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DLN: 93493306013385

# Form 990

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginning 07-01-2014 ,	and ending 06-30	0-2015			
		applicable	C Name of organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS			D Emplo	yer iden	tification number
_		change				38-13	23441	
Na	me ch	ange	Doing business as					
Ini	tıal ret	urn				E Telepho	ne numb	per
Fir	ial um/te	rmınated	Number and street (or P O box if mail is not delivered to 1001 CENTENNIAL WAY NO 400	street address) Ro	oom/suite	(517)	327-5	900
		d return	City or town, state or province, country, and ZIP or foreign	an nostal sada		(317)	327-3	900
		on pending	LANSING, MI 489179279	Jii postai code		<b>G</b> Gross re	eceıpts \$	4,258,306
i Vb	plicatic	on pending	- N					
			F Name and address of principal officer DONALD P WOTRUBA		H(a)	Is this a group subordinates?	return	for
			1001 CENTENNIAL WAY NO 400			Suborumutes		1 1631 110
			LANSING,MI 489179279		H(b)	Are all subordi	nates	┌ Yes ┌ No
T Ta	ıx-exe	mpt status	✓ 501(c)(3)			included? If "No." attach	a list (	(see instructions)
1 14	obcit	· · · · · · · · · · · · · · · · · · ·	/W MASB ORG					
					H(c)	Group exempt	ion num	nber <b>F</b>
			Corporation Trust Association Other		<b>L</b> Ye	ar of formation 19	49 <b>M</b>	State of legal domicile MI
Pa	rt I	Sum	mary					
	1		escribe the organization's mission or most signific .SHIP/ADVOCACY SERVICES FOR BOARDS OF		CTUDENTO 9	DUBLIC EDUC	· A T I O A	I IN MICHICAN
e e		LLADLE	SHIP/ADVOCACT SERVICES FOR BOARDS OF	LDOCATION,	310DLN13 6	POBLIC LDOC	ATION	IN MICHIGAN
Š								
Ě								
Governance	2	Check t	nis box দ if the organization discontinued its op	erations or dispo	osed of more	than 25% of its	net as:	sets
ග න්	3	Number	of voting members of the governing body (Part VI	, line 1a)			3	18
Activities &	1		of independent voting members of the governing b				4	18
Ě	5	Total nu	mber of individuals employed in calendar year 20	14 (Part V, line	2a)		5	38
្ន	6	Total nu	mber of volunteers (estimate if necessary)				6	60
•	7a	Total un	related business revenue from Part VIII, column	(C), line 12 .			7a	66,324
	b	Net unre	lated business taxable income from Form 990-T,	line 34	<u> </u>		7b	19,292
						Prior Year		Current Year
a)	8		butions and grants (Part VIII, line 1h)			15,0		15,000
Revenue	9		im service revenue (Part VIII, line 2g)			3,637,5		3,756,366
产	10						321	36,528
	11		revenue (Part VIII, Column (A), mes 5, 6d, 6c, 9 revenue—add lines 8 through 11 (must equal Part	·	411,5	, , ,	444,964	
	12					4,098,4	137	4,252,858
	13	Grant	s and similar amounts paid (Part IX, column (A), I	ines 1-3 ) .		88,2	260	66,377
	14		ts paid to or for members (Part IX, column (A), lir				0	0
ø	15	Saları 5–10	es, other compensation, employee benefits (Part I	2,169,2	255	2,459,065		
Expenses	16a		, sional fundraising fees (Part IX, column (A), line	11e)			0	0
Φ ⊕	ь		ndraising expenses (Part IX, column (D), line 25) •0	•				
Ð	-			15 24 )		1 700		1 740 472
	17 18		expenses (Part IX, column (A), lines 11a-11d, 1 expenses Add lines 13-17 (must equal Part IX,			1,708,3 3,965,8		1,740,472 4,265,914
	19		ue less expenses Subtract line 18 from line 12			132,5		-13,056
<u></u>	<del></del> -		and the state of t			jinning of Curre	-+	<u> </u>
Net Assets or Fund Balances						Year		End of Year
4.55 B.a.	20		assets (Part X, line 16)			6,140,5		6,323,395
<u> </u>	21		liabilities (Part X, line 26)			951,4		1,118,202
	22		sets or fund balances Subtract line 21 from line	20		5,189,0	90	5,205,193
	rt II		ature Block perjury, I declare that I have examined this returi	n includes =	mnon	hoduloo ==	to~'	c and to the heart of
my k	nowle	edge and	perjury, I declare that I have examined this return belief, it is true, correct, and complete Declaration nowledge					
		****	**			2015-10-29		
Sign	1	I	ature of officer			Date		
Her		DON	ALD P WOTRUBA EXECUTIVE DIRECTOR					
			or print name and title					
			Print/Type preparer's name Preparer's signatu EDWARD L WILLIAMS III CPA EDWARD L WILLIA		Date	Check If	PTIN P00010	
Pai		Ī	Firm's name MANER COSTERISAN PC		I	self-employed Firm's EIN ► 38		
Pre	-	er	Firm's address ► 2425 E GRAND RIVER SUITE 1			Phone no /F17	) 333 Jr	00
Use	Or	าไy  ˈ				Phone no (517	, 323-75	00
			LANSING, MI 489123291					

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Form	orm 990 (2014)	Page <b>2</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	٠
1	Briefly describe the organization's mission	
STU HELI IMPI SCR RELA	O PROVIDE QUALITY EDUCATIONAL LEADERSHIP SERVICES FOR MICHIGAN BOARDS OF EDUCATION TUDENT ACHIEVEMENT AND PUBLIC EDUCATION TO SUPPORT EDUCATIONAL PROGRAMS AND RESO ELP SCHOOL BOARD MEMBERS MEET THEIR STATUTORY OBLIGATIONS, IMPROVE EDUCATIONAL PROMPLEMENT EMPLOYEE CONTRACT EVALUATION AND NEGOTIATION SERVICES, ASSIST LOCAL BOARD CREENING AND EMPLOYING COMPETENT SCHOOL ADMINISTRATORS, ASSIST LOCAL BOARDS WITH TELATIONS, POLICY, AND LEGAL MATTERS, AND OTHER SERVICES DEEMED NECESSARY AND USEFUL THEIR OBLIGATIONS	URCES DESIGNED TO OGRAMS, DEVELOP AND OS IN LOCATING, THEIR GOVERNMENT
_		
2	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	•
4a	la (Code ) (Expenses \$ 1,192,690 including grants of \$ ) (Revenue \$	1,446,783 )
	LEADERSHIP SERVICES INCLUDES ACTIVITIES THAT ENHANCE LEADERSHIP SKILLS, PROVIDE TRAINING, AND SUPPORT THE ROLE MICHIGAN THIS INCLUDES SERVICES SUCH AS SUPERINTENDENT SEARCH, WORKSHOPS, CONFERENCES AND SEMINARS THAT P NECESSARY TO FULFILL THE OBLIGATIONS OF THE ROLE OF ELECTED SCHOOL BOARD MEMBERS, KNOWLEDGE AND NETWORKING SKILLS AND EFFECTIVENESS BOARDS OF EDUCATION SERVED 600	ROVIDE ACCESS TO INFORMATION
4b	Hb (Code ) (Expenses \$ 627,343 including grants of \$ ) (Revenue \$	771,005 )
-	LEGAL AND POLICY SERVICES INCLUDES LEGAL STAFF RESEARCH RELATED TO ISSUES FACING SCHOOL BOARD MEMBERS AND PULEGAL BRIEFS, INFORMATION, PUBLICATIONS AND POLICY AND BYLAW SERVICES FOR MEMBER BOARDS IN THEIR ROLE OF POLIC DISTRICTS ALSO INCLUDES SERVICES TO RESEARCH, DEVELOP AND IMPLEMENT EMPLOYEE CONTRACT EVALUATION AND NEGOTION SERVED 600	JBLIC EDUCATION, RESULTING IN Y MAKERS FOR SCHOOL
	c (Code ) (Expenses \$ 620,469 including grants of \$ 66,377 ) (Revenue \$	91,716 )
40	COMMUNICATIONS AND PUBLIC RELATIONS ACTIVITIES THAT SUPPORT COMMUNICATIONS WITH MEMBERS ON EDUCATIONAL AC STATE AND NATIONAL LEVEL ALSO INCLUDED ARE MEDIA RELATIONS ACTIVITIES AND BOARD MEMBER RECOGNITION PROGRAMS 600	CTIVITIES AND TRENDS AT THE
	See Additional Data	
	dd Other program services (Describe in Schedule O )	
-ru	(Expenses \$ 1,059,652 including grants of \$ ) (Revenue \$	1,446,862)
	le Total program service expenses > 3,500,154	

art 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u>.J</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 51  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		No
	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 to file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 	 	NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Section A. Governing Body and Management

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

Check if Schedule O contains a res	ponse or note to any	line in this Part VI						.▽

			Yes	No
1a	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 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply on website. Another's website. Upon request. Other (explain in Schedule O)
  - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  ▶DONALD P WOTRUBA

1001 CENTENNIAL WAY SUITE 400

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

(A) Name and Title		more pers	than on is	one bot ecto	not box h an or/tr	c , o s employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRAD BALTENSPERGER  DIRECTOR	3 00	х						0	0	0
(2) ANNIE CARTER DIRECTOR	3 00	Х						0	0	0
(3) TIM DETWILER DIRECTOR	3 00	х						2,612	0	0
(4) JILL FENNESSY DIRECTOR	3 00	Х						0	0	0
(5) LILLIAN FIELDS DIRECTOR	3 00	Х						0	0	0
(6) JANICE HOLZ DIRECTOR	3 00	Х						0	0	0
(7) STEPHEN J HYER DIRECTOR	3 00	Х						0	0	0
(8) MARY P JASON DIRECTOR	3 00	Х						0	0	0
(9) MARY MCKULSKY  DIRECTOR	3 00	Х						0	0	0
(10) GREGORY A PEOPLES DIRECTOR	3 00	Х						0	0	0
(11) RENNY R RANSBOTTOM DEC'D MAY 2015 DIRECTOR	3 00	x						0	0	0
(12) MICHAEL J ROCHHOLZ DIRECTOR	3 00	Х						0	0	0
(13) PAULA SAARI DIRECTOR	3 00	Х						0	0	0
(14) MATTHEW R SHOWALTER DIRECTOR	3 00	Х						0	0	0
										Form <b>990</b> (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(15) PETER SPADAFORE DIRECTOR	3 00	х						0	C	,	0
(16) DONALD R HUBLER PRESIDENT	10 00	х		х				0	C		0
(17) CINDY A GANSEN	10 00	х		х				1,996	(		0
PRESIDENT-ELECT (18) BRENDA J CARTER VICE PRESIDENT	10 00	х		х				0	C		0
(19) RUTH A COPPENS PAST PRESIDENT	10 00	х		х				0	C		0
(20) KATHLEEN HAYES EXECUTIVE DIRECTOR	45 00			х				170,000	C		44,400
(21) NANETTE PEARSON CFO	45 00			х				106,588	C	)	20,550
(22) BRAD BANASIK LEGAL COUNSEL	45 00					х		107,676	(	)	22,291
(23) DONALD P WOTRUBA DEPUTY DIRECTOR	45 00					х		120,438	(		34,877
BEI OTT BIRECTOR					<u> </u>		1			L	
1b Sub-Total				•		<b>*</b>					
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-		•	•		-		509,310	0		122,118
2 Total number of individuals (including bit \$100,000 of reportable compensation f	ut not limited to		liste		bove	e) who	rece		<u> </u>		122,110
										Yes	No
3 Did the organization list any <b>former</b> offic on line 1 a? <i>If "Yes," complete Schedule J</i>					ploy •	yee, o	rhıg •	hest compensate	d employee		No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?								_	ndividual for		No
Section B. Independent Contracto	rs										
Complete this table for your five highest compensation from the organization Re	compensated									s tax year	
	( <b>A)</b> usiness address							Description	(B) on of services	(C Comper	

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

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f g
evenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other F	b 9a b 0
	11a b c d e

VIII	Statement o		onse or note to any li	ne in this Part VIII  (A)  Total revenue	(B) Related or	 (C) Unrelated	( <b>D)</b> Revenue
					exempt function revenue	business revenue	excluded from tax under sections 512-514
1a	Federated cam	paigns 1	La			,	
b	Membership du	es 1	lb				
c	Fundraising eve	ents :	Lc				
d	Related organiz	ations 1	ld				
e	Government grants		 le				
f	All other contribution	ons, gifts, grants, and	Lf 15,000				
g		ons included in lines					
h	1a-1f \$  Total. Add lines	s 1a-1f		15,000			
<u> </u>	Total: Add line:	, , , , , , , , , , , , , , , , , , , ,	· · · •				
2a	MEMBERSHIP DUE	2	Business Code 900099	2 212 052	2 212 052		
b	SERVICE FEES & R		541900	2,312,953 762,589	2,312,953 762,589		
_ c	CONFERENCES & S		611430	680,824	680,824		
d			011430	000,024	000,024		
e		_					
f	All other progra	am service revenue					
	_						
g 3		ome (including divide		3,756,366			
		ar amounts)		3,530			3,530
4	Income from inves	tment of tax-exempt bor	nd proceeds				
5	Royalties			316,496			316,496
62	Gross rents	(ı) Real 62,144	(II) Personal				
b	Less rental	0					
_	expenses Rental income	62,144					
-	or (loss)	·		62,144			62,144
d	Net rental inco	me or (loss)  (i) Securities	<b>▶</b> - (II) Other	62,144			62,144
7a	Gross amount from sales of	24,246	14,200				
	assets other than inventory						
b	Less cost or other basis and	0	5,448				
<sub>c</sub>	sales expenses Gaın or (loss)	24,246	8,752				
d		s)		32,998			32,998
8a	Gross income f events (not inc	rom fundraising					
	\$of contributions See Part IV, lin	 reported on line 1c) e 18					
			а				
b		penses	b				
C 9a		(loss) from fundraisin					
94	See Part IV, lin	rom gaming activities le 19	a				
b	Less direct ex	penses	ь				
c	Net income or (	(loss) from gamıng ad	ctivities				
10a	Gross sales of returns and allo						
ь	less costofa	oods sold <b>b</b>					
		(loss) from sales of ir					
	Miscellaneous		Business Code				
11a	ADVERTISING	; ;	541800	62,655		62,655	
b	MILAF INCOM	E	525990	3,669		3,669	
С							
d		ue					
e	Total. Add lines	s 11a-11d		66,324			
12	Total revenue.	See Instructions .		4,252,858	3,756,366	66,324	415,168

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
--	-------	-----

	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	66,377	66,377		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	345,849	256,771	89,078	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,501,193	1,129,588	371,605	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,445	128,253	42,192	
9	Other employee benefits	305,195	229,647	75,548	
10	Payroll taxes	136,383	100,105	36,278	
11	Fees for services (non-employees)				
а	Management	13,300		13,300	
ь	Legal	7,343		7,343	
С	Accounting	5,152		5,152	
d	Lobbying	80,314	80,314		
e	Professional fundraising services See Part IV, line 17		,		
f	Investment management fees	41,992	4,003	37,989	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	343,469	301,471	,	
12	Advertising and promotion				
13	Office expenses	211,272	131,990	79,282	
14	Information technology	6,996	3,831	3,165	
15	Royalties	,	,	,	
16	Occupancy	72,619	248	72,371	
17	Travel	220,949	204,512	16,437	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	·	,	
19	Conferences, conventions, and meetings	322,388	300,330	22,058	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	120,784		120,784	
23	Insurance	17,191		17,191	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UBIT TAXES	2,000		2,000	
b	DUES & FEES	180,111	122,320	57,791	
c	LOSS ON MELG INVESTMENT	50,268		50,268	
d	CONTRIBUTIONS & SUPPORT	28,680	25,000	3,680	
e	All other expenses	15,644	415,394	-399,750	
25	Total functional expenses. Add lines 1 through 24e	4,265,914	3,500,154	765,760	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,,	,,	13,73.24	•

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck if Senedule 6 contains a response of note to any fine in this fart X	(A)	•	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	500	1	500
	2	Savings and temporary cash investments	2,047,249	2	2,238,213
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	132,972	4	129,712
	5	Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees. Complete Part II of Schedule L	key	5	
35	6	Loans and other receivables from other disqualified persons (as defined under set $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing emploand sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiorganizations (see instructions) Complete Part II of Schedule L	yers		
Se				6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	.=-	8	2/2 22-
	9	Prepaid expenses and deferred charges	178,560	9	210,687
	10a	rait v1 or Schedule D	21,063		
	Ь	Less accumulated depreciation	79,781 265,691	<b>10</b> c	241,282
	11	Investments—publicly traded securities	1,973,688	11	2,003,550
	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	1,541,856	15	1,499,451
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,140,516	16	6,323,395
	17	Accounts payable and accrued expenses	397,378	17	431,565
	18	Grants payable		18	
	19	Deferred revenue	479,366	19	577,113
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	74,682	25	109,524
	26	Total liabilities. Add lines 17 through 25	951,426	26	1,118,202
ي. d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	4,625,023	27	4,611,778
<u>छ</u>	28	Temporarily restricted net assets	564,067	28	593,415
<u>∞</u>	29	Permanently restricted net assets	331,337	29	
Fund Balance	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and		23	
<u>.</u>		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Set	33	Total net assets or fund balances	5,189,090	33	5,205,193
Z	34	Total liabilities and net assets/fund balances	6,140,516	34	6,323,395
		*			

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,2	252,858
2	Total expenses (must equal Part IX, column (A), line 25)	2		4.3	265,914
3	Revenue less expenses Subtract line 2 from line 1	3			-13,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				<u>-</u>
5	Net unrealized gains (losses) on investments	5		5,.	29,159
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,2	205,193
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

## **Additional Data**

Software ID: Software Version:

**EIN:** 38-1323441

Name: MICHIGAN ASSOCIATION OF SCHOOL BOARDS

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

(Code	) (Expenses \$	414,665	including grants of \$	) (Revenue \$	)
GOVERNANCE VA	RIOUS PROGRAMS THAT	T INCLUDE G	OVERNING ACTIVITIES OF THE	BOARD OF DIRECTORS A	ND ACTIVITIES
RELATED TO PROG	GRAMS, POLICIES AND L	EGISLATIVE	INITIATIVES ADDRESSED BY V	ARIOUS MEMBERSHIP CO	MMITTEES AND
DELECATED AT TH	E ANNUAL MEETING DO	A DDC OF ED	UCATION SERVED 600		
DELEGATES AT TH	E ANNUAL MEETING BO	AKD3 OF ED	OCATION SERVED 000		
(Code	) (Expenses \$	124,230	including grants of \$	) (Revenue \$	1,216,748 )

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

(Code	) (Expenses \$	20,103	including grants of \$	) (Revenue \$	166,877 )
	ND ASSISTS LOCAL SCHOOF EDUCATION SERVED		S IN SCHOOL DISTRICT LITIGAT	TION CASES THAT HAVE S	TATEWIDE
(Code	) (Expenses \$	500,654	including grants of \$	) (Revenue \$	63,237 )
LEGISLATIVE ACT LEGISLATIVE ANI	TIVITY AT THE STATE AN D ADMINISTRATIVE GOV	D FEDERAL ERNMENT, A	) GRAMS THAT PRIMARILY FOCU LEVEL AND REPRESENTING SCH S WELL AS GRASS ROOTS EFFOI EDUCATION SERVED 600	OOL BOARD VIEWS BEFOR	RE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493306013385

OMB No 1545-0047

### SCHEDULE A

(Form 990 or 990EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

		ne organization	200				Employer identifica	ation number				
MICHI	GAN AS	SSOCIATION OF SCHOOL BOA	RDS				20 1222441					
Do	rt I	Pancan for Dubli	o Charity S	<b>Status</b> (All organiza	tions must so	mploto this n	38-1323441	nc .				
		zation is not a private for	-	, ,				ль.				
1	r gain.	A church, convention		•	= '	•	•					
	<u>'</u>					II Section 170(D	)(1)(A)(I).					
2	<u> </u>		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	A hospital or a cooper		<del>-</del>								
4	ı	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in <b>sect</b>	tion 170(b)(1)(A)(iii	). Enter the				
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by a	governmental unit d	escribed in				
	·	section 170(b)(1)(A)			,	,	-					
6	Г	A federal, state, or loc			described in <b>se</b>	ection 170(b)(1)	)(A)(v).					
7	, —	An organization that n						ieneral nublic				
•	'	described in <b>section 1</b>	•	<u>.</u>	• •	om a governmen	ical anic of from the g	general public				
8	Γ	A community trust de				tII)						
9	<b>~</b>	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contrib	utions, membership	fees, and gross				
		receipts from activitie										
		its support from gross		·	-	•	• •					
		acquired by the organ										
10	$\vdash$	An organization organ		•		• •	•					
11	<u>'</u>	=	•	·		•		ut the nurneses of				
	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
		the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
а	Γ	<b>Type I.</b> A supporting of										
		supported organizatio				ty of the dırecto	rs or trustees of the	supporting				
	_	organization You mus										
b	ı	Type II. A supporting	-	•								
		management of the su must complete Part I'			same persons t	nat control of in	anage the Supported	organization(s) You				
С	Г	Type III functionally	•		n operated in c	onnection with,	and functionally integ	grated with, its				
	·	supported organizatio	n(s) (see instr	uctions) <b>You must co</b>	mplete Part IV,	Sections A, D,	and E.	·				
d	Г	Type III non-function										
		not functionally integr					ment and an attentiv	eness requirement				
e	$\vdash$	(see instructions) <b>Yo</b> Check this box if the o					a Type I Type II T	vne III functionally				
	'	integrated, or Type II					а турст, турстт, т	ype III functionally				
f		Enter the number of s										
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)							
_		·										
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of				
		organization	` ´	organization	listed in your		monetary support	other support (see				
				(described on lines	docume	nt?	(see instructions)	ınstructıons)				
				1-9 above or IRC								
				section (see								
				ınstructions))	Voc	No						
					Yes	No						
Tota		<u> </u>										

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts 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 VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and <b>sto</b>				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	75,896	15,000	15,000	15,000		15,000	135,896
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	3,899,739	3,991,752	3,778,909	3,661,109	3,	756,366	19,087,875
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,	3,975,635	4,006,752	3,793,909	3,676,109	3,	771,366	19,223,771
	and 3 received from disqualified persons							0
Ь	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
c	Add lines 7a and 7b							0
8	<b>Public support</b> (Subtract line 7c from line 6)							19,223,771
	ection B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 20	14	<b>(f)</b> Total
9	A mounts from line 6	3,975,635	4,006,752	3,793,909	3,676,109	3,	771,366	19,223,771
L0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	487,356	426,489	356,788	371,784		382,170	2,024,587
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	487,356	426,489	356,788	371,784		382,170	2,024,587
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	22,061	13,631	15,273	7,572	19,292		77,829
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)	4,485,052	4,446,872	4,165,970	4,055,465	4,	172,828	21,326,187
14	First five years. If the Form 990 is for check this box and stop here	or the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section	501(c)(3	) organization, ►
Se	ection C. Computation of Publ							
15	Public support percentage for 2014			13, column (f))		15		90 140 %
16	Public support percentage from 201		· · · · · · · · · · · · · · · · · · ·			16		90 540 %
So	ection D. Computation of Inve							
			بالمصامينينام (4) متممينين	vilina 12. caliimi	· (+))	1 47		0 400 0/
17	Investment income percentage for 2				1 (1))	17		9 490 %
17 18	Investment income percentage for 2 Investment income percentage from 33 1/3% support tests—2014. If the	<b>2013</b> Schedule A	A, Part III, line 1	7		18		9 130 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
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Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493306013385

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization CHIGAN ASSOCIATION OF SCHOOL BOAR	RDS			Employer ide	ntification number
					38-132344	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a s	section 52	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	ivities in Par	t IV	
2	Political expenditures				<b>&gt;</b>	\$
3	Volunteer hours					
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).		
1		e tax incurred by the organization und			<b></b>	
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	<b>F</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	0 for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except	section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem <sub>l</sub>	pt function ac	tivities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section	527 <b>►</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line	17b <b>►</b>	\$
4	Did the filing organization file I	Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro rectly delivered	om the filing of to a separate	organization's e political org	funds Also enter the Janization, such as a ation in Part IV
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
	Denominante Dentrophia de Art. Nota	ee the instructions for Form 990 or 9900				

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	20,000	
b	Total lobbying expenditures to influence a legisla	60,314		
С	Total lobbying expenditures (add lines 1a and 1b	80,314		
d	Other exempt purpose expenditures	4,185,600		
е	Total exempt purpose expenditures (add lines 1	4,265,914		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	363,296	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	90,824	
h	Subtract line 1g from line 1a If zero or less, ento	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 362,587 358,170 348,293 363,296 Lobbying nontaxable amount 1,432,346 Lobbying ceiling amount 2,148,519 (150% of line 2a, column(e)) 78,153 184,425 54,751 80,314 Total lobbying expenditures 397,643 Grassroots nontaxable amount 90,647 89,543 87,073 90,824 358,087 Grassroots ceiling amount 537,131 (150% of line 2d, column (e)) 52,523 25,240 20,000 20,000 117,763 Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493306013385

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

**Supplemental Financial Statements** 

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

<b>me of the organization</b> CHIGAN ASSOCIATION OF SCHOOL BOARDS		Employer identification number
THE STATE OF SCHOOL BONNESS		38-1323441
rt I Organizations Maintaining D organization answered "Yes" to		lar Funds or Accounts. Complete if th
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during	vear)	
Aggregate value of grants from (during year	· ·	
Aggregate value at end of year	,	
Did the organization inform all donors and o	donor advisors in writing that the assets held ect to the organization's exclusive legal contr	
Did the organization inform all grantees, do used only for charitable purposes and not for	nors, and donor advisors in writing that grant or the benefit of the donor or donor advisor, or	t funds can be
conferring impermissible private benefit?	omplote if the organization answered "	
	omplete if the organization answered "Y	res to form 990, Part IV, line 7.
Purpose(s) of conservation easements held Preservation of land for public use (e.g.		n of an historically important land area
Protection of natural habitat	·	n of a certified historic structure
Preservation of open space	, reservation	J. I doranisa matoria di datara
Complete lines 2a through 2d if the organiz easement on the last day of the tax year	ration held a qualified conservation contribution	on in the form of a conservation
casement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation e	asements	2b
Number of conservation easements on a ce		2c
	ed in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Reg		2d
Number of conservation easements modifie	ed, transferred, released, extinguished, or terr	minated by the organization during
the tax year 🛌	, , , , , , , , , , , , , , , , , , , ,	, ,
Number of states where property subject to	conservation easement is located 🛌	
Does the organization have a written policy enforcement of the conservation easement	regarding the periodic monitoring, inspectior s it holds?	n, handling of violations, and Yes No
Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	easements during the year
<b>-</b>		
Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ease	ements during the year
<b>▶</b> \$		
Does each conservation easement reported	d on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)
and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
	reports conservation easements in its reven se text of the footnote to the organization's fin- tion easements	
	collections of Art, Historical Treasu swered "Yes" to Form 990, Part IV, line	
works of art, historical treasures, or other s	der SFAS 116 (ASC 958), not to report in its similar assets held for public exhibition, educa e footnote to its financial statements that des	ation, or research in furtherance of public
If the organization elected, as permitted un	ider SFAS 116 (ASC 958), to report in its rev similar assets held for public exhibition, educa	venue statement and balance sheet
(i) Revenue included in Form 990, Part VII	(I, line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>▶</b> \$
If the organization received or held works o	of art, historical treasures, or other similar ass inder SFAS 116 (ASC 958) relating to these	sets for financial gain, provide the
Revenue included in Form 990, Part VIII, I	ine 1	<b>►</b> \$
		<b>▶</b> \$
Assets included in Form 990, Part X		<b>F</b> \$ _

	Organizations Maintaining Co	niections of Art	<u>, nis</u>	COLI	cai ii	easu	res, or O	<u>.ner</u>	Similar ASS	sets (c	<u>ontinuea)</u>
	Ising the organization's acquisition, accessicollection items (check all that apply)	ion, and other recor	ds, cl	heck	any of	the follo	owing that a	re a	sıgnıfıcant use	of its	
a [	Public exhibition		d	Γ	Loan	or exch	nange progra	ms			
Ь	Scholarly research		e	Γ	Othe	r					
c [	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w the	y furth	er the o	rganızatıon'	s ex	empt purpose ıı	ו	
	During the year, did the organization solicit o									_	_
	ssets to be sold to raise funds rather than t								<u>'</u>	Yes	☐ No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an am						i answered	1 16	פי נט דטרווו פי	90,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?						r other asse	ets n		Yes	┌ No
<b>b</b> 1	f "Yes," explain the arrangement in Part XII	II and complete the	follov	wing 1	able						
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
<b>2a</b> [	Old the organization include an amount on Fo	orm 990, Part X, lin	e 21,	for e	scrow	orcusto	dıal accoun	t lıal	bility? [	Yes	□ No
b	f "Yes," explain the arrangement in Part XII	II Check here if the	expl	anatı	on has	been p	rovided in P	art X	iii		<u>Г</u>
Part	V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year	(Б	<b>)</b> Prior	year	b (c)⊺v	vo years back	(d)⊺	hree years back	(e)Four y	ears back
	Contributions										
	Net investment earnings, gains, and losses								+		
	Grants or scholarships										
	Other expenditures for facilities and programs										
	Administrative expenses										
	End of year balance										
2	rovide the estimated percentage of the curr	rent year end baland	ce (lır	ne 1 g	, colum	nn (a)) h	neld as				
	Board designated or quasi-endowment 🕨	·	•	_							
_	Permanent endowment ▶										
	emporarily restricted endowment										
	he percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a /	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and a	dmınıstered	for t	:he		
	organization by									Yes	No
	i) unrelated organizations							•	3a(i	-	<del>                                     </del>
	ii) related organizations f"Yes" to 3a(ii), are the related organization								3a(i		<del>                                     </del>
	Describe in Part XIII the intended uses of th	•				• •		•	<u>30</u>		
Part						n answ	ered 'Yes'	to I	orm 990, Pa	rt IV, I	ine
	11a. See Form 990, Part X, line 1	10.		<u> </u>			lasa .			1	
	Description of property				) Cost c sis (inve	or other stment)	(b)Cost or o		(c) Accumulated depreciation	(d) E	3ook value
1a La	nd										
	ııldıngs		_								
<b>b</b> B	3		-								
	asehold improvements										
c Le	-		•				537,	929	477,09	0	60,839
<b>c</b> Le <b>d</b> Ec <b>e</b> O	asehold improvements						883,		477,09 702,69	-	60,839 180,443 241,282

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Table (Caluma (b) much asset Farm 000, Barb V and (B) (re-12)	<b>F</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		] n answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.		ranswered res to form 990, Fart IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Tabel (Column (b) revet areal Form 000, Part V, and (B) Inc. 12.)	<b>*</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organizar		J . Part IV . line 11d See Form 990 . Part X . line 15
	cription	(b) Book value
(1) INVESTMENT IN MELG		1,499,451
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability	ganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	ganization answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	(b) Book value	

Part		levenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		its With	Revenue	per Re	<b>turn</b> Complete if
1	-	er support per audited financial statements				1	4,282,017
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a		29,159		
b	Donated services and use of f	acılıtıes	2b			1	
С	Recoveries of prior year grant	s	2c			1	
d	Other (Describe in Part XIII )	)	2d			1	
e	Add lines <b>2a</b> through <b>2d</b> .					2e	29,159
3	Subtract line <b>2e</b> from line <b>1</b> .					3	4,252,858
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )	)	4b			1	
c	Add lines 4a and 4b					4c	0
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line	12)			5	4,252,858
Part	XII Reconciliation of E	xpenses per Audited Financial Sta	ateme	nts Wit	h Expense	s per	Return. Complete
		iswered 'Yes' to Form 990, Part IV, line					
1	Total expenses and losses pe	r audited financial statements				1	4,265,914
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а	Donated services and use of f	acılıtıes	2a			↓	
b	Prior year adjustments		2b			1	
C	Other losses		2c			]	
d	Other (Describe in Part XIII )		2d			]	
e	Add lines 2a through 2d					2e	0
3	Subtract line $\mathbf{2e}$ from line $1$ .					3	4,265,914
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			]	
b	Other (Describe in Part XIII )		4b				
C	Add lines <b>4a</b> and <b>4b</b>					4c	0
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )			5	4,265,914
Part	XIII Supplemental Int	formation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and					le any addıtıonal
	Return Reference	Explanation					
PART	X, LINE 2	IN THE PREPARATION OF TAX RETURN INTERPRETATION OF FEDERAL, STATE PERIODICALLY REVIEWS AND EVALUA AND MAKES ESTIMATES OF AMOUNTS DUE OR OWED NO AMOUNTS HAVE BE POSITIONS FEDERAL, STATE AND LOCEXAMINATION BY THE VARIOUS TAXIOUS TAX	AND L TES TH , INCLU EN IDE CAL TA	OCALIN IE STATU IDING IN INTIFIED X RETUR	ICOME TAX L JS OF UNCER ITEREST AND ), OR RECORI NS GENERAL	AWS M RTAIN TO PENA DED, A LY REM	MANAGEMENT TAX POSITIONS LTTIES, ULTIMATELY S UNCERTAIN TAX MAIN OPEN FOR

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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Schedule I (Form 990)

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

DLN: 93493306013385 OMB No 1545-0047

Department of the Treasury

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

Open to Public **Inspection** 

√ Yes

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OAKLAND INTERMEDIATE SCHOOL DISTRICT 2111 PONTIAC LAKE ROAD WATERFORD,MI 48328	38-1713563	501(C)(3)	5,847				TO REIMBURSE FOR ACTIVITIES THAT SUPPORT COUNTY SCHOOL BOARD GROUP ACTIVITIES
(2) WAYNE COUNTY REGIONAL EDUCATION SERVICE AGENCY 33500 VAN BORN ROAD WAYNE, MI 48184	38-1909530	501(C)(3)	5,674				TO REIMBURSE FOR ACTIVITIES THAT SUPPORT COUNTY SCHOOL BOARD GROUP ACTIVITIES

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV Supplement	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation							
PART I, LINE 2	THE LEGAL TRUST FUND HAS AN ADVISORY BOARD THAT MEETS TO CONSIDER REQUESTS FOR ASSISTANCE FROM MEMBER SCHOOL DISTRICTS WHO ARE FACING LEGAL ISSUES THAT WOULD HAVE A STATEWIDE IMPACT ON PUBLIC EDUCATION ONCE APPROVED BY THE ADVISORY BOARD, THE DISTRICT CAN SUBMIT DOCUMENTATION TO SUPPORT THE LEGAL EXPENSES UP TO THE AMOUNT APPROVED BY THE ADVISORY BOARD MASB ISSUED GRANTS TO ISD'S THAT SUPPORTED COUNTY AREA SCHOOL BOARD GROUPS MASB DOES NOT HAVE CONTROL OVER THESE GROUPS MASB REQUIRES THE ISD TO SUBMIT INFORMATION TO MASB IN ORDER TO APPLY FOR THE GRANT IF THE ISD MEETS THE CRITERIA OUTLINED BY MASB, A GRANT IS ISSUED TO THE ISD WHERE THE COUNTY AREA SCHOOL BOARD GROUP IS ACTIVE							

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DLN: 93493306013385

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

38-1323441

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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 use			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		<del>-</del>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
ь	Any related organization?	5b		No
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
	(i)	160,211	0	9,789	19,157	25,243	214,400	0	
	(ii)	0	0	0	0	0	0	0	
2 DONALD P WOTRUBA, DEPUTY DIRECTOR	(i)	120,438	0	0	14,301	20,576	155,315	0	
DEFOTE DIRECTOR	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
,	THE ASSOCIATION SPONSORS A NONQUALIFIED 457(B) DEFERRED COMPENSATION PLAN THE PLAN CURRENTLY INCLUDES ONLY THE POSITION OF KATHLEEN HAYES, EXECUTIVE DIRECTOR THE AMOUNT CONTRIBUTED TO THE PLAN FOR THE YEAR ENDED JUNE 30, 2015 TOTALED \$9,789

Schedule J (Form 990) 2014

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DLN: 93493306013385

OMB No 1545-0047

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS **Employer identification number** 38-1323441

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS INCLUDE MICHIGAN BOARDS OF EDUCATION
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS SOME BOARD OF DIRECTOR POSITIO  NS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE ELECTED BY THE M  EMBERSHIP GROUPS AS DEFINED IN THE BY LAWS
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BY LAWS
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE E XECUTIVE DIRECTOR SIGNS AND FILES THE RETURN A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANN UALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLO W UP ON ANY POTENTIAL CONFLICT
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IF CO MPENSATION IS BEING REVIEWED, IT INCLUDES COMPARING TOTAL COMPENSATION TO THREE OUTSIDE SO URCES INCLUDING ONE NATIONAL, ONE STATE AND ONE LOCAL COMPENSATION STUDY COMPENSATION FOR THE EXECUTIVE DIRECTOR IS THEN CONSIDERED, APPROVED AND DOCUMENTED IN THE MINUTES OF THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS COMPENSATION FOR ALL OTHER STAFF IS BENCHMARK ED TO MARKET STUDIES ON AT LEAST A BIANNUAL BASIS ANY CHANGES TO TOTAL COMPENSATION FOR S TAFF ARE THEN CONSIDERED BY AND APPROVED AS PART OF THE ANNUAL BUDGET PROCESS AND DOCUMENT ED IN THE MINUTES OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE THE 990 IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE FI NANCIAL REPORTS ARE INCLUDED IN THE ANNUAL REPORT WHICH IS DISTRIBUTED TO MEMBERS AND AVAI LABLE ON THE WEBSITE READERS ARE INVITED TO CONTACT THE BUSINESS OFFICE TO REQUEST ADDITI ONAL INFORMATION
FORM 990, PART XII, LINE 2C	MICHIGAN ASSOCIATION OF SCHOOL BOARDS HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVER SIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 4562	EMPLOYER IDENTIFICATION NUMBER 38-1323441 FOR THE YEAR ENDING JUNE 30, 2015 MICHIGAN ASSO CIATION OF SCHOOL BOARDS, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CL AIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUAL IFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JUNE 30, 2015 ALL PROPERTY IN THE 3, 5, 7, AND 10 YEAR CLASS SEE ATTACHED FORM 4562

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2014

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
			·							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(l (13) controlle entity?	
						Yes	No
1001 CENTENNIAL WAY SUITE 400	PROVIDES BUILDING TO CONSORTIUM OF NON- PROFITS	MI	501(C)(2)		N/A		No

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	<b>(k)</b> Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

**s** Other transfer of cash or property from related organization(s)

No

chedule K (Form 990) 2014		Рa	ige <b>3</b>
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
• Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1р		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1) MICHIGAN EDUCATION LEADERSHIP GROUP	N	106,313	OWNERSHIP PERCENT		

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>,                                    </u>	$\Box$	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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