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DLN: 93493355007556

OMB No 1545-0047

Department of the Treasury

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/foim990</u>

Return of Organization Exempt From Income Tax

nterna	al Reven	ue Servic	ce					
A F	or the 2	2015 ca	lendar year, or tax year beginni	ng 07-01-2015 , and ending 06-30-20	16			
	eck if ap		C Name of organization MICHIGAN ASSOCIATION OF SCHOOL	OL BOARDS		D Emplo	yer id	entification number
_	ddress ch	-				38-1	32344	1
_	ame chai itial retui	-	Doing business as					
		1111				E Teleph	one nur	——————————————————————————————————————
eturn/	termina!		Number and street (or P O box if i 1001 CENTENNIAL WAY NO 400	mail is not delivered to street address) Room/s	uite			
	nended n		City or town state or province cou	untry, and ZIP or foreign postal code		(517)	327-	5900
Ap	plication	pending	LANSING, MI 489179279	and y, and zir or foreign postar code		G Gross	receipts	\$ 4,452,144
			F Name and address of princi	nal officer	H(2) 7		•	
			DONALD WOTRUBA	•		s this a group subordinates?		n for
			1001 CENTENNIAL WAY NO LANSING, MI 489179279	400		No		
Ta:	x-exemp	ot status		/wast 75 \		Are all subord ncluded?	ınates	□Yes □ No
			√ 501(c)(3)	(insert no) 4947(a)(1) or 527			n a list	(see instructions)
ı w	ebsite:	·► ww	W MASB ORG		H(c)	Group exempt	tion nu	ımber 🟲
K Forr	n of orga	anızatıon	✓ Corporation Trust Associ	ation		of formation 19		1 State of legal domicile M
Pa	rt I		mary					
			scribe the organization's missio HIP/ADVOCACY SERVICES F	n or most significant activities OR BOARDS OF EDUCATION, STUDI	ENTS & PU	JBLIC EDUC	IOITA	N IN MICHIGAN
au au								
2								
Ě	3 -	h a a l . + h	us hav N I if the argenization of	lissantinuad ita anaratiana ar dianasad	l of more th	200 200/ af the		
Š	2 (песк ш	is box > If the organization of	discontinued its operations or disposed	or more tr	1a11 25% 01 1ts	s net a	issels
<i>ව</i> ජ	3 N	umber o	of voting members of the govern	ning body (Part VI, line 1a)			3	19
ACTIVITIES & GOVERNANCE			-	of the governing body (Part VI, line 1b			4	19
Ě	5 To	otal nun	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	39
E CE	6 To	otal nun	mber of volunteers (estimate if r	necessary)			6	19
4	7a ⊤o	otal unr	elated business revenue from P	art VIII, column (C), line 12			7a	68,015
	b Ne	t unrela	ated business taxable income fr	om Form 990-T, line 34			7b	14,820
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, I		15,	(
Rəvenuə	9	Progra	am service revenue (Part VIII,	line 2g)		3,756,	366	3,903,304
ōΛċ	10	Invest	tment income (Part VIII, colum	in (A), lines 3, 4, and 7d)		36,	528	34,165
ď	11		, , , ,	, lines 5, 6d, 8c, 9c, 10c, and 11e)		444,	964	514,675
	12	Total r 12)	revenue—add lines 8 through 1:	1 (must equal Part VIII, column (A), lıı	ne	4,252,	858	4,452,144
	13		and cimilar amounts haid (Dar	t IX, column (A), lines 1-3)		66	377	124,672
	14		, ,	IX, column (A), line 4)			0	124,072
	15			ree benefits (Part IX, column (A), lines			-	
8		5-10)				2,459,	065	2,280,969
Expenses	16a	Profes	ssional fundraising fees (Part I)	(, column (A), line 11e)			0	(
3	b	Total fu	ndraising expenses (Part IX, column (I	D), line 25) ▶0				
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		1,740,	472	1,717,952
	18	Total	expenses Add lines 13–17 (mi	ust equal Part IX, column (A), line 25)		4,265,	914	4,123,593
(5	19	Reven	ue less expenses Subtract line	e 18 from line 12		-13,	056	328,551
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
alar	20	Total a	assets (Part X, line 16)			6,323,	395	6,787,996
A B	21		liabilities (Part X, line 26) .			1,118,	_	1,258,605
F F	22		sets or fund balances Subtract			5,205,		5,529,391
Par	t II		ature Block			, ,		<u> </u>
ny ki	nowledg	ge and l		ramined this return, including accompa mplete Declaration of preparer (other t	, -			•
		****	* *			2016-12-12		
Sign	ı	Signa	ature of officer			Date		
Here			ALD WOTRUBA EXECUTIVE DIRECTOR					
		<u> </u>	or print name and title					
_	_		nnt/Type preparer's name DWARD L WILLIAMS III CPA	Preparer's signature EDWARD L WILLIAMS III CPA	Date	Check I if	PTIN P000:	10218
Paid		-	irm's name ► MANER COSTERISAN			self-employed Firm's EIN ► 3		
	parei	「 F	irm's name ► MANER COSTERISAN irm's address ► 2425 E GRAND RIVER			Phone no (517		
Use	Only	y					, 525	
		- 1	LANSING, MI 489123	431		1		

Par	t 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	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	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		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	11 d	Yes	ı
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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	, , , ,	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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	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		

Form	Form 990 (2015)			
Pai	rt 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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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32

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35b

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Yes

Yes

Form 990 (2015)

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Nο

Νo

Nο

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Pai		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this I		N.			_
		Check it Schedule O contains a response of note to any line in this i	-ait	v	· ·	Yes	No
1a	Enter t	he number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	39			
b	Enter t	he number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
c		e organization comply with backup withholding rules for reportable payments to grame	vend	dors and reportable	1c	Yes	
2a	Enter to	he number of employees reported on Form W-3, Transmittal of Wage and atements, filed for the calendar year ending with or within the year covered return	2a	39			
b	If at lea	ast one is reported on line 2a, did the organization file all required federal emp the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loyme	ent tax returns?	2b	Yes	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during	the	/ear ⁷	3a	Yes	
b	If "Yes	," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n in S	Schedule O	3b	Yes	
4a	over, a	time during the calendar year, did the organization have an interest in, or a significant financial account in a foreign country (such as a bank account, securities accit)?			4a		No
b	If "Yes See ins (FBAR)	," enter the name of the foreign country ►_structions for filing requirements for FinCEN Form 114, Report of Foreign Bank)	and	Financial Accounts			
5a	Was th	e organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Yes	," to line 5a or 5b, did the organization file Form 8886-T?					
6a		he organization have annual gross receipts that are normally greater than \$10 cation solicit any contributions that were not tax deductible as charitable conti		·	5c 6a		No
b	If"Yes	ch contributions or gifts	6b				
7		ot tax deductible?	•				
	Did the	organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Yes	," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7b		
	file For	e organization sell, exchange, or otherwise dispose of tangible personal propert m 8282?	٠.		7 c		No
d	If"Yes	," indicate the number of Forms 8282 filed during the year	7d				
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		No
g	If the o	rganization received a contribution of qualified intellectual property, did the or	ganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did i	the organization file a	7h		
8	Did a d	ring organizations maintaining donor advised funds. Ionor advised fund maintained by the sponsoring organization have excess bus the year?	iness •	s holdings at any time	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 rela	ted p	erson?	9 b		
10	Section	n 501(c)(7) organizations. Enter					
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross i facilitie	· · · · · · · · · · · · L	10b				
11		n 501(c)(12) organizations. Enter					
		F	11a				
D		income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them)	11b				
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
	year	L	12b				
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N o nal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		he amount of reserves the organization is required to maintain by the states hite organization is licensed to issue qualified health plans	13b				
c	Enter t	he amount of reserves on hand	13c				
14a	Did the	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Yes	," has it filed a Form 720 to report these payments? If "No," provide an explanat	ion in	Schedule O	14b		

`	,			
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 response or note to any line in this Part VI					🔻
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	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	1 b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b	Yes	
В	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
ь	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	eveni	ue Cod	e.)
					Yes	No
)a	Did the organization have local chapters, branches, or affiliates?			10 a		No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati		• •	10b		
La	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing			
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm C		11a	Yes	
2a		OTILL	990	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			11a 12a	Yes	
D	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 annual rise to conflicts?					
	Were officers, directors, or trustees, and key employees required to disclose annual	ly inte	rests that could give	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12a 12b	Yes Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12a 12b 12c	Yes Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy?	ly inte	rests that could give olicy? If "Yes," describe olicy? If "in the second of the second	12a 12b 12c 13	Yes Yes Yes	
c 3 4 5	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 rev	ly inte	erests that could give olicy? If "Yes," describe olicy? If "could by beration and decision?	12a 12b 12c 13	Yes Yes Yes	
c 3 4 5	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the	ly inte	erests that could give olicy? If "Yes," describe olicy? If "could by beration and decision?	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
c 3 4 5	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give olicy? If "Yes," describe olicy? If "could by beration and decision?	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
c 3 4 5 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	ly inte	erests that could give	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
c 3 4 5 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take	the p the p inew arise deli	erests that could give office of a series of the could give office of a series	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
c 3 4 5 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ	the p the p inew arise deli	erests that could give office of a series of the could give office of a series	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
c 3 4 5 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	the p the p inew arise deli	erests that could give office of a series of the could give office of a series	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
c 3 4 5 a b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	the p the p inew arise deli	erests that could give office of a series of the could give office of a series	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ▼ Own website ▼ A nother'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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶SHONDA HIGHTOWER 1001 CENTENNIAL WAY SUITE 400 LANSING, MI 489179279 (517) 327-5900

Part VII

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 no		ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han erso cer tor/t	not one n is and rust	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
(1) BRAD BALTENSPERGER DIRECTOR	3 00	×						0	0	0
(2) ANNIE CARTER DIRECTOR	3 00	х						0	0	0
(3) RUTH A COPPENS	3 00									
DIRECTOR		X						0	0	0
(4) TIM DETWILER DIRECTOR	3 00	х						1,887	0	0
(5) JILL FENNESSY DIRECTOR	3 00	х						0	0	0
(6) LILLIAN FIELDS	3 00	x						0	0	0
DIRECTOR	3 00									
(7) JANICE HOLZ DIRECTOR		х						0	0	0
(8) DONALD R HUBLER DIRECTOR	3 00	х						0	0	0
(9) STEPHEN J HYER DIRECTOR	3 00	х						0	0	0
(10) MARY P JASON DIRECTOR	3 00	x						0	0	0
(11) ALAN KOENIG DIRECTOR	3 00	×						0	0	0
(12) GREGORY A PEOPLES DIRECTOR	3 00	х						900	0	0
(13) PAULA SAARI DIRECTOR	3 00	х						0	0	0
(14) MATTHEW R SHOWALTER	3 00	х						0	0	0
DIRECTOR										E 000 (2.24.5)
										Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore t ss pe	han erso cer tor/t	not one n is and trus			Repo compe fron organ (W- 2,	D) rtable nsation the ization /1099- SC)	(E) Reportab compensat from relat organizatio (W- 2/109 MISC)	ion ed ons	(F) Estimated amount of other compensation from the organization and related organizations
(15) PETER SPADAFORE	3 00	X							0		0	0
DIRECTOR (16) BRENDA J CARTER PRESIDENT	10 00	X		x					0		0	0
(17) MICHAEL J ROCHHOLZ PRESIDENT-ELECT	10 00	Х		х					0		0	0
(18) MARK MCKULSKY VICE PRESIDENT	10 00	Х		х					0		0	0
(19) CINDY A GANSEN PAST PRESIDENT	10 00	Х		х					1,863		0	0
(20) KATHLEEN HAYES EXECUTIVE DIRECTOR (7/1/15-7/31/15)	45 00			х					116,960		0	20,997
(21) DONALD P WOTRUBA EXECUTIVE DIRECTOR (8/1/15-6/30/16)	45 00			х					144,819		0	37,047
(22) NANETTE PEARSON CFO (7/1/15-12/31/15)	45 00			х					100,388		0	16,405
(23) SHONDA HIGHTOWER COO (1/1/16-6/30/16)	45 00			х					0		0	0
(24) BRAD BANASIK LEGAL COUNSEL	45 00					х			114,708		0	20,849
(25) DONNA OSER DIRECTOR OF LEADERSHIP	45 00					х			110,400		0	14,378
1b Sub-Total				▶[
c Total from continuation sheets to Part VII	I , Section A $$.			▶ [_
d Total (add lines 1b and 1c)				▶			59	91,925		0		109,676
2 Total number of individuals (including but n	ot limited to tho	se list	ed al	oove	e) wl	ho red	eiv	ed more	than			

\$100,000 of reportable compensation from the organization \triangleright 5

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
ł	on time 1a' II Tes, complete schedule 1101 such marvidual	3	'	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	ĺ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	, ,	,
(A) Name and business address	(B) Description of services	(C) Compensation
RODNEY GREEN, 3894 HIGHCREST DR BRIGHTON, MI 48116	STRATEGIC PLANNING	126,197

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 1

Form 99	0 (20	15)						Page 9
Part V	1111	Statement o	f Revenue					
		Check if Schedu	ile O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated camp	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
Gr? mo	С	Fundraising eve	ents 1c					
fts. r A	d	Related organiz	ations 1d					
niga Ja	e	Government grants						
Program Service Revenue and Other Similar Amounts		-						
	f	similar amounts no	ns, gifts, grants, and 1f t included above					
i je	g	Noncash contribution 1a-1f \$	ons included in lines					
ont nd	h	Total. Add lines	: 1a-1f					
				Business Code				
R.	2a	MEMBERSHIP DUES	5	900099	2,345,662	2,345,662		
λ. Υ.	ь	SERVICE FEES & R		541900	882,278	882,278		
π́	c	CONFERENCES & S	SEMINARS	611430	675,364	675,364		
J. A.	d							
Š	e							
grar	f	All other progra	m service revenue					
₽ G	g	Total. Add lines	2a-2f	•	3,903,304			
	3		ome (including dividen					
		and other simila	aramounts)		7,351			7,351
	4		tment of tax-exempt bond	proceeds P	376,520			376,520
	5	Royalties	(ı) Real	(II) Personal	370,320			376,326
	6a	Gross rents	70,140	(ii) i cisonai				
		Less rental	0					
	b	expenses						
	C	Rental income or (loss)	70,140					
	d	Net rental incor	me or (loss)		70,140			70,140
	7a	Gross amount	(ı) Securities	(II) O ther				
	7 a	from sales of assets other than inventory	24,862	1,952				
	ь	Less cost or other basis and	0	0				
		sales expenses						
	C C	Gain or (loss)	24,862	1,952	26,814			26,814
	d 8a	Net gain or (los Gross income fi			20,014			20,014
Other Revenue		events (not incl \$ of contributions	uding reported on line 1c)					
er F		See Part IV, lin	e 16 a					
th.	ь	Less direct exp	penses b					
0	c	Net income or (loss) from fundraising	events ▶				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	wances .					
	ь	less cost of a	a pods sold b					
			loss) from sales of inve	entory ▶				
		Miscellaneous		Business Code				
	11a	ADVERTISING		541800	61,659		61,659	
	b	MILAFINCOM	 E	525990	6,356		6,356	
	с							
	d	All other revenu	ie					
	e	Total. Add lines	11a-11d		68,015			
	12	Total revenue.	See Instructions .	🗚	4,452,144	3,903,304	68,015	480,825
		-			7,732,144	2,203,304	00,013	700,023

Part IX Statement of Functional Expenses

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

	✓				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	124,672	124,672		
2	Grants and other assistance to domestic individuals See Part IV, line 22	124,072	124,072		
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	330,326	252,462	77,864	
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	1,388,832	1,061,458	327,374	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	155,252	118,656	36,596	
9	Other employee benefits	277,719	212,255	65,464	
10	Payroll taxes		•		
		128,840	94,569	34,271	
11	Fees for services (non-employees)				
а	Management				
b	Legal	826		826	
c	Accounting	12,850		12,850	
d	Lobbying	13,122	13,122		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,647	4,642	39,005	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	507,446	353,329	154,117	
12	Advertising and promotion				
13	Office expenses	175,098	106,483	68,615	
14	Information technology	7,031	3,600	3,431	
15	Royalties				
16	Occupancy	73,791	798	72,993	
17	Travel	226,286	203,601	22,685	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	286,420	266,958	19,462	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,835		89,835	
23	Insurance	19,181		19,181	
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	4,630		4,630	
b	DUES & FEES	181,656	111,666	69,990	
c	LOSS ON MELG INVESTMENT	51,450		51,450	
d	CONTRIBUTIONS & SUPPORT	14,567	11,267	3,300	
е	All other expenses	10,116	509,212	-499,096	
25	Total functional expenses. Add lines 1 through 24e	4,123,593	3,448,750	674,843	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)				

Form	990 (2	2015)				Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any lir	ne in this Part X			· · · · <u>· · </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		2,238,213	2	2,639,525
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		129,712	4	166,844
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Consider the control of the cont	omplete Part II of		5	
its	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instance). If of Schedule L	(c)(3)(B), and section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		210,687	9	192,369
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,456,126		-	132,000
	Ь	Less accumulated depreciation	10b 1,221,997	241,282	10c	234,129
	11	Investments—publicly traded securities		2,003,550	11	2,098,764
	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		1,499,451	15	1,455,865
	16	Total assets.Add lines 1 through 15 (must equal line 34)		6,323,395	16	6,787,996
	17	Accounts payable and accrued expenses		431,565	17	501,384
	18	Grants payable		401,000	18	001,004
	19	Deferred revenue		577,113	19	639,556
	20	Tax-exempt bond liabilities		0,1,110	20	000,000
	21	Escrow or custodial account liability Complete Part IV of			21	
S	22				21	
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	squalified		22	
_iab	22	persons Complete Part II of Schedule L			23	
	23	Secured mortgages and notes payable to unrelated third	•			
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related third parties,			
				109,524	25	117,665
	26	Total liabilities. Add lines 17 through 25		1,118,202	26	1,258,605
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re 🕨 🗸 and complete			
lan.	27	Unrestricted net assets		4,611,778	27	4,965,823
Ba	28	Temporarily restricted net assets		593,415	28	563,568
Ę	29	Permanently restricted net assets		333,.10	29	200,000
sets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	heck here ► and			
ب ج	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building or equipment	fund		31	
٠.	131	raid in or capital surplus, or land, building or equipment	iuliu	I	J.	

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances $\dots \dots \dots$

5,529,391

6,787,996

32

33

34

5,205,193

6,323,395

a separate basis, consolidated basis, or both Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

1 Accounting method used to prepare the Form 990

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Cash ✓ Accrual COther

Both consolidated and separate basis

2b Yes

2c

3a

3b

Yes

2a

Νo

Nο

Form 990 (2015)

Additional Data

(Code

Software ID: Software Version:

EIN: 38-1323441

Name: MICHIGAN ASSOCIATION OF SCHOOL BOARDS

) (Revenue \$

41,418)

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

ADVOCACY INCLUDES GOVERNMENT RELATIONS PROGRAMS THAT PRIMARILY FOCUS ON KEEPING MEMBERS AWARE OF LEGISLATIVE ACTIVITY AT THE STATE AND FEDERAL LEVEL AND REPRESENTING SCHOOL BOARD VIEWS BEFORE LEGISLATIVE AND ADMINISTRATIVE GOVERNMENT, AS WELL AS GRASS ROOTS EFFORTS TO KEEP THE PUBLIC AWARE OF ISSUES THAT FACE PUBLIC EDUCATION BOARDS OF EDUCATION SERVED 599

(Code) (Expenses \$ 386,346 including grants of \$) (Revenue \$

475,132 including grants of \$

GOVERNANCE VARIOUS PROGRAMS THAT INCLUDE GOVERNING ACTIVITIES OF THE BOARD OF DIRECTORS AND ACTIVITIES RELATED TO PROGRAMS, POLICIES AND LEGISLATIVE INITIATIVES ADDRESSED BY VARIOUS MEMBERSHIP COMMITTEES AND

DELEGATES AT THE ANNUAL MEETING BOARDS OF EDUCATION SERVED 599

) (Expenses \$

		<u> </u>	-	<u>-</u>	
(Code) (Expenses \$	127,833	including grants of \$) (Revenue \$	1,356,166)
		S A VARIE	TY OF PROGRAMS, GRAN	ITS AND SERVICES THAT SUPPO	ORT SCHOOL
BOARD MEMBERS	AND PUBLIC EDUCATION				
(Code) (Expenses \$	75 298	including grants of \$	\ (Revenue \$	154 077)

ILEGAL TRUST FUND ASSISTS LOCAL SCHOOL BOARDS IN SCHOOL DISTRICT LITIGATION CASES THAT HAVE STATEWIDE

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

IMPACT BOARDS OF EDUCATION SERVED 599

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

www.irs.gov/form990.

OMB No 1545-004 Open to Public Inspection

DLN: 93493355007556

Name of the organizati			
Internal Revenue Service			
Treasury			
Department of the			

990EZ)

SCHEDULE A

(Form 990 or

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Employer identification number 38-1323441

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

- The organization is not a private foundation because it is $\,$ (For lines 1 through 11 , check only one box)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public
- described in section 170(b)(1)(A)(vi). (Complete Part II)
- A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
- An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support
- from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement
- (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally
- integrated, or Type III non-functionally integrated supporting organization
- Provide the following information about the supported organization(s)
- (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization Amount of other

Talle of papper to a organization	organization (described on lines 1- 9 above (see instructions))	listed in your governing document?		monetary support (see instructions)	support (see instructions)	
		Yes	No			
Total						

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i die iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	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	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this						
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

Gifts, grants, contributions, and

Section A. Public Support Calendar year

(or fiscal year beginning in) ▶

20

(f)Total

(e)2015

(d)2014

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

(a)2011

rt

(c)2013

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

(b)2012

	membership fees received (Do not include any "unusual grants ")	15,000	15,000	15,000	15,000		60,000
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	3,991,752	3,778,909	3,661,109	3,756,366	3,903,	19,091,440
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	Total. Add lines 1 through 5	4,006,752	3,793,909	3,676,109	3,771,366	3,903,	.304 19,151,440
7a	Amounts included on lines 1, 2,						
b	and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than						0
	disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6)						19,151,440
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
(or t	iscal year beginning in) ► A mounts from line 6	4,006,752	3,793,909	3,676,109	3,771,366	3,903	,304 19,151,440
10a	Gross income from interest,	1,000,732	3,733,303	3,0,0,103	3,771,300	3,503	15,151,110
	dividends, payments received on securities loans, rents, royalties and income from similar sources	426,489	356,788	371,784	382,170	454,	,011 1,991,242
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
c	from businesses acquired after June 30, 1975 Add lines 10a and 10b	426,489	356,788	371,784	382,170	454	,011 1,991,242
c 11	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	426,489 13,631	356,788 15,273	371,784 7,572	382,170 19,292	'	.011 1,991,242 .820 71,588
11	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		·			'	
11	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,		·	7,572		'	71,588
11	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is	13,631 4,446,872	15,273 4,165,970	7,572 4,055,465	19,292 4,172,828	15 <u>.</u> 4,373.	,135 21,214,270
11 12 13 14	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	13,631 4,446,872 for the organizati	15,273 4,165,970 on's first, second	7,572 4,055,465	19,292 4,172,828	15 <u>,</u> 4,373	,135 21,214,270
11 12 13 14	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	13,631 4,446,872 for the organizati	15,273 4,165,970 on's first, second	7,572 4,055,465 I, third, fourth, or	19,292 4,172,828	15 <u>,</u> 4,373	,135 21,214,270
11 12 13 14 Se	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	4,446,872 for the organizati	4,165,970 on's first, second ercentage (f) divided by line	7,572 4,055,465 I, third, fourth, or	19,292 4,172,828	4,373 section 501	,135 21,214,270 (c)(3) organization,
11 12 13 14 Se 15 16	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul	4,446,872 for the organizati Dlic Support P 5 (line 8, column 14 Schedule A, P	4,165,970 on's first, second ercentage (f) divided by line lart III, line 15	7,572 4,055,465 I, third, fourth, or e 13, column (f))	19,292 4,172,828	4,373 section 501	71,588 71,588 21,214,270 (c)(3) organization, 90 280 %
11 12 13 14 Se 15 16	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 20	4,446,872 for the organizati plic Support P 5 (line 8, column 14 Schedule A, P	4,165,970 on's first, second ercentage (f) divided by line Part III, line 15	7,572 4,055,465 I, third, fourth, or e 13, column (f))	19,292 4,172,828 fifth tax year as a	4,373 section 501	.135 21,214,270 (C)(3) organization,
11 12 13 14 Se 15 16 Se	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here action C. Computation of Pul Public support percentage for 201 Public support percentage from 200 Ection D. Computation of Invectors.	4,446,872 for the organization of the Support P 5 (line 8, column 14 Schedule A, P 7 estment Inco 2015 (line 10c, co	4,165,970 on's first, second ercentage (f) divided by line Part III, line 15 ome Percenta olumn (f) divided	7,572 4,055,465 I, third, fourth, or e 13, column (f)) ge by line 13, colum	19,292 4,172,828 fifth tax year as a	4,373 section 501	90 280 % 90 140 %
11 12 13 14 Se 15 16 Se 17 18	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here existed the support percentage for 201 Public support percentage from 20 investment income percentage for Investment income percentage for	4,446,872 for the organizati Dlic Support P 5 (line 8, column 14 Schedule A, P restment Inco 2015 (line 10c, com 2014 Schedule	4,165,970 on's first, second ercentage (f) divided by line Part III, line 15 ome Percenta olumn (f) divided A, Part III, line	7,572 4,055,465 I, third, fourth, or e 13, column (f)) ge by line 13, column 17	19,292 4,172,828 fifth tax year as a	4,373 section 501	90 280 % 90 140 % 9 390 % 9 490 %
11 12 13 14 Se 15 16 Se 17 18 19a	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul Public support percentage for 201 Public support percentage from 201 Country of the percentage from 201 Country of	4,446,872 for the organizati Dlic Support P 5 (line 8, column 14 Schedule A, P 2015 (line 10c, c m 2014 Schedule e organization did and stop here. T e organization did	4,165,970 on's first, second ercentage (f) divided by line Part III, line 15 ome Percenta olumn (f) divided A, Part III, line I not check the bit	7,572 4,055,465 I, third, fourth, or 13, column (f)) 17 2x on line 14, and qualifies as a public on line 14 or line	19,292 4,172,828 fifth tax year as a nn (f)) line 15 is more to icly supported organical supported org	4,373 section 501 15 16 17 18 han 33 1/3% ganization is more than	90 280 % 90 140 % 9 390 % 9 490 % 4 and line 17 is not

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 Part VI 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 Part VI what controls the organization put in place to ensure such use	3 c		
4 a	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?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	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	Type I or Type II only. 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 Part VI .	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		
9 a	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 Part VI .	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? If "Yes," provide detail in Part VI .	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 Part VI .	9 c		
0a	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	10 a		
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)	10 b		
1	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		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	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 Part VI 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	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
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	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
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 r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

DLN: 93493355007556

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

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.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

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

If the organization answered "Yes" on 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" on 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

	me of the organization CHIGAN ASSOCIATION OF SCHOOL BOAR	DS			Employer ic	lentii	fication num	ber
- 112					38-13234			
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a	section 5	27 c	organizati	on.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ical campaign ac	tivities in Pa	rt IV			
2	Political expenditures				>	\$		
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 495	5	>	\$		
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	>	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?				☐ Yes	┌ No
4 a	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), excep	t section !	501	(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function a	ctivities 🕨	\$		
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to c	ther organization	s for section	527 ▶	\$		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line	17b ►	\$		
4	Did the filing organization file F	orm 1120-POL for this year?				,	Yes	□ No
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fr directly delivered	om the filing I to a separat	organization e political oi	's fur rganı	nds Also ent zation, such	er the
	(a) Name	(b) Address	(c) EIN	filing or	unt paid fror ganization's ione, enter -		(e) A mount contributions and promp directly deli separate p organization enter	s received otly and vered to a political n If none,
2								
3								
4								
5								
6								
Ear F	Japanuark Paduation Act Natice co	a the instructions for Form 000 or 00	0-E7	C N		- /-	000 00	

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

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

Check 🕨 🗌 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	3,281		
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	9,841	
c	Total lobbying expenditures (add lines 1a and	1b)	13,122	
d	Other exempt purpose expenditures	4,110,471		
e	Total exempt purpose expenditures (add lines	4,123,593		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	356,180	
	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		

j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	Form 4720 Yes 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 Expe	nditures During 4	I-Year Avera	ging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount	358,170	348,293	363,296	356,180	1,425,939			
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,138,909			

Total lobbying expenditures 184,425 54,751 80,314 13,122 332,612 89,543 87,073 90,824 89,045 356,485 Grassroots nontaxable amount

25,240

20,000

534,728

Return Reference

	filed Form 5768 (election under section 501(h)).				/ b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)
ctiv	ıty	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

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

DLN: 93493355007556

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

	al Revenue Service		
	me of the organization HIGAN ASSOCIATION OF SCHOOL BOARDS		Employer identification number
			38-1323441
Pa		Advised Funds or Other Similar Fued "Yes" on Form 990, Part IV, line 6.	inds or Accounts.
	complete in the organization unioners	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advised Yes N o
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for an	y other purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	n Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	, , , , ,	
	Preservation of land for public use (e.g., recreeducation)	Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in th	ne form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	+	2b
c d	Number of conservation easements on a certified Number of conservation easements included in (c	` '	2c
u	historic structure listed in the National Register	l acquired after 0/17/00, and not on a	2d
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminated	d by the organization during the
	tax year ▶		
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		lling of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforcin	ng conservation easements during the
	>		
7	A mount of expenses incurred in monitoring, inspectors.	ecting, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^2$	ne 2(d) above satisfy the requirements of sect	tion 170(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial $% \left[\left(1\right) \right] =\left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[\left(1\right) \right] \left[\left(1\right) \left[\left(1\right) \right] \left[$	expense statement, and
Par	Complete if the organization answere	t ions of Art, Historical Treasures, c ed "Yes" on Form 990, Part IV, line 8.	or Other Similar Assets.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$ __

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

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, Hi	istorio	cal Tre	asures, o	or Oth	ner Simila	r Ass	ets	-
3		the organization's acquisition, accortion tems (check all that apply)	ession, and other rec	ords,	chec k a	ny of the	following t	hat are	a sıgnıfıcar	nt use c	fits	
а		Public exhibition		d	Г	Loan or	exchange	progra	ms			
b	_	Scholarly research		е	Г	Other						
c		Preservation for future generations										
4	Provi	de a description of the organization'	s collections and exp	plaın ho	ow they	further t	he organiza	ation's	exempt purp	ose in		
5		g the year, did the organization solions to be sold to raise funds rather th							ımılar	Yes	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.						rted an am			
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediar	ry for co	ontributio	ons or other	rasset	_	Yes	∏ No	1
b	If'	Yes," explain the arrangement in Pa	art XIII and complet	e the fo	ollowing	g table				A mou	nt	
C	Be	ginning balance						1c				
d	Αd	ditions during the year						1d				
е	Dis	tributions during the year						1e				
f	En	ding balance						1f				
2 a	Did th	ne organization include an amount o	n Form 990, Part X, I	lıne 21	, for es	crow or c	ustodial ac	count	liability?	Yes	┌ No	,
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if t	the exp	olanatio	n has be	en provided	d in Pai	tXIII			
Pa	rt V	Endowment Funds. Comple										
		·	(a)Current year		Pnor year		:)Two years b		Three years b		e) Four ye	ars back
1 a	Begir	nning of year balance										
b	Cont	ributions										
c		· · · · · · · · · · · nvestment earnings, gains, and										
الم	losse											
d		ts or scholarships										
е		r expenditures for facilities programs • • • • • • • •										
f	A dmi	nistrative expenses										
g	End o	of year balance										
2	Provi	de the estimated percentage of the	current year end bala	ance (l	ıne 1q,	column (a)) held as					
а		I designated or quasi-endowment >	•	,	٠,	`	. ,,					
ь												
		anent endowment ►										
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а	organ	nere endowment funds not in the pos ization by	-		n that a	re held a	nd adminis	tered f	or the		Yes	No
	` .	related organizations								3a(i)		
b		elated organizations					•			3a(ii)	<u> </u>	
4		ribe in Part XIII the intended uses of	•							30		<u></u>
	rt VI	Land, Buildings, and Equip										
		Complete if the organization a		Form	990, P	art IV, I	ine 11a.S	ee Fo	m 990, Pa	rt X, I	ine 10.	
		Description of property			Cost or d	(a) other basis stment)	(b) Cost or oth (othe	er basıs	Accumu (c)depreci		(d) Boo	k value
1a	Land											
b	Buildin	gs		[
c	Leasel	nold improvements		. [
d	Equipn	nent		. [į	571,651	-	176,915		94,736
_ e	Other		<u> </u>	┌				384,475	7	745,082		139,393
Tota	I. A dd	lines 1a through 1e <i>(Column (d) mus</i>	t equal Form 990, Par	t X, col	umn (B)), line 10((c))			>		234,129

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	complete if the organi		
(a) Description of security or catego (including name of security)	gory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of tha of year market value
(2)Closely-held equity interests			
(3)0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 Part VIII Investments—Program Related			
Complete if the organization answe	ered 'Yes' on Form 990,	Part IV, line 11c. _S	See Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13		orm 000 Part IV Jugo	a 11d See Form 999 Part V June 15
Part IX Other Assets. Complete if the organiz	, -	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 1	zation answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiz (a) December 11 MELG	zation answered 'Yes' on Frescription	orm 990, Part IV, line	(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) here. Other Assets. Complete if the organization (a) December 2. (a) December 2. (a) December 3. (b) December 3. (c)	zation answered 'Yes' on Frescription		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization (a) Decay (b) Part X, line 25.	zation answered 'Yes' on Frescription		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the organization of liability 1. (a) Description of liability	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the organization of liability 1. (a) Description of liability	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Column (b) Part X, line 25.	zation answered 'Yes' on Frescription ine 15)		(b) Book value 1,455,86
Total. (Column (b) must equal Form 990, Part X, col (B) la See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	zation answered 'Yes' on Frescription zine 15) Organization answered (b) Book value		(b) Book value 1,455,86

Schedule D (Form 990) 2015

1

2

4,447,791

а	Net unrealized gains (losses)	on investments		2a	-4,353		
b	Donated services and use of	facılıtıes		2b			
c	Recoveries of prior year grant	is		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d					2e	-4,353
3	Subtract line 2e from line 1 .					3	4,452,144
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1					
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 an	d 4c. (This must equal Form 990, Part I	, line 1	2)		5	4,452,144
Part		xpenses per Audited Financia				s per R	eturn.
		nization answered 'Yes' on Form 9					
1	Total expenses and losses pe	er audited financial statements		•		1	4,123,593
2	A mounts included on line 1 bu	ut not on Form 990, Part IX, line 25			1		
а	Donated services and use of f	facilities	.	2 a		1 1	
b	Prior year adjustments		L	2 b		1 1	
C	Other losses		. [2 c]	
d	Other (Describe in Part XIII))	[2 d]	
e	Add lines 2a through 2d					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	4,123,593
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4 a			
b	Other (Describe in Part XIII))	[4b		1	
c	Add lines 4a and 4b					4c	0
5	Total expenses Add lines 3 a	ind 4c. (This must equal Form 990, Part	t I, line	e 18)		5	4,123,593
Part	Supplemental In	formation					
Part		r Part II, lines 3, 5, and 9, Part III, line , lines 2d and 4b, and Part XII, lines 2d					any additional
	Return Reference	Explanati	ion				
PART	X, LINE 2	IN THE PREPARATION OF TAX RET		•			
		INTERPRETATION OF FEDERAL, ST					
		PERIODICALLY REVIEWS AND EVA					
		DUE OR OWED NO AMOUNTS HAV	/ E BEE	NID	ENTIFIED, OR RECOR	DED, AS	UNCERTAIN TAX
		POSITIONS FEDERAL, STATE AND					
		EXAMINATION BY THE VARIOUS T	IAXIN	G A U	INUKITIES FUK A PE	KIUD OF	INKEE TO FOUR
		_1				Schedu	le D (Form 990) 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493355007556 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

Cat No 50055P

Schedule I (Form 990) 2015

GROUP IS ACTIVE

Schedule I (Form 990) 2015

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

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

Additional Data

WATERFORD, MI 48328

EDUCATION SERVICE

WAYNE, MI 48184

33500 VAN BORN ROAD

AGENCY

WAYNE COUNTY REGIONAL

Software ID: Software Version:

(a) Name and address of	(b) EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance

OAKLAND INTERMEDIATE	38-1713563	501(C)(3)	5,874		·

SCHOOL DISTRICT 2111 PONTIAC LAKE ROAD

501(C)(3)

or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38-1909530

EIN: 38-1323441 Name: MICHIGAN ASSOCIATION OF SCHOOL BOARDS

5,808

(h) Purpose of grant

TO REIMBURSE FOR

ACTIVITIES THAT

SUPPORT COUNTY SCHOOL BOARD

GROUP ACTIVITIES

TO REIMBURSE FOR

ACTIVITIES THAT

SUPPORT COUNTY

GROUP ACTIVITIES

SCHOOL BOARD

or assistance

Schedule J (Form 990)

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

DLN: 93493355007556 OMB No 1545-0047

2015

reas	rtment of the sury nal Revenue Service	► Information about Schedule J (Fo	orm 990)) and its instructions is at <u>www.irs</u>			o Pul ectio	
Νa	me of the organiz				Employer identification	on nur	nber	
MIC	THIGAN ASSOCIATION	N OF SCHOOL BOARDS			38-1323441			
Pa	Irt I Questi	ons Regarding Compensatior	n					
							Yes	No
1a		opiate box(es) if the organization pro Section A , line 1a Complete Part III						
	First-clas	s or charter travel		Housing allowance or residence fo	r personal use		ļ	ļ
	Travel for	companions	Г	Payments for business use of pers	onal residence		ļ	ļ
	┌ ⊤axıdemr	nification and gross-up payments		Health or social club dues or initia	tion fees	ļ	ļ	ļ
	Discretion	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	 	 	
b		xes in line 1a are checked, did the ord or provision of all of the expenses de				1b		
2		ation require substantiation prior to re ees, officers, including the CEO/Exec				2		
3	organization's (used by a relate	, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	nat apply ation of	y Do not check any boxes for metho f the CEO/Executive Director, but ex	ds			
	<u> </u>	ation committee		Written employment contract		 	 	
	·	ent compensation consultant	 ✓	, , , , , , , , , , , , , , , , , , , ,		 		
	 √ Form 990	of other organizations	~	Approval by the board or compens	ation committee	 	 	l
4	During the year or a related org	r, did any person listed on Form 990, anization	Part VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control	paymen	nt?		4a		No
b	Participate in, o	or receive payment from, a supplemer	ntal non	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased co	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item	ın Part III			
5	For persons list	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A contingent on the revenues of		•	any			
а	The organization	on?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				6 a		No
b	Any related org	ganızatıon?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d			on-fixed	7		No
В		ints reported on Form 990, Part VII, p nitial contract exception described in						
	ın Part III	·	_	,	·	8		Νo

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	. ,		
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
1 DONALD P WOTRUBA	(i)	144,819	0	O	19.200	17.847	181.866	0		

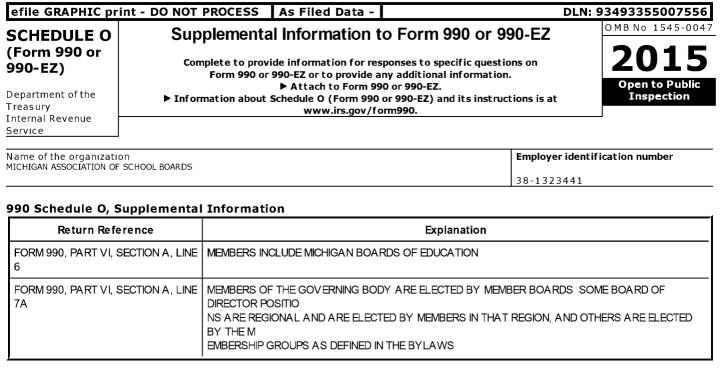
EXECUTIVE DIRECTOR

Schedule J (Form 990) 2015

(8/1/15-6/30/16)

Return Reference	Explanation								
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									
Part IIII Supplemental Inform	nation								
Schedule J (Form 990) 2015	Page 3								

Schedule J (Form 990) 2015



990 Schedule O, Supplemental Information

DECISIONS AFFECT THE BYLAWS

Explanation DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE FORM 990, PART VI, SECTION A.

FORM 990. PART VI. SECTION B. 1 INF 11

LINE 7B

Return Reference

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

BLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE

XECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL CONFLICT
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

990 Schedule O, Supplemental Information

Return

Reference

IX. LINE 11G

11010101100	
FORM 990, PART	ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE
VI, SECTION C,	THE 990 IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE. FINANCIAL REPORTS ARE
LINE 19	INCLUDED IN THE ANNUAL REPORT WHICH IS DISTRIBUTED TO MEMBERS AND AVAILABLE ON THE WEBSITE. READERS
	A DE INVITED TO CONTA OT THE DIJENIESE OFFICE TO DECLIEST A DOITIONAL INFORMATION.

Explanation

ARE INVITED TO CONTACT THE BUSINESS OFFICE TO REQUEST ADDITIONAL INFORMATION FORM 990, PART CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 353.329 MANAGEMENT AND GENERAL EXPENSES 154

.117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 507.446

Return
Reference

Explanation

Explanation

FORM 4562

EMPLOYER IDENTIFICATION NUMBER 38-1323441 FOR THE YEAR ENDING JUNE 30, 2016 MICHIGAN ASSOCIATION OF

990 Schedule O, Supplemental Information

4562 EMPLOYER IDENTIFICATION NUMBER 38-1323441 FOR THE YEAR ENDING JUNE 30, 2016 MICHIGAN ASSOCIATION OF SCHOOL BOARDS, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JUNE 30, 2016 ALL PROPERTY IN THE 3, 5, 7, AND 10 YEAR CLASS SEE ATTACHED FORM 4562

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or.

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

DLN: 93493355007556OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

 \blacktriangleright Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

ame of the organization CHIGAN ASSOCIATION OF SCHOOL BOARDS				Employer identifi 38-1323441	cation number		
Part I Identification of Disregarded Entities Comp	ete if the organization	answered "Yes" on	Form 990, Part I\	•			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organion or more related tax-exempt organizations during the second control of the seco	zations Complete if the tax year.		swered "Yes" on Fo	orm 990, Part IV,	line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	ontrolle tity?
1)MICHIGAN EDUCATION LEADERSHIP GROUP 001 CENTENNIAL WAY SUITE 400 ANSING, MI 48917 8-3318753	PROVIDES BUILDING TO CONSORTIUM OF NON- PROFITS	MI	501(C)(2)		N/A	Yes	No No
						+	
						+	

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	(k) Percentage ownership
]			Yes	No]	Yes	No	
									1			
Day IV. Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
·									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

No

No

Yes

1a

1b

1c

Dart V	Transactions With Polated Organia	zations Complete if the organization a	nswered "Yes" on Form 990, Part IV, line 3	34 35h or 36
raitv	Transactions with Related Organiz	zations complete if the organization as	iiswered tes on Form 330, Part IV, iiile 3)4, 33D, 01 30.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	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
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m	No
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	es
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction threshold	ds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved
(1)MICHIGAN EDUCATION LEADERSHIP GROUP	N	85,492	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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 01(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													I
													<u> </u>
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