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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

<u>A</u>	For the 20	011 calend	dar year, or tax y	ear begin/	ning		, 2011	, and ending	<u> </u>				
В	Check if app	licable	C Name of organiz	zation Mic	higan Ass	ociatio	n of Non-	Public So	chools	D Employe	r Identific	ation Number	
	Address	s change	Doing Business	As						38-2	1336	02	
	Name c	hange	Number and stre	et (or PO b	ox if mail is not d	lelivered to stre	eet addr)	Room/su	ute	E Telephon	e number	ī	
	Initial re	-	510 S. Car	oitol A	Ave				1	(517) 37	2-9315	
	Termina		City, town or con			<u> </u>	,,,,,,	,					
	Ħ		1				State MI	ZIP code + 4 48933		G Gross red	. 6	404,404	
	H	ed return	Lansing		-1 -#		111		H(a) Is this a				_
	Applica	tion pending	F Name and addre	. ,				h	H(b) Are all a			· · · ·	X No
			Brian Broderic	-				L 48933-126		ttach a list (ictions) Yes	∐ No
<u> </u>	Tax-exem	pt status	X 501(c)(3)	501(c) () 	nsert no)	4947(a)(1) or						
J	Website	e: MW	w.m-a-n-s.	org	-	_	,		H(c) Group e	xemption nur	nber 🏲		
K		rganization	X Corporation	Trust	Association	Other ►	L.	Year of Formation	on 1972	M St	ate of lega	al domicile _ MI	
$\mathbb{P}\hat{\epsilon}$		<u>Summar</u>											
	-1 -Brie	efly descri	be the organizat	ion's miss	ion or most si	ignificant a	ctivities. <u>S</u> e	e Attac	hed So	hedul	<u> </u>		
ø													
Activities & Governance									. – – – –				
Ē	<u> </u>												
ò			ox ► ∐ If the o					sed of more	than 25%	of its net	t assets	;	
প্ৰ			ting members of							L	3		14
S			dependent voting	-	-		-	lb)			4		14
ξ			of individuals er			ar 2011 (Pa	art V, line 2a)			-	5		5
ij	1		of volunteers (e			400 1					6		0
٩	1		ed business reve								7 a		0.
	b Net	unrelated	business taxabl	e income	from Form 99	30-1, line 3	4		1 _		7 b		
					•••				Pr	ior Year	 	Current Ye	
ø	1		and grants (Par	-	•					38,8			014.
Revenue	1	-	rice revenue (Pa							19,7			986.
ě			come (Part VIII,					•		12,3	08.	48,	313.
<u> </u>	l.		e (Part VIII, colu					10)		70.0	- 	401	212
			e – add lines 8 t					e 12)	 	70,8			313.
			imilar amounts p				7			1,8	10.		400.
			to or for member				1						
'n	1										34.	286,	<u>,716.</u>
še	16a Pro	fessional	fundraising fees										
Expenses	b Tota	al fundrais	sing expenses (F	0.					7.				
Щ	17 Oth	ar avnans	es (Part IX, colu		nes 11a-11d	11f-24ex	<u>짜</u>			35,3	43	131	,513.
	18 Tota	al expens	os Add linos 12	17 must	OCH 124 PROPERTIES	Jediato (1) 100 25)			112,7			629.
	10 00	ai expensi	es Add lines 13	root line 1	DEBE	A COMMITTER	1), iffic 25)						,316.
	r-	veriue iess	expenses Subt	ractime 1	олинтппе п			,	D	-41,9			
18 OF		.11	(D= + V lone 16)							of Current		End of Ye	
B a a	1		(Part X, line 16)	~ `					1	,133,7 3,0		1,117	, 958. , 543.
Not Assats Fund Balan			s (Part X, line 2	•					-	•			
			fund balances	Subtract II	ne 21 from lii	ne 20			1,	,130 <u>,7</u>	<u> 33. </u>	1,112	<u>,415.</u>
			e Block										
Unde	er penalties o	of perjury I d	clare that I have exa	mined this re	turn, including ac	companying so	hedules and state	ments, and to the	ne best of my	knowledge a	and belief	, it is true, correct	, and
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		▶ _A	\		\geq					3/28/1	2		
Sig	gn	Signate	re of officer		5 . –	6	1	- 0	Date				
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		<u> </u>	print name and title			 					······································		
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Pa	id	Frank	E. McQuai	d CPA	Juma	III	<u>~</u>	8/29/12		self-employe	d P	00116206	
	eparer	Firm's name			SOCIATES	S PC		TT					
Us	e Only	Firm's addr								Firm's EIN	38 -1	3539328	
	-		OKEMOS				MI 4886	4-1795		Phone no	(517)		00
Mar	v the IRS	discuss th	is return with the		shown above	e? (see inst			<u>.</u> <u>l</u> _		<u>, , ,</u>	X Yes	No
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Form **990** (2011)

471 4111 65	2011) Michigan Association of Non-Public Schools Statement of Program Service Accomplishments	<u> </u>			Pa
या । सार्थक्ष	Check if Schedule O contains a response to any question in this Part III				
Drinel.	check if Schedule O contains a response to any question in this Part III describe the organization's mission:				
	-				
2 <u>ee</u>	Attached Schedule				
Did th	e organization undertake any significant program services during the year which were not listed on the	prior			
	990 or 990-EZ?	ļ	Yes	X	ı
	s,' describe these new services on Schedule O	<u> </u>	,	لتتا	•
	e organization cease conducting, or make significant changes in how it conducts, any program service:	رى [Yes	X	ı
	s,' describe these changes on Schedule O		, .03	ليت	•
	the the organization's program service accomplishments for each of its three largest program services,	as measure	d by ev	nense	
Section	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour the total expenses, and revenue, if any, for each program service reported	nt of grants a	and allo	cations	s t
a (Code) (Expenses \$ 45,337. including grants of \$) (Rev	enue- \$			-(
Leq	islative & Government Agency Liaison Services to Members				
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	ferences for Member Teachers, Parents, and Administrative Incl	uding_		. — — -	
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C (Code Adm the	akers & Workshops)(Expenses \$98,022. including grants of \$0.)(Revenue \$ inistration of Accrediting Association Involving the Oversight Accreditation Process for Non-Public Schools program services (Describe in Schedule O) inses \$ 14,205. including grants of \$0.)(Revenue \$	enue \$			
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TEEA0102 07/05/11

BAA

			res	NO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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		Х_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	<u>-7 -</u>		-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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	7.57136.	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.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		х
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	11 b		х
- 0	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	11 c		х
c	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	11 d		х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	1	Х
	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	11 f		<u>x</u>
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	<u>14b</u>		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		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 (see instructions)	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X_
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	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		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)	-		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		 X
	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M .	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
t	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O .	38	Х	
ВАА		Form	990 ((2011)

Part V Statements Regarding Oth	er IRS Filings and Tay Compliance	30 2133		<u>_</u>	ago c
	•				
Check if Scriedule O contains a res	sponse to any question in this Part V	· · · · · · · · · · · · · · · · · · ·		Yes	
1 - Enter the number recented in Day 2 -41	Tarra 1000 Fatar O of mat analysable	1 4-1		res	No
1 a Enter the number reported in Box 3 of I		1a	0		
b Enter the number of Forms W-2G include	* *	1 b	0	Ì	
c Did the organization comply with backu (gambling) winnings to prize winners?	p withholding rules for reportable payments to vendors	s and reportable gaming	1	c X	
2a Enter the number of employees reporte ments, filed for the calendar year endir	d on Form W-3, Transmittal of Wage and Tax Stategy with or within the year covered by this return	2a	5		
b If at least one is reported on line 2a, di	d the organization file all required federal employment	tax returns?	2	ЬΧ	
Note. If the sum of lines 1a and 2a is g	reater than 250, you may be required to e-file. (see in:	structions)			
•	siness gross income of \$1,000 or more during the year	•	3	a	Х
•	s year? If 'No,' provide an explanation in Schedule O			b	
	id the organization have an interest in, or a signature	or other sutherity over a			
financial account in a foreign country (s	such as a bank account, securities account, or other fil	nancial account)?	4	а	Х
b If 'Yes,' enter the name of the foreign of	· · · · · · · · · · · · · · · · · · ·		-	}	ļ
• .	for Form TD F 90-22 1, Report of Foreign Bank and Fi	Garage 15 St. 15	-	-₩	
	bited tax shelter transaction at any time during the tax	-	5		X
	ation that it was or is a party to a prohibited tax shelte	er transaction?		b	X
c If 'Yes,' to line 5a or 5b, did the organiz	ration file Form 8886-T?		5	С	
6a Does the organization have annual grossolicit any contributions that were not to	ss receipts that are normally greater than \$100,000, and deductible?	nd did the organization	6	a	x
b If 'Yes,' did the organization include with not tax deductible?	h every solicitation an express statement that such co	ntributions or gifts were	6	ь	
7 Organizations that may receive deduc	tible contributions under section 170(c).				
a Did the organization receive a payment	in excess of \$75 made partly as a contribution and pa	artly for goods and			v
services provided to the payor?				a	Х
	donor of the value of the goods or services provided?		<u> </u>	b	<u> </u>
c Did the organization sell, exchange, or Form 8282?	otherwise dispose of tangible personal property for wh	nich it was required to file	,	c	x
d If 'Yes,' indicate the number of Forms 8	2292 filed during the year	7d		<u> </u>	Â
•	5 ,				· ·
	directly or indirectly, to pay premiums on a personal			e	X
	ay premiums, directly or indirectly, on a personal beni		⊢-′	f	Х
as required?	on of qualified intellectual property, did the organization		7	g	
h If the organization received a contributi Form 1098-C?	on of cars, boats, airplanes, or other vehicles, did the	organization file a	7	h	
8 Sponsoring organizations maintaining	donor advised funds and section 509(a)(3) supporting	ng organizations. Did the)		
supporting organization, or a donor adv holdings at any time during the year?	rised fund maintained by a sponsoring organization, ha	ave excess business	8		х
9 Sponsoring organizations maintaining	donor advised funds.				
a Did the organization make any taxable				а	Х
-	n to a donor, donor advisor, or related person?			b	X
<u> </u>	•			D	^
10 Section 501(c)(7) organizations. Enter:		اءوا	ŀ	i	
a Initiation fees and capital contributions		10 a			ł
• •	Part VIII, line 12, for public use of club facilities	10b		l)	1
11 Section 501(c)(12) organizations. Ente		1 1	:		1
a Gross income from members or shareh	olders	11 a			Į.
b Gross income from other sources (Do ragainst amounts due or received from	not net amounts due or paid to other sources them)	11 ь			
12 a Section 4947(a)(1) non-exempt charita	ble trusts. Is the organization filing Form 990 in lieu o		12	a	<u> </u>
b If 'Yes,' enter the amount of tax-exemp	t interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit l	nealth insurance issuers.				
a Is the organization licensed to issue qu	alified health plans in more than one state?		13	a	
•	I information the organization must report on Schedule	e O.			
	ization is required to maintain by the states in				
which the organization is licensed to is:	sue qualified health plans	13Ь			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payme	ents for indoor tanning services during the tax year?		14	a	X
b If 'Yes,' has it filed a Form 720 to report	t these payments? If 'No,' provide an explanation in S	Schedule O	14	ь	

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

Part VIII 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
- 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 r	elated	org		atio	n com	pen:	sated any current offic	er, director, or trustee	<u> </u>
(A) Name and title	(B) Average hours per week	á	and a	Pos ck mo son is direc	ition ore the s both ctor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi al trustee or director	mshlutova i kustee	Offi er	Key employee	Highest commensated employee	rasnei	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Barbara Stork Asst. Director	40.00	х		х	х			73,022.	0.	0.
(2) Brian Broderick								, , , , , ,	-	
Exec. Director	40.00			X	Х	Х		97,365.	0.	0.
_(3)										· · · · · ·
_(4)										
_(5)										· <u>-</u> · · · · ·
_(6)										
_(8)										
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Section A. Officers, Directors, Trust	<u>ees, r</u>	(ey	Lm			es,	and	Hignest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per	offic	unles er an	Pos neck ss pe d a d	rson i	than s both r/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
<u>(15)</u>										
<u>(16)</u>										
(17)					-					
(18)	-		-	_	<u> </u>		_			
(19)										
(20)	-									
(21)										
(22)										
(23)										
(24)			_	_				_	-	_
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A	A					'	>	170,387.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization 	to tho	se lis	sted	abo	ve) '	who	rece	170,387. eived more than \$	0 . 100,000 of reportab	le compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdua	1						•		Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$15	0,00	0? /	f 'Ye	es' c	omp	lete	Schedule J for .	,	4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conformation or the services rendered to the organization of the services rendered to the organization.	mpens omplete	atioi <i>Sci</i>	n fro hedu	m a ile J	ny u for	nrel such	ated <i>per</i>	organization or ir son	ndıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inde	nend	ent i	coni	tract	ore t	hat	received more tha	un \$100 000 of	
compensation from the organization Report compensation (A)	sation	for t	he c	aler	idar	year	enc	ding with or within	the organization's	tax year (C)
Name and business addres	s							Description	of services	Compensation
									-	
2 Total number of independent contractors (including the \$100,000 in compensation from the organization	out not	lımıt	ed to	o the	ose	liste	d ab	ove) who received	I more than	

Pai	rt VIII Statement of Revenue	1			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns 1a				
E R	b Membership dues 1b 212,014.				,
S, G	c Fundraising events 1c	_			
F	d Related organizations 1 d	4			
SES	e Government grants (contributions)				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
N O	g Noncash contributions included in Ins 1a-1f: \$				
용된	h Total. Add lines 1a-1f	212,014.			
PROGRAM SERVICE REVENUE	Business Code				
EVE	2a Accreditation Fees 541611	21,532.	21,532.	0.	0.
<u> </u>	b Conference Reg & Exhibit Fees 541611	75,293.	75,293.	0.	0.
Ş	c Energy Agreement, Net - 541611 -	- 35 <i>,-</i> 776:	35,776.	0.	0.
SE	d Continuing Educ Units 541611	8,385.	8,385.	0.	0.
₹AM	e				
50	f All other program service revenue				·
- &	g Total. Add lines 2a-2f	140,986.			
	3 Investment income (including dividends, interest and	20 001		•	20 001
	other similar amounts)	32,281.	0.	0.	32,281.
	4 Income from investment of tax-exempt bond proceeds	[
	5 Royalties				
	(i) Real (ii) Personal	-			
	6a Gross rents	-			:
	b Less rental expenses	-	ļ		
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory 19, 123.	-			
i		1			
	b Less: cost or other basis and sales expenses 3, 091.				
	c Gain or (loss) 16, 032.	1			
	d Net gain or (loss)	16,032.	0.	0.	16,032.
E	8a Gross income from fundraising events	10,000.1			
ENC	(not including \$				
OTHER REVENU	of contributions reported on line 1c)				
ERI	See Part IV, line 18	-			
O.	b Less direct expenses b				
	C Net income of (loss) from fundralsing events			 	
	9a Gross income from gaming activities See Part IV, line 19	_			
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	<u> </u>			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b	1			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11 a				
	b				
	С				
	d All other revenue .				
	e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions	401,313.	140,986.	0.	48,313.

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)

	Check if Schedule O contains a res	ponse to any question	in this Part IX	· · · · · · · · · · · · · · · · · · ·	
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,400.	1,400.		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			(
5	Compensation of current officers, directors, trustees, and key employees	170,387.	153,348.	17,039.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_7	Other_salaries_and wages	58,141.	52,327.	5,814.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b)	17.066	16.070		
_	employer contributions)	17,866.	16,079.	1,787.	0.
9	Other employee benefits	24,671.	22,204.	2,467.	0.
10	Payroll taxes	15,651.	14,086.	1,565.	0.
	Fees for services (non-employees)			_	_
	a Management	584.	526.	58.	0.
	Legal	13,426.	12,083.	1,343.	0.
	Accounting	9,562.	8,606.	956.	0.
	d Lobbying				
	Professional fundraising services See Part IV, line 17		<u></u>		
1	Investment management fees				
9	g Other				
12	Advertising and promotion				
13	Office expenses	4,497.	4,047.	450.	0.
14	Information technology	<u>-</u>			
15	Royalties				
16	Occupancy				
17	Travel	18,013.	16,212.	1,801.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	54,334.	48,901.	5,433.	0.
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23		1,643.	1,479.	164.	0.
24					
	a Dues and Subscriptions	7,179.	6,461.	718.	0.
	b Gifts/memorials	3,129.	2,816.	313.	0.
	c Marketing Faithbased Education	5,562.	5,006.	556.	0.
	d Bank Charges	5,434.	4,891.	543.	0.
	e All other expenses	8,150.	7,335.	815.	0.
	Total functional expenses. Add lines 1 through 24e	419,629.	377,807.	41,822.	0.
26	·	415,025.	377,307.	71,022.	<u> </u>
	SOP 98-2 (ASC 958-720)				
	001 30-2 (NOO 330-720)				Form 000 (2011)

ع سا	ưχ	Balance Sneet	I		
		<u> </u>	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,108,771.	1	1,092,958.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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)			
A	7	·	25 000	6	25 000
A S S E T S	7	Notes and loans receivable, net	25,000.	7	25,000.
Ţ	8 9	Inventories for sale or use		8	
5	_	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,133,771.	16	1,117,958.
	17	Accounts payable and accrued expenses	3,038.	17	5,543.
	18	Grants payable		18	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
L	20	Tax-exempt bond liabilities .		20	
AB-	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,038.	26	5,543.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
Ť		27 through 29 and lines 33 and 34.			
Š	27	Unrestricted net assets	1,129,404.	27	1,112,486.
いっきょう	28	Temporarily restricted net assets	1,329.	28	
	29	Permanently restricted net assets		29	,
Q R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete		i i	
UZCT		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	1,130,733.	33	1,112,415.
	34	Total liabilities and net assets/fund balances	1,133,771.	34	1,117,958.
BA	A				Form 990 (2011)

Form 990 (2011) Michigan Association of Non-Public Schools	38-2133602	<u> </u>	Page 12
Part XIII Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			П
•			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	401	<u>,313.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	419	,629.
3 Revenue less expenses Subtract line 2 from line 1	3	-18	<u>,316.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,130	<u>,733.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5		<u>-2.</u>
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	1,112	,415.
Part XIII Financial Statements and Reporting	-		
Check if Schedule O contains a response to any question in this Part XII			П
1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		Ye	s No
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	_ x
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for or 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, e in Schedule O.	-	2c X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	ar were issued on a		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?	forth in the Single	3a	x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit	3 b	
ΒΔΔ		Form 99	0 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

allers of nego noteegent

Mich																						.33602			
Part		Rea	son	for	Pub!	lic C	har	ity S	tatu	s (A	۱۱ or	gar	nızat	ions	mus	t co	omple	te this	part.) See	ır	nstructi	ions.		
The or	gan	ızatıc	กเร	not a	priva	le fou	undat	ion be	caus	e it i	ıs (Fo	or lin	nes 1	throu	gh 11,	che	eck only	y one b	ox)						
1		A chu	ırch,	conv	ention	of cl	hurch	nes or	asso	ciati	on of	chur	rches	desc	rıbed ı	n se	ection [*]	170(b)()(A)(i).						
2	\square	A sch	ool d	descri	bed ır	sec	tion	170(b)	X1)(A)(ii).	(Atta	ach S	Sched	lule E)										
3		A hos	pital	or a	сооре	rativ	e hos	spital :	servic	ce or	rganız	atio	n des	cribed	d in se	ctic	on 170(b)(1)(A)	(iii).						
4	\Box	A me	dıcal	rese	arch c	rgan	ızatıc	n ope	erated	in c	conjur	nctio	n with	a ho	spital	des	cribed	ın sect	ion 170	(b)(1)(Αχi	iii) Ente	r the hosp	otal's	
					state						•				•						•	•			
5		An or 170(Ł	gani:	zatıor A)(iv)	oper . (Co	ated mple	for the Pa	ne ben art II)	nefit o	of a c	colleg	e or	unive	rsity	owned	or	operat	ed by a	govern	menta	l ur	nit descr	ibed in se	ction	
6																		0(b)(1)(
7		in se	ction	170(b)(1)(/	4)(vi)	. (C	omple	te Pa	irt II)						a gove	ernmen	tal unit	or fror	n th	ne gener	ral public o	lescrib	ed
- 8															e Part										
9	1	rom Inves	actıv tmer	ities r it inco	elateo	1 to 11 nd ur	ts ex relat	empt 1	tuncti: Isines	ons s ta:	– sut xable	bject Inco	to ce ome (l	rtaın	excep	tion	is. and	(2) no i	more th	an 33.	·1/3	% of its	, and gros support fi organizat	rom ar	oss
10	∐≀	An or	ganı	zatıor	orga	nızed	l and	opera	ated e	exclu	usively	y to t	test fo	or pub	olic sa	fety	. See s	ection	509(a)(4).					
11	ı	more descr	publ ibes	icly s the ty	uppor	ted o	rgan	ızatıor ı <u>g</u> orga	ns des anızat	scrib	ed in	sect	tion 5 lete l	09(a) ines	(1) or 11e th	sec	tion 50 gh 11h	9(a)(2)	See s	, or ca ection	rry 50 :	out the 9(a)(3).	purposes Check the	of one box t	or nat
			Туре				b [oe II			,					_	integrat				d 🗌	Type III		er
е	(other	than	ng thi foun 9(a)(datıor	l ce mar	rtify t nager	that the s and	e org othe	anız r tha	ation an one	is no	ot cor more	ntrolle publi	ed dire cly su	ctly	or ındı rted orç	rectly b janizati	y one o ons des	r more scribed	dı İ in	squalifie section	d persons 509(a)(1)	or	
f	1	If the	orga this	nizat box	on re	ceive	d a v	vritten	dete	rmır	nation	fron	n the	IRS t	hat is	a Ty	уре I, Т	ype II o	or Type	III sup	poi	rting org	anızatıon,		
g	;	Since	Aug	just 1	7, 200	6, ha	as the	e <u>o</u> rga	ınızatı	ion a	ассер	ted a	any gi	ıft or	contri	buti	on fron	n any o	f the fo	llowing	ре	ersons?			
														-				-						Yes	No -
	((i)	A pe	erson w, the	who c	lirect erning	ly or g boo	indire ly of th	ctly c he su	ontr ppor	ols, e ted o	ither rgan	alon iizatio	e or t	ogethe	er w	ith pers	sons de	scribed	ın (ıı)	an	d (III)	11 g (i)		
	((ii)	A fa	mıly r	nemb	er of	a pe	rson c	descri	bed	ın (ı)	abo	ve?										11 g (ii)	1	
	((iii)	A 35	% со	ntrolle	ed en	itity c	of a pe	erson	des	cribed	d in ((ı) or ((II) ab	ove?								11 g (iii	<u> </u>	
<u>h</u>	!	Provi	de th	e foll	owing	ınfor	matı	on abo	out th	ne su	ipport	ed o	rganı	zatıor	า(s)										_
	,		ne of s rganiz	support ation	ed		()	i) EIN			(descri	ibed o	organiza on lines RC sect uctions	1-9 ion	colum	ın (i) r gov	the ition in listed in erning ent?	the orga colun	you notify nization in in (i) of upport?	n orga	aniza	s the ation in in (i) d in the	(vii) Amoi	int of su	pport
										<u> </u>					Ye	<u> </u>	_No	Yes	No	Ye	s	No			_
(A)																							_ _		
																T					T				•
(B)									·	+						4					_				
(C)		···-				_				_					ļ	_									
(D)				_																					
(E)	_																								
Total								-																	

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	tion A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 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							
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support				·			
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ities, etc (see inst	tructions)			12		
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
	tion C. Computation of Pu			<u> </u>		· · · · · · · · · · · · · · · · · · ·	T	
	Public support percentage for 20	•	•	e 11, column (f))		14	%	
	Public support percentage from 2					15	<u>%</u>	
16 a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18 BAA	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011							

(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)

Sect	Section A. Public Support							
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	161,038.	157,897.	151,585.	38,827.	212,014.	721,361.	
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	144,187.	323,087.	294,035.	0.	54,335.	815,644.	
_	Gross receipts from activities that are not an unrelated trade or business under section 513	144/1071	3237007.	234,033.	Vi	347333.	013,011.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_				
- -	The value of services or facilities furnished-by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	305,225.	480,984.	445,620.	38,827.	266,349.	1,537,005.	
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							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)						1,537,005.	
	tion B. Total Support		I					
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
_	Amounts from line 6 Gross income from interest,	305,225.	480,984.	445,620.	38,827.	266,349.	1,537,005.	
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	39,761.	54,467.	34,798.	9,944.	32,281.	171,251.	
	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	39,761.	54,467.	34,798.	9,944.	32,281.	171,251.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-				
13	Total support. (Add ins 9, 10c, 11, and 12)	344,986.	535,451.	480,418.	48,771.	298,630.	1,708,256.	
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	13, column (f))		15	89.98 %	
	Public support percentage from 2					16	89.43 %	
Sec	tion D. Computation of Inv							
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 10.02 %							
18	Investment income percentage from 2010 Schedule A, Part III, line 17							
19 a	a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

oldby of mago notbegan

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

<u>Michigan Associa</u>	tion of Non-Public Schools	38-2133602
Pt_VI,_Line_6	The organization has non-public schools in M	chigan as it's members
Pt_VI,_Line_7a	The members of the organization vote on the	officers
Pt_VI,_Line_7b	The members must approve decisions of the government	verning body
Pt_VI,_Line_8a	Minutes of the meetings by the board are main	ntained
Pt_VI,_Line_11a_	The finance and budget committee are response	ible_for_reviewing_the
<u></u>	- Form 990 before the executive director signs	it for filing.
Pt_VI,_Line_12c_	The board has approved a conflict of interest p	policy for the organization
Pt_VI,_Line_15	The board evaluates and approves changes to	the compensation of all
	employees of the organization	
Pt_VI,_Line_19	The organization provides detail of its structure	cture and purpose on its
	website and makes policy statements available	e_upon_request
- 		
		
	·	
	·	

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

Describe the exempt purpose achievements for each of the organization's other program
services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
each program service reported.

Code:	Description:	Fee revenue from services provided to and for member schools
Expenses _	14,205.	
Grants Of _	0.	
Revenue	0.	
		<u>-</u>

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

	Description	Amount
Rounding		-2.
Total		-2.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box |X| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Part Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print Michigan Association of Non-Public Schools 38-2133602 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) 510 S. Capitol Ave instructions City, town or post office, state, and ZIP code For a foreign address, see instructions MI 48933 Lansing 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Is For Return Return Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80

Form 990-EZ	01	Form 4720			09	
Form 990-PF		Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust)		Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
• The books are in the care of ▶ Brian Broderick, Executive Director						
Telephone No. ►_(517) 372-9315	FAX No	, ▶				
If the organization does not have an office or place of busi					▶ □	
• If this is for a Group Return, enter the organization's four of			this is	for the whole	e group,	
check this box						
the extension is for.		_				
1 I request an automatic 3-month (6 months for a corporat	1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time					
until Aug 15 , 20 12 _ , to file the exempt organized	until Aug 15, 20 12 _, to file the exempt organization return for the organization named above.					
The extension is for the organization's return for						
X calendar year 20 11 or						
 X calendar year 20 11 or tax year beginning, 20, and ending, 20 						
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$					0.	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.						

payment instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – DECEMBER 31, 2011 FEDERAL ID# 38-2133602

PART V-A, LIST OF OFFICERS AND DIRECTORS

REV. JOHN McCracken - President

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

-Ms: Bernadette-Sugrue - Vice-President -

305 Michigan Avenue Detroit, MI 48226 Archdiocese of Detroit

MR. DANIEL NETZ - SECRETARY

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

DR. BRUCE BRAUN - TREASURER

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

MRS. DEBORAH KRUEGER

P O Box 96 North Street, MI 48049 Member-At-Large, Catholic

MR. THOMAS J. DEJONGE

1508 Alexander St SE Grand Rapids, MI 49506 Member-At-Large, CSI

Ms. Mary Ann Deschaine

5800 Weiss St. Saginaw, MI 48603 Diocese of Saginaw

MR. DAVID FABER

360 Division Ave S Grand Rapids, MI 49503 Diocese of Grand Rapids

MR. CHARLES TAYLOR

611 W North St Gaylord MI 49735 Diocese of Gaylord

MR. MARK SALISBURY 1004 Harbor Hills Drive Marquette, MI 49855 Diocese of Marquette

FR. STEVEN MATTSON 228 N Walnut Lansing, MI 48933 Diocese of Lansing

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

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

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

MICHIGAN ASSOCIATION OF NON-PUBLIC SCHOOLS FORM 990 – DECEMBER 31, 2011 FEDERAL ID# 38-2133602

PART III (1) STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

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

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

CONFERENCE REGISTRATION AND EXHIBIT FEES

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

POLICY HANDBOOK

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

PART VIII - STATEMENT OF REVENUE:

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

 $\underline{\mathbf{ACCREDITING\ FEE\ REVENUE}}$ ~ The accreditation process is a school improvement process for member schools

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

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