS TAKEN BY THE ASSOCIATION, AND HAS CO	MCT IIDE	יוח רחי	מאת אפ ספ	
THE IAM	TOUTIONS TAKEN BY THE ASSOCIATION, AND HAS CO			ule D (Form 990) 2	2010
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### SCHEDULE J (Form 990)

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

Employer identification number

38-1613620

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99	<del>1</del> 0,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	`		
	First-class or charter travel Housing allowance or residence for personal	ıl use		
	Travel for companions Payments for business use of personal residual payments.	dence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	<b>∍f)</b>		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct	tors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation cor	mmittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	_4a_	<u> </u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	_4b_		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	ļ	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III.		-	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u></u>	<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	n 990)	2010

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS 38-1613620

Schedule J (Form 990) 2010

Part # 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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	Q)	(E)	
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

Employer identification number 38–1613620

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH ON PUBLIC SCHOOL AND EDUCATIONAL ISSUES, PROTECTION AND

ADVANCEMENT OF THE PROFESSIONAL INTERESTS OF ADMINISTRATORS OF PUBLIC

EDUCATION, AND PROFESSIONAL SPIRIT AND GROWTH OF ITS MEMBERS.

ADMINISTRATORS HAS THE FOLLOWING CLASSES OF MEMBERSHIP: PRIMARY,

ASSOCIATE, AFFILIATE, BUSINESS AFFILIATE, AND HONORARY MEMBERSHIP. ONLY

ACTIVE MEMBERS WITH DUES AND SERVICE FEES PAID MAY VOTE OR HOLD ELECTIVE

OFFICE. ONLY PRIMARY MEMBERS HAVE THE RIGHT TO VOTE.

FORM 990, PART VI, SECTION A, LINE 7A: A MEETING OF THE ENTIRE MEMBERSHIP

IS HELD ANNUALLY. ONLY ACTIVE MEMBERS WITH DUES AND SERVICE FEES PAID MAY

VOTE OR HOLD ELECTIVE OFFICE.

FORM 990, PART VI, SECTION A, LINE 7B: A MAJORITY OF ACTIVE MEMBERS IN

THIS ASSOCIATION PRESENT AND VOTING AT ANY CONSTITUTIONAL MEETING SHALL

CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS IN ALL CASES.

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

FORM 990, PART VI, SECTION B, LINE

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

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

# Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS Name of the organization

**Employer identification number** 38-1613620

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

	(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	ions (Complete if the organization an	If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	e it had one or more re	lated tax-exempt

(a)	(q)	(0)	(વ)	(e)	<b>(£)</b>	[6]	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	6/
				501(c)(3))		Yes	No
MICHIGAN EDUCATION LEADERSHIP GROUP, INC -	PROVIDES CORPORATE						
38-3318753, 1001 CENTENNIAL WAY, LANSING, MI HEADQUARTERS	HEADQUARTERS TO MASA,						
48917	MASB, MASSP, & MSBO	MICHIGAN	501C(2)	N/A	N/A		×
MICHIGAN INSTITUTE FOR EDUCATIONAL	PROFESSIONAL DEVELOPMENT						
MANAGEMENT - 38-2368358, 1001 CENTENNIAL	CLASSES AND WORKSHOPS FOR						
WAY, LANSING, MI 48917	SCHOOL ADMINISTRATORS	MICHIGAN	501C(3)	6	N/A		×
			,				,

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

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Schedule R (Form 990) 2010

38-1613620

Schedule R (Form 990) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

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

(a)	(q)	(0)	(p)	(e)	()	(6)	( <b>y</b> )	()	(0)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing	General or Percentage managing ownership
		foreign country)		sections 512-514	luer (	assets	Yes No	K-1 (Form 1065)	Yes No	!
							-			
									_	
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable a	is a Corpo	oration or Trust (Co	mplete if the organ	ization answered "Ye	ss* to Form 990, Pa	rt IV, line 34	because it had or	ne or mor	e related
	poration or trust durin	g the tax	/ear.)							
(a)		•	9	<u> </u>	9	(e)	9	(8)	_	£
Name, address, and EIN	z		Primary activity		ICIIe Direct controlling		ည်			Percentage
of related organizatio	<b>.</b>			(state or foreign country)		(C corp, S corp, or trust)	, псоше	ne end-or-year assets		ownersnip
						-				
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				··· <b>·</b>						
	i.									
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	ated organizations listec	ın Parts II-IV?		1	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<b>-</b>		×
<b>b</b> Giff, grant, or capital contribution to other organization(s)				9		×
c Gift, grant, or capital contribution from other organization(s)				2		×
<b>d</b> Loans or loan guarantees to or for other organization(s)				19		×
e Loans or loan quarantees by other organization(s)				1e		×
f Sale of assets to other organization(s)				=		×
g Purchase of assets from other organization(s)				19		×
				÷		×
i Lease of facilities, equipment, or other assets to other organization(s)				<b>;=</b>		×
					1	
j Lease of facilities, equipment, or other assets from other organization(s)				÷		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ınızation(s)			¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=	1	×
m Sharing of facilities, equipment, mailing lists, or other assets				£	×	
n Sharing of paid employees				Ę		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9	:	×
p Reimbursement paid by other organization for expenses				4	×	
					1	:
<ul> <li>Qther transfer of cash or property to other organization(s)</li> </ul>				10	$\top$	× :
r Other transfer of cash or property from other organization(s)				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	s line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	( <b>c)</b> Amount involved	(d) Method of determining amount involved			
(1) MICHIGAN EDUCATION LEADERSHIP GROUP	M	36,189,	36,189. INVOICE AMOUNTS			
MICHIGAN INSTITUTE FOR EDUCATIONAL (2) MANAGEMENT	Ъ	232,096.SALARY	SALARY ALLOCATIONS			
(6)						
(4)						
(5)		2				
(9)	1					
032163 12-21-10	32		Schedule R (Form 990) 2010	R (Form	990) 2	010

# Schedule R (Form 990) 2010 MICHIGAN ASSOC. OF SCHOOL ADMINISTRATORS

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

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

		3	5	(0)	ę	(2)	4
		2 -	2			A .	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all parmers section 501(c)(3) organizations?	Share of end-of- year assets	Uispropor- tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes No			(Form 1065)	
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						Schedule R (Form 990) 2010	n 990) 2010

Schedule R	(Form 990) 2010	MICHIGAN	ASSOC.	$\mathbf{OF}$	SCHOOL	ADMINISTRATORS38-1613620 Page 5
Part VII	(Form 990) 2010 Supplemental Ir	formation				
	Complete this part to	provide additional info	mation for re-	snonse	es to question	s on Schedule R (see instructions).
	Complete the part to	provide additional line	THAT OF TO	эропос	os to questioni	o of the officer of t
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