Form	990	)	Return of Organization Exempt From Income Tax		OMB No 1545-0047 <b>2016</b>
	M. i. Tan.		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found  Do not enter social security numbers on this form as it may be made public.	lations)	Open to Public
	ment of the Trea I Revenue Servi		Information about Form 990 and its instructions is at www.irs.gov/form990.	1 LUX	Inspection
A F	or the 2016	c <u>alendar</u>	year, or tax year beginning $07/01/16$ , and ending $06/30/17$		
BC	neck of applicable	C Name o	organization MICHIGAN ASSOCIATION OF SECONDARY	D Employer	identification number
Ac	ddress change		SCHOOL PRINCIPALS		
□ Na	ame change	_	usiness as		24760
$\equiv$	tual return		and street (or PO box if mail is not delivered to street address)  Room/suite  CENTENNIAL WAY	E Telephone 517-3	127-5315
	nalretum/	1	own, state or province, country, and ZIP or foreign postal code		27 0020
H	minated	LAN	SING MI 48917	G Gross rece	ipts\$ 3,498,205
∐ Ar	mended return		nd address of principal officer	<u> </u>	
Ap	pplication pending	WEN	DY ZDEB H(a) is this a grow	up return for su	bordinates? Yes X No
		100	1 CENTENNIAL WAY	ordinates inclu	ded? Yes No
				attach a list (	see instructions)
T T	ax-exempt status		501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		
7 N	Vebsite	WWW . M	MASSP.COM H(c) Group exer	nption number	<b>&gt;</b>
K F	orn of organizatio	n X Co	rporation Trust Association Other ▶ L Year of formation 1	911	M State of legal domicile MI
Pa	ırt I S	ummary			
I	1 Bnefly	describe th	e organization's mission or most significant activities		
8	TO	PROVID	E EDUCATIONAL PROGRAMS AND TECHNICAL SUPPORT TO THE ADI	MINISTE	RATIVE
<u>a</u>	PER	SONNEL	AND STUDENT LEADERSHIP GROUPS OF THE SECONDARY SCHOOL	SYSTEM	OF
Ę	MIC	HIGAN.			
Governance	2 Check t	his box 🕨	If the organization discontinued its operations or disposed of more than 25% of its net ass	ets	
-త	3 Number	of voting	members of the governing body (Part VI, line 1a)	3	23
ies			ndent voting members of the governing body (Part VI, line 1b)	4	23
Activities			dividuals employed in calendar year 2016 (Part V, line 2a)	5	17
¥			plunteers (estimate if necessary)	6	0
			siness revenue from Part VIII column (C) line 12	7a	0
$\rightarrow$	b Net unr	elated bus	ness taxable income from Form 990-Pine 34-1/-D	7b	Current Year
	8 Contribi	utions and			0
ᆲ			evenue (Part VIII, line 2g)	7,883	3,110,355
Revenue	10 Investm	ent income		5,017	50,621
~	11 Other re	evenue (Pa	urt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 2nd (1)e) (1) (1) (472	2,107	337,229
_	12 Total re	venue – a	dd lines 8 through 11 (must equal Part Vill cdium) (A) line 12) 3,015	5,007	3,498,205
-			amounts paid (Part IX, column (A), lines 1-3)		0
ŀ		•	for members (Part IX, column (A), line 4)		0
es			npensation, employee benefits (Part IX, column (A), lines 5–10)	7,510	1,512,539
ens			aising fees (Part IX, column (A), line 11e)		0
Expense		•	expenses (Part IX, column (D), line 25) Part IX, column (A), lines 11a–11d, 11f–24e)	7 650	1,653,984
_		•			3,166,523
- 1		•		9,838	331,682
<u> </u>	is Kevent	e iess exp	enses Subtract line 18 from line 12 425 Beginning of Cur		End of Year
Net Assets or Fund Belences	20 Total as	ssets (Part	X, line 16) 3,378	3,073	3,875,384
ŠŠ	21 Total lia	abilities (Pa	rt X, line 26) 440	0,333	505,278
<u>₹</u> 5	22 Net ass	ets or fund	balances Subtract line 21 from line 20 2,937	7,740	3,370,106
Pa	<u>ert II _ S</u>	<u>Signature</u>	Block		
			lectare that I have examined this return, including accompanying schedules and statements, and to the be		owledge and belief, it is
True	e, correct, and	complete L	eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge	le T	<del>  -&gt;   -&gt;  </del>
		<u>X                                    </u>	my sou		13/18
Sigr		Signature of		Date	
Hen	e   <b> </b>	WENI		RECTOR	
	Dani 7		name and title  Preparers aftenature Date		of PTIN
Paid		pe preparer's		Check	U"
Prep	3124	EN R. KI			P01078923 82-1734598
Use	riiiis	name •	STEVENS, KIRINOVIC & TUCKER, PC     3511 COOLIDGE RD STE 100	im's EIN	04-1/34390
	· 1	adder k	FROM TRYOTYO MT 40003 6300	Nama	517-351-6836
May		address •	turn with the preparer shown above? (see instructions)	hone no	Yes No
	are into disc	doo uno re	Martine and preparer shown above. (See Instructions)		

DAA

Part III Statement of Program Service Accomplishments Check ff Schedule Contains a response or note to any line in this Part III □ 1 Simply describe the organization's mission. TO PROVIDE EDUCATIONAL PROGRAMS AND TECHNICAL SUPPORT TO THE ADMINISTRATIVE PERSONNEL AND STUDENT LEADERSHIP GROUPS OF THE SECONDARY SCHOOL SYSTEM OF MICHIGAN.  2 Did the organization undertake any apprificant program services during the year which were not listed on the poor From 990 or 999-EZ? If "Yes" describe these new services on Schedule O 3 Did the organization crasses conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 591(c)(3) and 501(c)(4) organizations are required for report the amount of grants and affocations to others, the total organization and revenue, if any, for each program service reported 4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE ORGANIZATION PROVIDES ITS SERVICES TO ALMOST 2,000 MEMBERS MASSP SUCCEEDED IN EDUCATING ITS MEMBERS, ADMINISTRATOR'S OF SCHOOLS, ON CURRENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT ISSUES SERVICES TO ALMOST 2,000 MEMBERS ()  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Cher program services (Describe in Schedulle O) ((Copenses \$ including grants of \$ )) (Revenue \$ )  4d (Cher program services (Describe in Schedulle O) ((Copenses \$ including grants of \$ )) (Revenue \$ )  4d (Cher program services (Describe in Schedulle O) ((Copenses \$ including grants of \$ )) (Revenue \$ )  4d (Cher program services (Describe in Schedulle O) ((Copenses \$ including grants of \$ )) (Revenue \$ )	om	990 (2016) MICHI	GAN ASSOCIATI	ON OF SECONDARY	38-1624760	Page <b>2</b>
1. Breigh describe the organization's mission.  TO PROVIDE EDUCATIONAL PROGRAMS AND TECHNICAL SUPPORT TO THE ADMINISTRATIVE PERSONNEL AND STUDENT LEADERSHIP GROUPS OF THE SECONDARY SCHOOL SYSTEM OF MICHIGAN.  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 890-E2?  1. Yes, Seconds these new services on Schedule O  3. Did the organization seasure conducting, or make significant changes in how it conducts, any program services. The second bringes on Schedule O  4. Describe the changes on Schedule O  4. Describe the organization's program service accomplishments for each of as three largest program services, as measured by experiments. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and entering a description services reported.  4. (Code ) (Expenses S	Pai				n this Part III	
prior Form 980 or 980-627   If Yes, "Georetic these new services on Schedule O 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services."   Yes ▼ No   Yes' describe these changes on Schedule O. 4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501c(6) organizations are required to report the amount of grants and ellocations to others, the total expenses, and revenue, if any, for each program service reported 4a. Code   (Code   (Code   The DICCATING ITS MEMBERS, ADMINISTRATOR'S OF SCHOOLS, ON CURRENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT LEADERSHIP GROUPS.  4b. (Code   (Expenses \$ including grants of \$ ) (Revenue \$ )  4c. (Code   (Expenses \$ including grants of \$ ) (Revenue \$ )  4d. (Code   (Expenses \$ including grants of \$ ) (Revenue \$ )  4d. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) }  4d. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) }  4d. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) }  4d. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) }	T( P)	Briefly describe the org O PROVIDE EI ERSONNEL AND	ganization's mission.  DUCATIONAL PR	OGRAMS AND TECHNIC	AL SUPPORT TO THE A	
## Services   Page   P		рпог Form 990 or 990-li If "Yes," describe these	EZ? new services on Schedu	de O		Yes X No
4 Cicode (Code ) (Expenses \$ moduling grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ characteristics and reverse, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ MASSP STITES OF SCHOOLS, ON CURRENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT IEADERSHIP GROUPS.  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )		services?			s, any program	Yes X No
THE ORGANIZATION PROVIDES ITS SERVICES TO ALMOST 2,000 MEMBERS. MASSP SUCCEDED IN EDUCATING ITS MEMBERS, ADMINISTRATOR'S OF SCHOOLS, ON CURRENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT LEADERSHIP GROUPS.  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Describe the organization expenses Section 501(	on's program service acco (c)(3) and 501(c)(4) organ	omplishments for each of its three largizations are required to report the am	• • •	
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses >	Ti Si I:	HE ORGANIZAT UCCEEDED IN SSUES AND TI	ION PROVIDES EDUCATING IT ECHNIQUES ANI	ITS SERVICES TO A S MEMBERS, ADMINIS	LMOST 2,000 MEMBERS TRATOR'S OF SCHOOLS	, ON CURRENT
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses >						
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses >						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶	4b	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶						
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶	4c	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶						
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶						
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶						
4e Total program service expenses ▶			•	•	) (Revenue \$	
	40					Form <b>990</b> (2016)

Form 990 (2016) MICHIGAN ASSOCIATION OF SECONDARY 38-1624760

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 ts the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D. Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporanly restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

If "Yes," complete Schedule G, Part III

Form	990 (2016) MICHIGAN ASSOCIATION OF SECONDARY 38-1624760		Р	age <b>4</b>
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	<del> </del>
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			٠,
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		ł
	to defease any tax-exempt bonds?	24c		╁──
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		$\vdash$
Б	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	255		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	}	ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32	<del> -</del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22	1	x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	├	<del>  ^</del>
34	or IV, and Part V, line 1	34	(	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1338	<del>                                     </del>	+
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	1000		$\top$
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		t	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L.	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

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

_	1980 (2010) MICHIGAN ASSOCIATION OF SECONDARI 36-1024/	, 50			P	age 3
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
	Check is conteduce of contains a response of note to any time in this Fait V				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a   3	35			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		1		l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1		l
	reportable gaming (gambling) winnings to prize winners?			1c	x	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a :	17			Į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	15?		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	o		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other an	uthority	•			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other fina	andal				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts		1 ,		1
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>e</b>				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			·	1
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods		J		
	and services provided to the payor?			7a	ļ. —	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		_		
	required to file Form 8282?	1		7c		├
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		┨ <u>╌</u> ╌		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e	<del> </del>	<del></del> -
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-			7f_	├—-	<del></del>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form		•	7g	├	├──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1 FOITH 1096-C7	7h		├─
8		o by the				
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8	<del>                                     </del>	<del></del>
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ļ	'
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<del> </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter			30	$\vdash$	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	· · · · · · · · · · · · · · · · · · ·	10b		1		
11	Section 501(c)(12) organizations. Enter		<del></del>	1		
а		11a		1		}
b	Gross income from other sources (Do not net amounts due or paid to other sources			1		1
	·	11Ь				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	[	
b	1	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<del></del>	7.	ł	L
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					$\Box$
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	l	1
		13b			1	
С		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		<u> </u>
DAA				Fo	m <b>99</b>	0 (2016)

Form 990 (2016) MICHIGAN ASSOCIATION OF SECONDARY 38-1624760 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 23 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 23 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

1001 CENTENNIAL WAY, STE 100

MI 48917

WENDY ZDEB

LANSING

Form 990 (201 <u>6</u>	MICHIGAN ASSOCIATION OF SECONDARY 38-1624760	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employees, and
•	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
la Complete the	s table for all persons required to be listed. Penort compensation for the calendar year ending with or within the	

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week			Pos check		than o		(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estmated amount of other
	(list any hours for related organizations below dotted line)				directo	Highest compensated employee	e)	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONNA BOUGHNER		1		$\vdash$	$\vdash$					<del>_</del>
	2.00									
BOARD MEMBER	0.00	$ \mathbf{x} $						0	o	0
(2) JENNIFER BUSTARI										
1	2.00	1								
BOARD MEMBER	0.00	x						0	0	0
(3) STEVE CARLSON	2 00								-	
DOND MEMORD	2.00	x			ļ	ļ		o	o	0
BOARD MEMBER (4) JERRY DAVISSON	0.00	┢		$\vdash$	-	┢╌	-			
(4) DERRI DAVISSON	2.00	l			ļ	ļ				
BOARD MEMBER	0.00	x		Ì	İ	ĺ		o	o	0
(5) JOEL FABRIS	0.00	╇		┝	├	-	$\vdash$	<del>_</del>		
(5) COEL PARTS	2.00	1		1		ļ				
BOARD MEMBER	0.00	x				ļ		o	o	0
(6) DARCI GRIEBEL	<u> </u>	+^		├	$\vdash$	<del> </del>	$\vdash$	<del></del>		
(b) Direct Children	2.00	1			(	1		[		
BOARD MEMBER	0.00	$ \mathbf{x} $						o	o	0
(7) CHARLIE HOLLERIT		+=-	┢┈	-			$\vdash$	<u> </u>	<del>_</del>	
(,, 0,1111111111111111111111111111111111	2.00					i				
BOARD MEMBER	0.00	x	ļ	]	)			o	ol	0
(8) RICK FRENS	<u> </u>	†==		<del>                                     </del>	$\vdash$			├── <del></del>	<del>-</del>	<u></u>
(, = ==================================	2.00				1					
BOARD MEMBER	0.00	X	ľ	l	l	1		o	o	0
(9) DEBORAH JENKINS					Г	Г				
	2.00						}			
BOARD MEMBER	0.00	X		1			1	o	0	0
(10) ANDY KOWALCZYK									_	
	2.00		Ì	ĺ	1		l		ľ	
BOARD MEMBER	0.00	X	L	L		L		ol	0	0
(11) RODNEY LEWIS				I -	I					
	2.00									
BOARD MEMBER	0.00	X	1	Ì				0	0	0

Part V	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) (B) (C)						(D)	(E)		(F)				
•	Name and title	Average	ا (	Position on not check more than one					Reportable compensation	Reportable	l	Estimated amount of		
		hours per week	, ,				sboth		from	compensation from related	1	other		
		(list any					x/truste		the	organizations	۵	ompensation		
		hours for related	वह	E E	Q	Koy	육	Ъ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	۱ ,	from the organization		
		organizations	물질	nstitutional	Officer	e e	ples	Former	(** 2 1000 111100)			and related		
		below dotted	용률	를	l	employee	88		}			rganizations		
		line)	Individual trustee or director	2	i	Ýe e	를				l			
			8	trustee			Highest compensated employee				1			
<del></del>			-	<b>!</b>	_	_	<u>R</u>	<u> </u>						_
(12)	CORY MCELMEE	i .			ł	l	1 1	ŀ			1			
	,,,,,	2.00									1			
BOARD	MEMBER	0.00	X				l		0	0	L			0
(13)	RON MILLER													
		2.00	l	l	1	1					1			
BOARD	MEMBER	0.00	X						0	0	l			0
(14)	MARSHALL PERI	KINS				T								_
, ,		2.00	Ì				1							
BOARD	MEMBER	0.00	x	l	l	1	}		O	0	l			0
(15)	JASON MESSEN		<del>  ^</del>	<del> </del> —	┢	╁	$\vdash$		<del></del>		<del></del>			<del>-</del>
(13)	UADON MESSEN	l .			1									
20122	\	2.00	۱			ł				_				_
BOARD	MEMBER	0.00	X	↓	<u> </u>	_	<b>-</b>	<u> </u>	0	0				_0
(16)	MARK POGLIANO	i												
		2.00	Ì						i		1			
BOARD	MEMBER	0.00	X						0	0				0
(17)	TODD SIMMONS				ļ			l			ļ			
		2.00			ŀ	ì								
BOARD	MEMBER	0.00	X	ļ			i	ŀ	0	o				0
(18)	LANCE SUMPTE		<del> </del>			t —			† <u>-</u> -	·				
1-4/		2.00	j	ļ		]	J.,		ĵ.		ļ			
BOARD	MEMBER	0.00	x	1			İ	ĺ	o	o				0
			1		-	-		┝			<del>                                     </del>			<u> </u>
(19)	JENNI THUNBE													
		2.00	l	ì					_	_				_
BOARD	MEMBER	0.00	X		L		<u> </u>	L	0	0	<del></del> -			<u> </u>
1b Sul	o-total										<u> </u>			
c Tot	al from continuation she	ets to Part VII,	Sect	ion A	4				447,108		<u> </u>	147		
	al (add lines 1b and 1c)							<u> </u>	447,108		<u> </u>	<u> 147</u>	<u>, 85</u>	<u> 58</u>
					thos	ie lis	ted a	bov	e) who received more than	\$100,000 of				
rep	ortable compensation from	the organization	<u>า</u> ▶	<u>3</u> _					<del> </del>	<u></u>		- 137	- 1 -	
											ſ	<u></u>	s I	40
									loyee, or highest compensa	ated	]	3	:	X
	ployee on line 1a? If "Yes,"								an and other compensation	from the	ŀ	<del></del>	+	<u>~</u>
									on and other compensation complete Schedule J for su				ł	
	vidual	riizations greater	uiai	ι ψι	,0,0		, , ,	.s, t	complete conedute o for su	CII		4 3	[ ]	
		1a receive or ac	crue	com	pens	satio	n froi	m ai	ny unrelated organization o	r individual	j			
	services rendered to the o											5	1:	X
	B. Independent Contracto													
1 Co	mplete this table for your fi	ive highest comp	ensa	ated	ınde	pend	lent o	cont	ractors that received more	than \$100,000 of				
	npensation from the organi	zation Report c							dar year ending with or with	nin the organization's tax y	ear			
	Name and	(A) d business address						1	Decemo	(B) tion of services		(C Compe	)) nsation	
	Traine use	Dudwicas addiess			_			$t^-$		doll of scittoes		Compo		
								1						
	<del></del>							╁		<del></del> -				
								1						
	<del></del>	<del></del>						╁						—
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								$\perp$						
		<u> </u>												
								L				<u></u>		
2 Tot	al number of independent	contractors (incli	Jdino	but	not	lımıt	ed to	tho	se listed above) who					
	eived more than \$100,000									0				
D4.													200	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unio	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted	or directo	Institution	Officer	Koy employee	Highest compensated employee	_	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	trustee	trustee		)yee	mpensated				
(20) KATY VANCUREN	2.00									
BOARD MEMBER	0.00	x	ļ					0	0	0
(21) SCOTT KAPLA	0.00									
BOARD MEMBER	2.00 0.00	x						0	o	0
(22) WENDY ZDEB	3.00	•••	1	1	-	<u> </u>		<u> </u>		<del></del>
	50.00							100 541		62 200
(23) JIM FRENCH	0.00	$\vdash$	$\vdash$	X		$\vdash$		182,541	0	62, <u>389</u>
(23) 0233 23401033	2.00									
PRESIDENT ELECT	0.00		_	X		_		0	0	0
(24) TRACY WILSON	2.00									
PRESIDENT	0.00			x				0	0	0
(25) COLIN RIPMAS										
ASSOC. EXECUTIVE DIR	40.00					x		142,663	o	42,312
(26) BENJAMIN MAIN		<u> </u>		† -		<u></u>		232,000		
	40.00							101 004		40 157
ASSOC. EXECUTIVE DIR	0.00	├	╁╌	$\vdash$	-	X		121,904	0	43,157
1b Sub-total							<b>•</b>	447,108		147,858
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A			<b>&gt;</b>			
2 Total number of individuals (in			ed to	thos	e lis	ted a	ibov	/e) who received more than	\$100,000 of	
reportable compensation from	the organization	<u>n</u> ▶			-					Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								oloyee, or highest compens	ated	3
For any individual listed on line organization and related organization and related organization.										4
5 Did any person listed on line									r individual	
for services rendered to the o Section B. Independent Contractor		Yes,'	con	nplet	e Sc	hedu	ile J	for such person		5
1 Complete this table for your fi	ve highest comp									·
compensation from the organi		omp	ensa	tion	for t	he ca	alen T			ear (C) Compensation
Name and	(A) business address						╁╴	Descrip	(B) stion of services	Compensation
					_		L			
_							t			· · · · · · · · · · · · · · · · · · ·
							╁			
							_			
2 Total number of independent received more than \$100,000								ose listed above) who		
D14									<del></del>	5 QQD (2016

		(2046) MICHIGAN AS		IATIC	N OF	SECONDARY	38-1624760		Page 9
Pa	rt V	III Statement of Rever Check if Schedule O		tains a i	response o				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a						
E S	b	Membership dues	1b						
A'r	С	Fundraising events	1c						
뜵희	d	Related organizations	1d						1
S.E	e	Government grants (contributions)	<u>1e</u>						
ther	f	All other contributions, gifts, grants, and similar amounts not included above	16		1				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1		\$					
<u> </u>	_ <u>n</u>	Total. Add lines 1a-1f	-		Burn Code				
를	2a	CONFERENCES			900099	2,573,803	2,573,803		-
8	b	MEMBERSHIP DUES			900099	536,552	536,552		
<u>.</u> g	c	residence to DOES			20000	330,032	330,332		
ĕ	d								
Ĕ	e								
Program Service Revenue	f	All other program service reven	ue						
Ĕ		Total. Add lines 2a-2f			<b></b>	3,110,355			
	3	Investment income (including d	lividen	nds, intere	est,				
		and other similar amounts)			▶	50,621	50,621		<u> </u>
	4	Income from investment of tax-	exem	pt bond p	roceeds 🕨				
ı	5	Royalties							
		(i) Real		(II) F	Personal				
	6a	Gross rents				n			
	Ь	Less rental exps				u.			ĺ
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from		т——	<u> </u>				<del></del>
		sales of assets (i) Securities		(11)	Other				
		other than inventory	_						
1	D	Less cost or other		[					
	_	basis & sales exps		<del> </del>					
	0 1	Gain or (loss)		L					
	d 8a	Net gain or (loss) Gross income from fundraising even	ıts [				<del>                                     </del>	<del></del>	<del> </del>
a l	Ja	(not including \$							
š		of contributions reported on line 1c)	[						
<b>~</b>		See Part IV, line 18	а						
Other Revenue	ь	Less direct expenses	b				}		
ō		Net income or (loss) from funda	raising	events	<b></b>				
		Gross income from gaming activities	7		<del></del>				
İ		See Part IV, line 19	a[						
	b	Less direct expenses	ь[			·			
ł		Net income or (loss) from game	ng ag	tivities	<b>•</b>				
	10a	Gross sales of inventory, less							
		returns and allowances	а				,		
	b	Less cost of goods sold	ьĮ			-			_
	С	Net income or (loss) from sales	of in	ventory		<u> </u>			<del> </del>
		Miscellaneous Revenue			Busn Code				
	11a	OTHER			900099	337,229	337,229		<del>                                     </del>
,	b						<del> </del>	<del></del> _	<del> </del>
	C	All ather saver			<u> </u>		<del> </del>	<del></del>	<del> </del>
	d	All other revenue			L	227 220	<del></del>	<del></del>	<del> </del>
	е	Total. Add lines 11a-11d			<b>•</b>	337,229	J .		J.

3,498,205

3,498,205

0

0

Total revenue. See instructions

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 280,509 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 917,080 Other salaries and wages Pension plan accruals and contributions (include 127,246 section 401(k) and 403(b) employer contributions) 101,323 Other employee benefits 86,381 Payroll taxes 10 Fees for services (non-employees) 11 Management 19,288 **b** Legal 10,240 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 44,963 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 162,740 13 Office expenses 3,574 14 Information technology 15 Royalties 44,747 16 Occupancy 56,999 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,150,775 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 48,592 Depreciation, depletion, and amortization 22 23 Insurance 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) MEMBERSHIP SERVICES 33,550 27,555 **AUTO EXPENSES** 24,162 DIRECTORS EXPENSE C REPAIRS AND MAINTENANCE 21,038 d 5,761 e All other expenses 3,166,523 0 0 0 Total functional expenses Add lines 1 through 24e 25 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash-non-interest bearing 1 1,377,991 1,137,265 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 190,377 260,664 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 49,968 37,010 10a Land, buildings, and equipment cost or 516,839 other basis Complete Part VI of Schedule D 338,659 177,178 178,180 10b 10c b Less accumulated depreciation 1,480,747 1,645,380 11 11 investments-publicly traded securities 342,538 376,159 Investments-other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 3,378,073 3,875,384 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 260,736 251,055 17 Accounts payable and accrued expenses 17 18 Grants payable 126,608 159,610 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 52,989 94,613 of Schedule D 25 440,333 505,278 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,937,740 3,370,106 Unrestricted net assets 28 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 š Retained earnings, endowment, accumulated income, or other funds 32 32 2,937,740 3,370,106 33 Total net assets or fund balances 3,875,384 3,378,073 Total liabilities and net assets/fund balances

Form	990 (2046) MICHIGAN ASSOCIATION OF SECONDARY 38-1624760			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,16		
3	Revenue less expenses. Subtract line 2 from line 1	3			682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,93	37 <u>, '</u>	<u> 740</u>
5	Net unrealized gains (losses) on investments	5	12	26,:	<u> 396</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>25, °</u>	<u>712</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,3	70,:	<u> 106</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$oxed{oxed}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				· '
	separate basis, consolidated basis, or both				· '
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				i
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m <b>99</b> 0	0 (2016)

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

## Political Campaign and Lobbying Activities

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

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

2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," 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

• 8	Section 501(c)(4), (5), or (6) organizations: Complete Part III				
	e of organization MICHIGAN ASSOCIATION	OF SECONDARY		Employer identi	fication number
	SCHOOL PRINCIPALS		****	38-162476	
Par	t I-A Complete if the organization is exemp	ot under section 501(c)	or is a sectio	n 527 organizatio	<u>n</u>
1	Provide a description of the organization's direct and indirect	d political campaign activities	in Part IV (see inst	ructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc				
Par	rt I-B Complete if the organization is exem	pt under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organization			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization		5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV  It I-C Complete if the organization is exem	nt under section 501/s	) except section	on 501(c)(3)	
				511 50 I(C)(S)	
1	Enter the amount directly expended by the filing organization	in for section 527 exempt fund	สเอก	<b>▶</b> s	
_	activities	ad to ather assessment one for a	antion	<b>P p</b>	
2	Enter the amount of the filing organization's funds contribut	ed to other organizations for s	ection	<b>▶</b> \$	
3	527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter	ar here and on Form 1120-PO	1	•	
3	line 17b	er nete and off Form 1120-FO	<b>L</b> ,	<b>▶</b> s	
4	Did the filing organization file Form 1120-POL for this year	2		Ψ	☐Yes ☐ No
5	Enter the names, addresses and employer identification nu		nolitical omanization	ns to which the filing	
•	organization made payments For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)	(.,	''	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
			ļ		
(5)					
(6)					
			1		

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

Schedule C (Form 990 or 990-EZ) 2016

Sch	edule C (Form 990 or 990-EZ) 2016 <b>MI</b>	CHIGAN ASSOCI	ATION OF S	ECONDARY	38-162476	50 Page 2			
	art II-A Complete if the org				filed Form 5768 (	election under			
	section 501(h)).				<del></del>	<del></del>			
A		zation belongs to an				group member's			
_		IN, expenses, and s			•				
<u> </u>		zation checked box /		trol provision		<del>,                                      </del>			
	Limits on  (The term "expenditure	Lobbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals			
1:	a Total lobbying expenditures to influence					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	b Total lobbying expenditures to influence	, , ,							
	c Total lobbying expenditures (add lines	• • •	or loopying)	F		<del> </del>			
	d Other exempt purpose expenditures			<u> </u>					
(	Total exempt purpose expenditures (a)	dd lines 1c and 1d)	•	· · ·  -					
	f Lobbying nontaxable amount Enter th		ing table in both						
	columns		• • • • • • • • • • • • • • • • • • • •	1					
	If the amount on line 1e, column (a) or (	b) is: The lobbying nor	ntaxable amount is:		<del>-</del>				
	Not over \$500,000	20% of the amoun	t on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	% of the excess over \$50	0,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	6 of the excess over \$1,0	000,000					
	Over \$1,500,000 but not over \$17,000,000								
	Over \$17,000,000	\$1,000,000							
9	g Grassroots nontaxable amount (enter	25% of line 1f)		<u> </u>					
h Subtract line 1g from line 1a If zero or less, enter -0-									
	i Subtract line 1f from line 1c If zero or	less, enter -0-		<u>L</u>		<u> </u>			
	j If there is an amount other than zero		, did the organization f	le Form 4720					
	reporting section 4911 tax for this year	<u>Ly</u>				Yes No			
		4-Year Averagi	ng Period Under s	ection 501(h)					
	(Some organizations that n			-		lumns below.			
		See the separate is	nstructions for line	s 2a through	2f.)				
		Lobbying Expenditu	res During 4-Year	Averaging Pe	eriod				
	Calendar year (or fiscal year								
	beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total			
_		<del>-</del>							
2	a Lobbying nontaxable amount								
- 1	b Lobbying ceiling amount								
_	(150% of line 2a, column(e))								
	c Total lobbying expenditures								
	d Grassroots nontaxable amount								
_	e Grassroots ceiling amount								
	(150% of line 2d, column (e))								
	f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2016

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of
	political expenses for which the section 527(f) tax was paid).

a Current year

b Carryover from last year

c Tota

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4 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 political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

DAA

2a

<u>2b</u> 2c

3

Schedule C (Form 990 or 990-EZ) 2016 MICHIGAN ASSOCIATION OF SECONDARY 38-1624760

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.qov/form990.

OMB No 1545-0047 16 Open to Public

Inspection

	of the organization		Employer	Identification number				
	ICHIGAN ASSOCIATION OF SECONDARY							
	CHOOL PRINCIPALS			624760				
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		Account	s.				
		(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 advisors in writing that	t the assets held in donor advised						
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in	wnting that grant funds can be used		<del></del>				
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose						
	conferring impermissible private benefit?			Yes No				
Pa	Part II Conservation Easements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7							
1	Purpose(s) of conservation easements held by the organization (check	all that apply)						
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	l area				
	Protection of natural habitat Preservation of a certified histonic structure							
	Preservation of open space							
2		rvation contribution in the form of a conse	rvation					
	easement on the last day of the tax year			Held at the End of the Tax Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С		• •	2c	L				
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a						
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion dunng	the				
	tax year ▶	_						
4	Number of states where property subject to conservation easement is							
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		О., О.,				
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements	during the year				
_								
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easen	nents duni	ng the year				
_								
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	)	□ v <sub>22</sub> □ v <sub>3</sub>				
	and section 170(h)(4)(B)(ii)?			Yes No				
9	In Part XIII, describe how the organization reports conservation easem			the				
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	Gorganization's imandal statements that the	icsuines (	a le				
P	art III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar	Assets				
•	Complete if the organization answered "Yes" on I	Form 990. Part IV. line 8	Omman.	Addets.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		halance si					
	works of art, historical treasures, or other similar assets held for public		_					
	public service, provide, in Part XIII, the text of the footnote to its finance							
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	•				
_	works of art, historical treasures, or other similar assets held for public	·						
	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			· \$				
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, pro	ovide the	₹				
_	following amounts required to be reported under SFAS 116 (ASC 958)	<u> </u>						
а	Revenue included on Form 990, Part VIII, line 1		•	· \$				
	Assets included in Form 990, Part X			· \$				

Schedule D	(Form 990) 2016	MICHIGAN	ASSOCIATIO	N OF	SECON	DARY	38-16	24760	Page 2
_Part III	Organizatio	ons Maintaining	Collections of	Art, His	torical Tr	easures,	or Other	Similar Ass	ets (continued)
	the organization's on items (check a		on, and other records	, check ar	ny of the foll	owing that a	re a significa	int use of its	
a ∏ Pu	ıblıc exhibition		aПı	_oan or e	xchange pro	arams			
- H	holarly research			Other		3			
	eservation for futu	re generations	٠ ـ ـ ٠						
_		•	ollections and explain	how they	further the	omanızatıon':	s exempt pu	roose in Part	
XIII		<b>.</b>		,		<b>J</b>			
	the year, did the	organization solicit	or receive donations of	of art, hist	orical treasur	res, or other	sımılar		
_	-	-	to be maintained as p						Yes No
Part IV	Escrow an	d Custodial Ar	rangements.				_		
-	Complete if 990, Part X		n answered "Yes"	on For	n 990, Pa	rt IV, line 9	e, or repor	ted an amou	unt on Form
1a is the			lian or other intermedi	ary for co	ntributions o	r other asset	ts not		
	ed on Form 990, F			a., 10. 00					☐ Yes ☐ No
	•		and complete the fol	lowing tat	ole				
				•					Amount
c Beginn	ing balance							1c	
_	ns during the yea	ır						1d	
e Distribi	utions during the	year						1e	
f Ending	balance							1f	
2a Did the	e organization incli	ude an amount on I	orm 990, Part X, line	21, for es	scrow or cus	todial accour	nt liability?	<del>-</del>	Yes No
b If "Yes	," explain the arra	ngement in Part XIII	Check here if the ex	planation	has been pi	rovided on P	art XIII		
Part V	Endowmer	nt Funds.							
	Complete if	the organization	n answered "Yes"	on Forr	n 990, Pa	rt IV, line	10		<del>,</del>
		Ĺ	(a) Current year	<b>(b)</b> P	пог уеаг	(c) Two yea	ars back	(d) Three years ba	ick (e) Four years back
1a Beginn	ing of year baland	œ							
<b>b</b> Contrib	outions	L							
c Net in	vestment earnings	, gains, and					[		
losses		-							
	or scholarships								
	expenditures for fa	acilities and							
progra		-							_ <del>-</del>
	strative expenses	}				ļ. — .			
_	f year balance	L				ــــــــــــــــــــــــــــــــــــــ			
	•	•	rent year end balance	e (line 1g,	column (a))	neid as			
	designated or qu	_	%						
	nent endowment oranly restricted e		%						
•	<u>-</u>	s 2a, 2b, and 2c sh							
-	-		ession of the organiza	tion that s	are held and	administoro	d for the		
	zation by	nds not in the poss	cosion of the organiza	uon tilat t	are ricia aria	administered	a for the		Yes No
-	related organizati	ons							3a(i)
	ated organizations								3a(ii)
	<del>-</del>		zations listed as requii	ed on Sc	hedule R?				3b
		-	ne organization's endo						<u> </u>
Part VI		dings, and Equ							
		-	n answered "Yes"	on Forr	n 990. Pa	rt IV. line	11a See I	Form 990. P	art X. line 10.
	Description of pr		(a) Cost or other b		(b) Cost or			cumulated	(d) Book value
			(investment)	- 1	(oth	er)	depr	ecation	
1a Land									
<b>b</b> Buildin	gs								
c Leasel	hold improvement	ts				14,667		7,777	6,890
<b>d</b> Equipr	nent					77,616		243,704	33,912
e Other				0	2	24,556		87,178	137,378
Total, Add in	nes 1a through 1e	e (Column (d) must	egual Form 990. Parl	X. colum	n (B), line 1	0c)	<del>_</del> _	•	178,180

	(a) Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.

> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1	(a) Description of liability	(b) Book value
(1)_	Federal income taxes	
(2)	ACCRUED DEFERRED COMPENSATION	94,613
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	. (Column (b) must equal Form 990, Part X, col (B) line 25)	94,613

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2016 MICHIGAN ASSOCIATION OF SECONDARY 38-162476	)		Page <b>4</b>
Pa	Int XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements	1	3,6	24,601
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments 2a 126, 396			
b	Donated services and use of facilities 2b		1	
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d	2е		<u> 26,396</u>
3	Subtract line 2e from line 1	3	3,4	98,205
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII )			
C	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,4	98,205
Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retur	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	3,1	92,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b				
C	Other losses 25,712			
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d	2e		<u>25,712</u>
3	Subtract line 2e from line 1	3	3,1	<u>66,523</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII )			
C	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,1	66,523

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

Part XIII Supplemental Information.

Schedule D (Form 990) 2016 MICHIGAN ASSOCIATION OF SECONDARY 38-1624760

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Part XIII Supplemental Information (continued)

## 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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MICHIGAN ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

Employer identification number 38-1624760

Pa	int i Questions Regarding Compensation			
		_	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	-	ļ	
	First-class or charter travel Housing allowance or residence for personal use	ŀ	1	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social dub dues or initiation fees	ļ	į	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			ŀ	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		l	
			l	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	b	-+	
_		- }-	}	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
		-	- 1	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	- 1		
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	- 1	- 1	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	- 1		
	X Compensation committee Written employment contract	İ		
	Independent compensation consultant X Compensation survey or study	-		
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ļ		
•	organization or a related organization			
2		a l		X
		$\neg$		X
		lb		X
С		c		_
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
		1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ı		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of	\		-
а	The organization?	ia		<u> </u>
b	Any related organization?	b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III	- {		<b>\</b> '
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а		sa		
		3b		
-	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	ł		1
′		,		
	F-7	<del>'</del>		1
8	, , , , , , , , , , , , , , , , , , , ,			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		├
		ļ		l
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		}

Schedule J (Form 990) 2016 MICHIGAN ASSOCIATION OF SECONDARI SOFICES, Use duplicate copies if additional space is needed.

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

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(a)	of M 2 and/or 40	ColMod	H		noum (=) oum (=)		
(A) Name and Title	(i) Base compensation	(i) Base (ii) Bonus & moentve (iii) Older compensation compensation compensation compensation	ompensation  (iii) Other reportable compensation	,	(C) Kelliement and other deferred compensation	(U) Nontaxable benefits	(E) Total of columns (B)(i)—(D)	(F) Componsation in column (B) roportod as deferred on pnor Form 990
	0 182,	541	0	0	0	62,389	244,930	
1 EXECUTIVE DIRECTOR	(m)	0	0	0	0	0 :		0:
	(0) 142,	663	0	0	42,312	0	184,975	0
3 DIR	(11)	0	0	0	0	0	0	0
IN MAINKA	0 121,	904	0	0	43,157		165,061	
3 ASSOC. EXECUTIVE DIR	(H)	0	0	0	0		0	• :
	(i)							
8	<b>©</b>							
5	<u>.</u>							
	<b>(c)</b>							
9	(E)							
0 0	€ €		•,				·	
	(E)			-				
9	(11)							
	€ €					•		
				-				
10	(a)		•	•		:	•	
11	(E)			-		:		
	. (8)							
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0)	(H)							
	(m)			-		:		
D 94	€			·				:

Schodulo J (Form 990) 2016

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Schedule J (Form 990) 2016 MICHIGAN ASSOCIATION OF SECONDARY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

38-1624760

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Schodule J (Form 990) 2016

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

MICHIGAN ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

38-1624760

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ASSOCIATION MEMBERS ARE STATE-WIDE INDIVIDUALS THAT ARE FROM THE FIELD

OF SECONDARY SCHOOL ADMINISTRATION AND ADMINISTRATION OF CAREER TECHNICAL

INSTITUTES.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE ASSOCIATION HAS MEMBERS THAT ELECT THE MEMBERS OF THE GOVERNING BODY

FROM THE GENERAL MEMBERSHIP OF THE ASSOCIATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS PREPARED BY THE AUDITORS, IT IS REVIEWED BY THE BOOKKEEPER
AND EXECUTIVE DIRECTOR PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE EXECUTIVE DIRECTOR REVIEWS THE POLICY AND INDIVIDUALS MUST SIGN OFF ON
IT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION REPORTS FROM THE MICHIGAN SOCIETY OF ASSOCIATION EXECUTIVES AND REPORTS FROM OTHER STATES ARE COLLECTED AND REVIEWED IN SETTING ASSOCIATION COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION REPORTS FROM THE MICHIGAN SOCIETY OF ASSOCIATION EXECUTIVES

AND REPORTS FROM OTHER STATES ARE COLLECTED AND REVIEWED IN SETTING

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
MICHIGAN ASSOCIATION OF SECONDARY	38-1624760

ASSOCIATION COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE MAILED TO THOSE WHO

REQUEST THEM.

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI, LINE 9
LOSS ON DISPOSAL OF FIXED ASSETS (\$25,712)