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# 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form 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)

20**12** 

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

A F	or the	2012 calenda	r year, or tax year beginning 07/01		and ending	arraria.	06/30	, 20	123
_	Sheck if ap		C Name of organization			D Employer identification nu			
	Address c	hange	Michigan School Counselors Association			37-1468882			
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street addre	ess)	Room/suite	E Telep	E Telephone number		
$\overline{}$	initial retur		327 Carleton Avenue, SE.				616-745-4637		
一	Terminate	_	City or town, state or country, and ZIP + 4			F Grou	Froup Exemption		
=	Amended Applicatio	resum n pending	Grand Rapids, MI 49506				nber ▶		
								ne organization	o is not
	Vebsit	•		h Schedule B	1131101				
	ax-exen		Z, or 990-PF).	,					
K	Check ▶	s gross re	eceipts are nor	maily					
•	not mon		D. A Form 990-EZ or Form 990 return is not required though F		-		-	•	•
t	he orga	nization choc	ses to file a return, be sure to file a complete return.						
LA	dd lines	s 5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,	,000 or more,	or if total asset	s (Part II,			
li	ne 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ				<b>▶</b> \$		86900
Р	art l	Revenu	e, Expenses, and Changes in Net Assets or Fu	nd Balanc	es (see the	instruc	ctions fo	or Part I)	
		Check if	the organization used Schedule O to respond to an	y question	in this Part I				. 🗸
	1	Contributio	ns, gifts, grants, and similar amounts received				1		2317
	2	Program se	ervice revenue including government fees and contract	s			2		
	3	Membersh	p dues and assessments				3		15571
	4	Investment	income				4		
	5a	Gross amo	unt from sale of assets other than inventory	. 5a			u.		
	Ь	Less: cost	or other basis and sales expenses	. 5b			s`.		
	С	Gain or (los	s) from sale of assets other than inventory (Subtract lir	ne 5b from l	ine 5a)		5c		
	6	Gaming an	d fundraising events				٠,		
_	а	Gross inc	ome from gaming (attach Schedule G if greater	than	_		-1		
3		\$15,000) .		· 6a			3,3		
Revenue	b	Gross inco	me from fundraising events (not including \$	0	f contribution	ıs			
æ		31	aising events reported on line 1) (attach Schedule G i	_			و ما تام		
			h gross income and contributions exceeds \$15,000).	· 6b					
	C	Less: direc	t expenses from gaming and fundraising events	. 6c			<u>.</u>		
	d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c) 🖟					6d		
	7a		of inventory, less returns and allowances	. 7a		2944	σ,		
	b		of goods sold	. <b>7b</b>		3047	ــــــــــــــــــــــــــــــــــــــ		
	C		t-or-(loss) from sales of inventory (Subtract line 7b from	n line 7a) .			7c		(103)
	8	Other reve	nue (describe in Schedule O)				8		66068
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u></u>	. ▶	9		83853
	10		similar amounts paid (list in Schedule O)				10		2000
	11		id to or for members				11		
803	12		her compensation, and employee benefits				12		
en.	13		al fees and other payments to independent contractors				13		24852
Expenses	14		r, rent, utilities, and maintenance				14	<del></del>	10239
ш	15	Printing, publications, postage, and shipping				15		4233	
	16	Other expe	nses (describe in Schedule O)				16	<del></del>	42903
	17	Total expe	nses. Add lines 10 through 16	· · · ·	<u> </u>	. 🕨	17		84227
ফু	18		deficit) for the year (Subtract line 17 from line 9)				18		374
Assets	19	Net assets	or fund balances at beginning of year (from line 27,	column (A)	(must agree	with			
Ž	000		r figure reported on prior year's return)				19	···	54907
#	20	Other char	ges in net assets or fund balances (explain in Schedule	∍O)			20		

Net assets or fund balances at end of year. Combine lines 18 through 20

54533

21

Form	990-EZ`(2012)					Page 2
Pa	Tell Balance Sheets (see the instructions f	or Part II)				<del></del>
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			54907		54533
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			54907	27	54533
Par	t III Statement of Program Service Accom	•		•		Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III ⊔		quired for section
Wha	t is the organization's primary exempt purpose?	Promote School Cou	nselina	<del></del>		(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accomplis					7(a)(1) trusts; optional
	neasured by expenses. In a clear and concise m		e services provided	, the number of		others.)
	ons benefited, and other relevant information for ea	ch program title.				<del></del>
28	Support counseling profession through conferences	oublications, and lea	dership training			
					l	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	28	42092
29	Hired consultant to monitor legislation affecting scho	ool counseling				
	<u> </u>	includes foreign gra	ints, check here .	<u> ▶ 🗀</u>	<b>29</b> a	21600
30	Support eligible students with scholarships				1	
					1	
	(Grants \$ 2000) If this amount				30a	2000
31	Other program services (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·		
~~	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> 🏲 📙</u>	318	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key			•	struc	tions for Part IV)
	Check if the organization used Schedule	T	(c) Reportable	(d) Health benefits.	<del></del>	· · · · <u> </u>
	(a) Nama and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
			(ir not paid; alta -0-)	doubled comparisation	<u>"</u>  -	
	attached list. No members are compensated.	1	_			_
They	may be reimbursed for mileage to board meetings		0	ļ	- -	0
			ļ			
			<del></del>		+	•
		1				
			<u> </u>		+	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П		
	instructions for Part v) Check if the organization used Schedule O to respond to any question in this	ran	v Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<u>√</u>		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>→</b>		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	<b>✓</b>		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		,			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			أسيسا		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		, -	:		
39	Section 501(c)(7) organizations. Enter:		٠.	-		
a	Initiation fees and capital contributions included on line 9	``	_g.			
b	Gross receipts, included on line 9, for public use of club facilities	. برير	, , ,	34		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4915 ▶ : section 4955 ▶		ي ا			
L	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	3.	5.	3°,		
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		. *			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		я <sub>т</sub>			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	- S	ن م م به به	¥.5		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	1		
41	List the states with which a copy of this return is filed ▶					
42a	The organization's books are in care of ▶ Shawn Buttsma  Telephone no. ▶	316-74	5-463	7		
	Located at ► 327 Carleton Avenue, SE, Grand Rapids, MI ZIP + 4 ►	49506				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>-</b>		
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	el el	۹.	112 1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	~~~~~	7		
	If "Yes," enter the name of the foreign country: ▶					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>1</b>		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	,				
	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	7.	€-			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
	Form 990-EZ (see instructions)	45b				

Form 99	90-EZ(20	012)							P	age 4
				-					Yes	No
46		ne organization engage, directly or in								
	to car	ndidates for public office? If "Yes," co	omplete Schedule C	,PartI				46		1
Part	V١	Section 501(c)(3) organizations	only		•					
		All section 501(c)(3) organizations	s must answer que	stions 47-49b an	d 52, and	complete	the tab	oles f	or line	<b>8</b> S
		50 and 51	•			•				
		Check if the organization used Sch	edule O to respond	l to any question i	n this Part	: VI				П
				7_1		* * * * * * * * * * * * * * * * * * * *			Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ect durina th	ne tax			
		If "Yes," complete Schedule C, Part						47	1	
48	-	organization a school as described in		i)? If "Yes " comple	te Schedul	٩F		48	_	1
49a		ne organization make any transfers to		•				49a		<b>-</b>
b		es," was the related organization a sec						49b		7
50 50		plete this table for the organization's								d kov
30		oyees) who each received more than								
	empi	Oyees) who each received more than	wrou,ood or comper	I		ealth benefits,	Jile, 611	rei ia	Orio.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		tions to employ	e (e) E	stimate	d amou	unt of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		lans, and deferr	ed ott	er com	pensat	:ion
			•	· ·		mpensation				
None					ŀ					
	_					<del></del>				
f	Total	number of other employees paid over	r \$100,000	` . <b>&gt;</b>	•					
51		plete this table for the organization's			ent contrac	— ctors who ea	ch rec	eived	more	than
•		,000 of compensation from the organ								
				517						
(a)	Name a	nd address of each independent contractor pai	a more man \$100,000	(b) Type of :	service	ļ	(c) Comp	Densau	on	
None										
				1		İ				
-										
				†						
				<u> </u>		<del></del>				-
				1						
			······································	<del> </del>						
				1						
				<del>                                     </del>						
				{						
	<del>-</del>		akasa a ada se sebil						,	
d		number of other independent contra	•	•	· <b>-</b>	<del> </del>				
52		he organization complete Schedule A						1	<u></u>	
		xempt charitable trusts must attach a						Yes		
		of perjury, I declare that I have examined this re id complete. Declaration of preparér (other than					knowled	lge and	belief,	it ıs
	riect, an	id complete, becausion of plapase (other trial)	Officer/ is based off all till	intation of which prepar	er nasany ru	kowieuge.			-	
<b>^:</b>		S Buldson				<u> //// -</u>	- 2 -		<u> </u>	
Sign		Signature of officer				Date				
Here		Shawn Bultsma								
		Type or print name and title	1=							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	□   f	PΠN		
Prep			1				self-employed			
Use	_	Firm's name ▶				Firm's ⊟N ▶				
	y	Firm's address ▶ Phone no								
May t	he IRS	discuss this return with the preparer	shown above? See	instructions				Yes		No -

#### 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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2012

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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.

	organization answered "Yes ection 501(c)(4), (5), or (6) orga	, <sup>b</sup> to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	EZ, Part V, line 35c (Proxy T	ax), then
	of organization	inizations: Complete Part III.	····	Employer iden	tification number
	ian School Counselors Asso				37-1468882
Part	LA Complete if the	e organization is exempt unc	ler section 5016	c) or is a section 527 o	organization.
1		he organization's direct and indire			
2	•		•	· •	
3	Volunteer hours				
Part	I-B Complete if the	organization is exempt unc	ler section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶ \$	
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	Yes No
4a	******				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organi			
•		filing organization's funds contri			
2	527 exempt function acti	vities		<b>▶</b> \$	
3	•	expenditures. Add lines 1 and 2		· ·	
				-	
4	• •	n file <b>Form 1120-POL</b> for this yea			Yes No
5		ses and employer identification nu			
		ents. For each organization listed,			
		ontributions received that were pro- fund or a political action commit			
	as a separate segregated	Tund of a political action commit	T AOJ. II additio	T	The information in Fait 14.
	(a) Narne	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)			-		
(3)					
(4)			-		
(5)			-		
(6)					

_	•
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						. ugo
	t II-A. Complete if the organizatio section 501 (h)).	•				
A	Check ► ☐ if the filing organization be name, address, EIN, expe					up member's
R (	Check ▶ ☐ if the filing organization ch					
	Limits on Lobi			aron providence	(a) Filing	(b) Affiliated
	(The term "expenditures" m			.)	organization's totals	group totals
16	Total lobbying expenditures to influence	public opinion	(grass roots lobby	/ing)		<del> </del>
1	Total lobbying expenditures to influence	-				<del>-</del>
(	Total lobbying expenditures (add lines 1			<del>-</del>		
•	Other exempt purpose expenditures					
•	Total exempt purpose expenditures (add	d lines 1c and 1	d)			· · · · · · · · · · · · · · · · · · ·
1	Lobbying nontaxable amount. Enter	the amount fr	rom the following	g table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		٥,
	Not over \$500,000	20% of the an	nount on line 1e.		-	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		, 's ",
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		`\tag{2}
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	1	<u> </u>
	Over \$17,000,000	\$1,000,000.				
•	Grassroots nontaxable amount (enter 25					
ı	<ul> <li>Subtract line 1g from line 1a. If zero or le</li> </ul>					
i	Subtract line 1f from line 1c. If zero or le					-1
j	If there is an amount other than zero			-		☐Yes ☐ No
	reporting section 4911 tax for this year'	• • • •	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	4-Ye (Some organizations that ma		Period Under Sec i01(h) election do		plete all of the five	
			ctions for lines 2			
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
2						
- 1	Lobbying ceiling amount (150% of line 2a, column (e))				*	
	Total lobbying expenditures					
	Grassroots nontaxable amount	d				
	Grassroots ceiling amount (150% of line 2d, column (e))			23	- "	
1	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For a	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)		(p)	
	iption of the lobbying activity.	Yes	No	Aı	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or		1.			
	referendum, through the use of:					
a	Volunteers?	<u> </u>	$\lor$	*		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	1			
C	Media advertisements?	ļ	<			
d	Mailings to members, legislators, or the public?	<u> </u>	1			
e 4	Publications, or published or broadcast statements?	-				
f	Direct contact with legislators, their staffs, government officials, or a legislative body?	-	1			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		171			
ï	Other activities?	1	╅			210
i	Total. Add lines 1c through 1i	<u> </u>				2100
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1		·	-, -
b	If "Yes," enter the amount of any tax incurred under section 4912			~		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<b>*</b>			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			. 4	•	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), d	or se	ction		
					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 carry over lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."		) Part		line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s or	3			
_	Current year		2a			
a b	Carryover from last year	•	2b			
c	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				-	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		î			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part I	I-A (af	filiated	grou	p
list); F	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					
Consu	diant was hired to monitor legislation affecting school counseling. Approximately 10% of their time was	enent.	lebbyiı	1a		
	***************************************					

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the o	rganization	<del></del>		Employer identification number
Michigan Se	chool Counselors Association	37-1468882		
Part I #8	Conference Registration	66,068		
Part I #10	Clay Scholarship	4.000		
Parti #10	Ciay Scholarship	2,000		
Part I #16	Governing Board Meeting Ex	penses 4,529		
	i	<del> </del>	<del></del>	
	Conference Expenses	34,976		
	Leadership Development	2,883		
	Award Plaques	515		
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# **MSCA Governing Board 2012-2013**

#### **President**

Jan Schoenherr Retired

# Past President/Headquarters

Shawn Bultsma GVSU

# **Elementary VP**

Kurt David Farmington Public Schools

## Elementary Rep

Teresa Severy DeWitt Public Schools

#### Middle School VP

Leslie Condon Novi Middle School

# Middle School Rep

Lori Falk-Skover Walled Lake Schools

## **High School VP**

Dawn Yager Maple Valley High School

## **High School Rep**

Kelly Messing-Mirabito Rochester High School

# Counselor Educator/Supervisor VP

Janet Glaes Spring Arbor University

# Counselor Educator/Supervisor Rep

Jennifer Foster WMU

# **Career and Technical Education**

Robert Moore Calhoun Area Career Center

# **Secretary**

Julie Onstott Zeeland

#### **Treasurer**

Claudia Sowa Wojciakowski GVSU

# Scholarship/Prof. Recognition

Lynda Bykerk-Rupke East Grand Rapids High School

#### **MCGCP**

Jane McKie Saline

#### **Ethics**

Leslie Anderson Fremont Middle School

# Bylaws/Parlimentarian/Human Rights

Jay Miller DeWitt High School

#### Newsletter

Jennifer Burdgick Walled Lake Schools

## Hospitality

Sue Clay GVSU

#### **Inter-Professional Relations**

Ashley VandeKopple Michigan Dept. of Community Health

## Membership

Pamela Charleston-Lyons Avondale High School

## Mentoring

To Be Determined

# **Nominations and Elections**

Jim Hedstrom Townline Elementary Geraldine Brady-Holmes Dexter High School Dexter

Public Relations/Advocacy Mary L. Anderson WMU

**Public Policy and Legislation** Claudia Sowa Wojciakowski GVSU

**Technology**Noah Emerson
Traverse City