

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

2016

Open to Public  
Inspection

## A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

C Name of organization AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS		D Employer identification number 54-1999773	
Doing business as AASA		E Telephone number (703) 528-0700	
Number and street (or P O box if mail is not delivered to street address) 1615 Duke Street		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Alexandria, VA 22314		G Gross receipts \$ 11,737,399	
F Name and address of principal officer DANIEL A DOMENECH 1615 Duke Street Alexandria, VA 22314		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► <a href="http://www.aasa.org">www.aasa.org</a>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 2001	M State of legal domicile VA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
AASA, The School Superintendents Association advocates for equitable access for all students to the highest quality education, and develops and supports school system leaders

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	140
3 Number of voting members of the governing body (Part VI, line 1a)	4	140
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	43
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	6	140
6 Total number of volunteers (estimate if necessary)	7a	279,529
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	-145,504
b Net unrelated business taxable income from Form 990-T, line 34		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		1,760,512	2,819,731
9 Program service revenue (Part VIII, line 2g)		7,436,639	7,030,977
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		186,231	210,826
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,499,104	1,587,441
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,882,486	11,648,975

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		10,000	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,451,956	4,563,625
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 216,697			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,219,230	6,367,008
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,681,186	10,930,633
19 Revenue less expenses Subtract line 18 from line 12		201,300	718,342

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		16,461,750	18,432,868
21 Total liabilities (Part X, line 26)		11,542,165	12,258,637
22 Net assets or fund balances Subtract line 21 from line 20		4,919,585	6,174,231

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign  
Here

*****	2018-04-27
Signature of officer	Date
DANIEL A DOMENECH EXECUTIVE DIRECTOR	
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO CPA	Preparer's signature WILLIAM E TURCO CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00369217
	Firm's name ► RSM US LLP			Firm's EIN ► 42-0714325	
	Firm's address ► 9737 Washingtonian Blvd 400 Gaithersburg, MD 20878			Phone no (301) 296-3600	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . .

**1** Briefly describe the organization's mission

AASA advocates for the highest quality public education for all students, and develops and supports school system leaders

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

If "Yes," describe 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

If "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 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 2,099,475 including grants of \$ ) (Revenue \$ 2,135,927 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,310,126 including grants of \$ ) (Revenue \$ 2,356,060 )  
See Additional Data

**4c** (Code ) (Expenses \$ 1,088,821 including grants of \$ ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 3,709,539 including grants of \$ ) (Revenue \$ 3,619,763 )

**4e** **Total program service expenses ►** 8,207,961

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
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 <b>Section 501(c)(3) organizations.</b> 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, Part V	10 Yes	
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," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**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 . . . . .

**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 . . . . .

**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 . . . . .

**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 . . . . .  
**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 to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**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 . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**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 . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**c** 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 . . . . .

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

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

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

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	105	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			<b>1c</b> Yes
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	43	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b> Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b> Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .			<b>3b</b> Yes
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b> No
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b> No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b> No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>			<b>7a</b> No
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7b</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7c</b> No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			<b>7e</b> No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b> No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		<b>12a</b>
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			<b>13a</b>
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .			<b>14b</b>

**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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	140	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	140	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>12a</b>	Yes
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12b</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12c</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>13</b>	No
<b>13</b> Did the organization have a written whistleblower policy?	<b>14</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>15a</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>15b</b>	No
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>16a</b>	No
<b>b</b> Other officers or key employees of the organization	<b>16b</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

## Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	VA
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	►EVELYN GILLIAM 1615 Duke Street Alexandria, VA 22314 (703) 875-0779

## **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**

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

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

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)			<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
See Additional Data Table		Individual trustee or director	Institutional Trustee	Former highest compensated employee			

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	1,750,379	0	138,503

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>	No
<b>4</b> 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 J for such individual . . . . .	<b>4</b>	Yes
<b>5</b> 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 . . . . .	<b>5</b>	No

---

**Section B. Independent Contractors**

1 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.

From the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
National Trade Production Inc Creative 313 SOUTH PATRICK STREET ALEXANDRIA, VA 22314	Marketing services for membership & conf	276,942

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,819,731			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		2,819,731				
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> membership dues	900099	3,038,602	3,038,602		
	<b>b</b> CONVENTION REVENUE	900099	2,064,223	2,060,083	4,140	
	<b>c</b> Leadership Services	900099	1,428,941	1,428,941		
	<b>d</b> Leadership Development	900099	262,000	262,000		
	<b>e</b> ADVERTISING REVENUE	541800	223,490		223,490	
	<b>f</b> All other program service revenue		13,721	13,721		
<b>g Total.</b> Add lines 2a-2f . . . . .		7,030,977				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		210,826		210,826	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .		1,397,334		1,397,334	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		107,996				
	<b>b</b> Less rental expenses	74,896				
	<b>c</b> Rental income or (loss)	33,100				
<b>d</b> Net rental income or (loss) . . . . .		33,100		9,702	23,398	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	22,918				
<b>b</b> Less cost of goods sold . . . . .	b	13,528				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			9,390		9,390	
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b> OTHER INCOME	900099		93,096		93,096	
<b>b</b> website advertising	541800	42,197		42,197		
<b>c</b> Refund	900099	12,324			12,324	
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		147,617				
<b>12 Total revenue.</b> See Instructions . . . . .		11,648,975	6,803,347	279,529	1,746,368	

**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)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,208,111	680,763	474,351	52,997
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	2,037,232	1,147,967	799,896	89,369
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	115,579	65,128	45,381	5,070
9 Other employee benefits	972,440	547,963	381,817	42,660
10 Payroll taxes	230,263	129,752	90,410	10,101
11 Fees for services (non-employees)				
a Management				
b Legal	43,462	19,664	23,798	
c Accounting	49,500		49,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,729,626	1,664,687	64,939	
12 Advertising and promotion	10,217	8,434	1,783	
13 Office expenses	648,439	546,754	101,685	
14 Information technology	237,710	24,242	213,468	
15 Royalties				
16 Occupancy	230,523	230,523		
17 Travel	1,010,455	939,997	53,958	16,500
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,354,738	1,338,546	16,192	
20 Interest	68,936	68,936		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,335	139,335		
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 )				
a subcontracts	484,543	484,543		
b Other costs	249,347	108,527	140,820	
c Dues & Subscriptions	100,135	62,200	37,935	
d Bad Debt	10,042		10,042	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	10,930,633	8,207,961	2,505,975	216,697
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> 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 IX 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing . . . . .	400	<b>1</b>	400
	2 Savings and temporary cash investments . . . . .	5,442,490	<b>2</b>	6,529,910
	3 Pledges and grants receivable, net . . . . .	334,600	<b>3</b>	489,692
	4 Accounts receivable, net . . . . .	156,242	<b>4</b>	66,854
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5		
	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 . . . . .	6		
	7 Notes and loans receivable, net . . . . .	7		
	8 Inventories for sale or use . . . . .	8		
	9 Prepaid expenses and deferred charges . . . . .	172,729	<b>9</b>	177,488
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a	5,675,596	
	b Less accumulated depreciation . . . . .	10b	2,085,259	3,633,866
			<b>10c</b>	3,590,337
	11 Investments—publicly traded securities . . . . .	3,344,502	<b>11</b>	3,683,063
	12 Investments—other securities See Part IV, line 11 . . . . .	3,028,839	<b>12</b>	3,473,155
	13 Investments—program-related See Part IV, line 11 . . . . .	13		
	14 Intangible assets . . . . .	14		
	15 Other assets See Part IV, line 11 . . . . .	348,082	<b>15</b>	421,969
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,461,750	<b>16</b>	18,432,868
Liabilities	17 Accounts payable and accrued expenses . . . . .	1,095,605	<b>17</b>	1,113,537
	18 Grants payable . . . . .	18		
	19 Deferred revenue . . . . .	3,399,416	<b>19</b>	4,430,504
	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 . . . . .	22		
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	2,539,631	<b>23</b>	2,350,079
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	4,507,513	<b>25</b>	4,364,517
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,542,165	<b>26</b>	12,258,637
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	4,769,484	<b>27</b>	6,024,055
	28 Temporarily restricted net assets . . . . .	101	<b>28</b>	176
	29 Permanently restricted net assets . . . . .	150,000	<b>29</b>	150,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	30		
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31		
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32		
	33 Total net assets or fund balances . . . . .	4,919,585	<b>33</b>	6,174,231
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	16,461,750	<b>34</b>	18,432,868

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,648,975
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,930,633
3	Revenue less expenses Subtract line 2 from line 1	3	718,342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,919,585
5	Net unrealized gains (losses) on investments	5	311,437
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	224,867
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,174,231

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
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?		
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		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b 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 basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c 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?		
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?		
3b 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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1999773

**Name:** AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS

Form 990 (2016)

---

### Form 990, Part III, Line 4a:

Leadership services Leadership Services provides specialized services to our members in a wide array of certification and consortia group programs. The programs provide school system leaders with 21st century learning through the use of research driven best practices to provide knowledge on critical issues facing the education community and build leadership skills, dispositions and expertise to address them that will benefit all students

---

## **Form 990, Part III, Line 4b:**

National conference On Education The Association hosts the National Conference on Education annually. This conference features nationally recognized speakers, how-to sessions for school administrators, a national exhibit of educational products, small-group meetings and pre-sessions.

---

## **Form 990, Part III, Line 4c:**

Children's Initiatives and Program Development Department The Association is an organization of professionals, who provide leadership to school systems and school leaders in ensuring that all children receive a quality education. The association recognizes there are many barriers to learning and works with its membership to overcome them through the Children's Department. The association depends on externally funded grants and contracts to underwrite a portion of this initiative.

---

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

(Code ) (Expenses \$ 814,724 including grants of \$ ) (Revenue \$ )

(Code ) (Expenses \$ 745,850 including grants of \$ 3,038,602 )  
Member/affiliate services

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

Leadership Development	(Code ) (Expenses \$ 514,283 )	including grants of \$ 503,440 )
Governance	(Code ) (Expenses \$ 586,899 )	including grants of \$ 64,000 )

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

(Code ) (Expenses \$ 529,298 including grants of \$ )

## Public policy

(Code ) (Expenses \$ 305,669 including grants of \$ )

## Awards

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

(Code ) (Expenses \$ )	15,139	including grants of \$ ) (Revenue \$ )	13,721
Educational Meetings			
(Code ) (Expenses \$ )	197,677	including grants of \$ ) (Revenue \$ )	
other services			

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Alton L Frailey President	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
David R Schuler Immediate Past President	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Lyle C Ailshie Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Deborah S Akers Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Joseph C Barrow Jr Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Mark R Bezek Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
S Dallas Dance Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Joseph V Erardi Jr Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Eric C Eshbach Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Christopher O Gaines Executive Committee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
Lupita L Hightower	2 00						0	0	0
Executive Committee	.....	X							
Gary L Kelly	2 00						0	0	0
Executive Committee	.....	X							
Michelle R Price	2 00						0	0	0
Executive Committee	.....	X							
Kristi A Sandvik	2 00						0	0	0
Executive Committee	.....	X							
Theron J Schutte	2 00						0	0	0
Executive Committee	.....	X							
Valeria S Silva	2 00						0	0	0
Executive Committee	.....	X							
Tom J Turrell	2 00						0	0	0
Executive Committee	.....	X							
Jule J Walker	2 00						0	0	0
Executive Committee	.....	X							
Betsy M Webb	2 00						0	0	0
Executive Committee	.....	X							
Matthew Akin	2 00						0	0	0
Governing Board	.....	X							

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Ruben Alejandro	2 00				0	0	0
Governing Board	.....	X					
Phillip Auger	2 00				0	0	0
Governing Board	.....	X					
Thomas E Bertrand	2 00				0	0	0
Governing Board	.....	X					
Deena M Bishop	2 00				0	0	0
Governing Board	.....	X					
Daniel T Bittman	2 00				0	0	0
Governing Board	.....	X					
Brian J Blake	2 00				0	0	0
Governing Board	.....	X					
Russell W Booker	2 00				0	0	0
Governing Board	.....	X					
John E Bourque	2 00				0	0	0
Governing Board	.....	X					
Jason Branch	2 00				0	0	0
Governing Board	.....	X					
Harry Bull	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Susan S Bunting	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Debbi Burdick	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Howard Carlson	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Sue Carnell	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Crit Caton	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Nicholas Ceglarek	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Ember Conley	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Patricia Cosentino	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
Daniel D Cox	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					
David A Cox	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
John Cselovszki	2 00	Former Or Director	Individual trustee	Institutional Trustee	Key employee	Highest compensated employee	
Governing Board	.....	X					0
Jay Curtis	2 00		X				0
Governing Board	.....		X				0
Mervin Daugherty	2 00		X				0
Governing Board	.....		X				0
Terry E Davidson	2 00		X				0
Governing Board	.....		X				0
Traci Davis	2 00		X				0
Governing Board	.....		X				0
Dominic A DePatsy	2 00		X				0
Governing Board	.....		X				0
Frank D Devon	2 00		X				0
Governing Board	.....		X				0
Darin Drill	2 00		X				0
Governing Board	.....		X				0
Elliott Duchon	2 00		X				0
Governing Board	.....		X				0
Alan V Dunn	2 00		X				0
Governing Board	.....		X				0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Former highest compensated employee and/or officer			
Cederick Ellis	2 00				0	0	0
Governing Board	.....	X					
Michael W Faulk	2 00				0	0	0
Governing Board	.....	X					
Art Fessler	2 00				0	0	0
Governing Board	.....	X					
Paul Freeman	2 00				0	0	0
Governing Board	.....	X					
Richard W Fry	2 00				0	0	0
Governing Board	.....	X					
Michael Fulton	2 00				0	0	0
Governing Board	.....	X					
Ruth C Gilbert-Whitner	2 00				0	0	0
Governing Board	.....	X					
Clark J Godshall	2 00				0	0	0
Governing Board	.....	X					
Michael Grego	2 00				0	0	0
Governing Board	.....	X					
Judith Hacket	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Or Director	Individual trustee	Institutional trustee			
					Highest compensated employee		
Mary J Hainstock	2 00					0	0
Governing Board	.....	X				0	0
Scott D Hanback	2 00					0	0
Governing Board	.....	X				0	0
Brian Hanes	2 00					0	0
Governing Board	.....	X				0	0
Brian Harris	2 00					0	0
Governing Board	.....	X				0	0
Timothy C Hayes	2 00					0	0
Governing Board	.....	X				0	0
John Heard III	2 00					0	0
Governing Board	.....	X				0	0
Bill Heath	2 00					0	0
Governing Board	.....	X				0	0
Justin B Henry	2 00					0	0
Governing Board	.....	X				0	0
Blaine Hess	2 00					0	0
Governing Board	.....	X				0	0
Frank F Hewins	2 00					0	0
Governing Board	.....	X				0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Todd Hoadley	2 00				0	0	0
Governing Board	.....	X					
Shane Hotchkiss	2 00				0	0	0
Governing Board	.....	X					
Paul Imhoff	2 00				0	0	0
Governing Board	.....	X					
Curtis L Jones Jr	2 00				0	0	0
Governing Board	.....	X					
John Jungmann	2 00				0	0	0
Governing Board	.....	X					
Scott R Kizner	2 00				0	0	0
Governing Board	.....	X					
Ed Klamfoth	2 00				0	0	0
Governing Board	.....	X					
Lynne Kovash	2 00				0	0	0
Governing Board	.....	X					
Robert Lech	2 00				0	0	0
Governing Board	.....	X					
Daniel M Leikvold	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Gary Lilly	2 00	Former Or Director	Individual trustee	Institutional Trustee	Key employee	Highest compensated employee	
Governing Board	.....	X					0
Jeff Lind	2 00						0
Governing Board	.....	X					0
Donna Little-Kaumo	2 00						0
Governing Board	.....	X					0
Emilie M Lonardi	2 00						0
Governing Board	.....	X					0
Mark T MacLean	2 00						0
Governing Board	.....	X					0
Ralph Marino Jr	2 00						0
Governing Board	.....	X					0
Joseph Maruszczak	2 00						0
Governing Board	.....	X					0
Janet Mason	2 00						0
Governing Board	.....	X					0
David M Mathis	2 00						0
Governing Board	.....	X					0
Kevin Maxwell	2 00						0
Governing Board	.....	X					0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Scott P McCartney	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Ronnie McGehee	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Kelli A Moulton	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Susan Moxley	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Matthew Murphy	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Patrick K Murphy	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Annmarie O'Brien	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Daniel W Olson	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Keith E Owen	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					
Ruth Perez	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Director	<input type="checkbox"/> Institutional Trustee		0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Former highest compensated employee and/or officer			
Elaine Pinckney	2 00				0	0	0
Governing Board	.....	X					
Gail K Pletnick	2 00				0	0	0
President-Elect	.....	X					
Susan A Pratt	2 00				0	0	0
Governing Board	.....	X					
Judith Rattner	2 00				0	0	0
Governing Board	.....	X					
Jeffrey N Rehlander	2 00				0	0	0
Governing Board	.....	X					
Jim D Rollins	2 00				0	0	0
Governing Board	.....	X					
Simone Rose-Oliver	2 00				0	0	0
Governing Board	.....	X					
Maryllice Russell	2 00				0	0	0
Governing Board	.....	X					
Randy L Russell	2 00				0	0	0
Governing Board	.....	X					
Aaron Sadoff	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional trustee	Former highest compensated employee			
Owens G Saylor	2 00				0	0	0
Governing Board	.....	X					
Jeffrey Schumann	2 00				0	0	0
Governing Board	.....	X					
Guy M Sconzo	2 00				0	0	0
Governing Board	.....	X					
Roy M Seitsinger	2 00				0	0	0
Governing Board	.....	X					
Rodney Shotwell	2 00				0	0	0
Governing Board	.....	X					
Joseph N Siano	2 00				0	0	0
Governing Board	.....	X					
Michael J Sieh	2 00				0	0	0
Governing Board	.....	X					
Robert Sittig	2 00				0	0	0
Governing Board	.....	X					
John Skretta	2 00				0	0	0
Governing Board	.....	X					
Larry Smith	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Sherri L Smith ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Gaylen Smyer ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Ryan A Snoddy ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Leland Stocker ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Glen J Suppes ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Patrick J Sweeney ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Cosimo Tangorra Jr ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
David Tebo ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Nancy Thomas ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
Lillian M Torrez ..... Governing Board	2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
G Brian Toth	2 00				0	0	0
Governing Board	.....	X					
Curt Tryggestad	2 00				0	0	0
Governing Board	.....	X					
Andrew Underwood	2 00				0	0	0
Governing Board	.....	X					
Henry L Webb Jr	2 00				0	0	0
Governing Board	.....	X					
Steve Webb	2 00				0	0	0
Governing Board	.....	X					
Ronald C Whitmoyer	2 00				0	0	0
Governing Board	.....	X					
Marie Wiles	2 00				0	0	0
Governing Board	.....	X					
Chris Wilson	2 00				0	0	0
Governing Board	.....	X					
Barry Wowk	2 00				0	0	0
Governing Board	.....	X					
Jeff Zander	2 00				0	0	0
Governing Board	.....	X					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Daniel Domenech Executive Director	40 00 .....	Individual trustee or director	Institutional Trustee	Officer Key employee Employee Former Highest compensated Employee	402,370	0	17,689
Chuck Woodruff COO	40 00 .....		X		211,885	0	11,405
Evelyn Gilliam Director of Finance	40 00 .....		X		147,198	0	12,356
Mort Sherman Assoc Exec Dir	40 00 .....			X	165,805	0	12,279
Sharon Adams-Taylor Assoc Exec Dir	40 00 .....			X	160,179	0	12,121
CJ Reid Assoc Exec Dir	40 00 .....			X	138,713	0	24,854
Noelle Ellerson Assoc Exec Dir	40 00 .....			X	132,435	0	15,682
Chris Daw Assoc Exec Dir	40 00 .....			X	131,643	0	14,026
MaryAnn Jobe Director of Leadership Dev	40 00 .....			X	122,280	0	7,113
Heidi Schmidt Dir Corporate & Strategic Alliances	40 00 .....			X	137,871	0	10,978

**SCHEDULE A**  
(Form 990 or  
990EZ)**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](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORSEmployer identification number  
54-1999773**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 12, 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)**.

4  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 \_\_\_\_\_

5  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)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  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)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(2)**. (Complete Part III)

11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **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**.

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**.

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**.

d  **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**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

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

Cat. No. 11285F

**Schedule A (Form 990 or 990-EZ) 2016**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						<b>12</b>

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,276,148	4,881,432	5,658,671	4,739,729	5,858,333	27,414,313
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	2,269,717	3,279,865	3,389,760	4,268,913	3,764,745	16,973,000
3 Gross receipts from activities that are not an unrelated trade or business under section 513	585,419	93,653	280,971	144,279	121,096	1,225,418
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 <b>Total.</b> Add lines 1 through 5	9,131,284	8,254,950	9,329,402	9,152,921	9,744,174	45,612,731
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 <b>Public support.</b> (Subtract line 7c from line 6 )						45,612,731

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	9,131,284	8,254,950	9,329,402	9,152,921	9,744,174	45,612,731
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361,923	1,005,597	1,224,792	1,463,436	1,716,156	5,771,904
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	79,352					79,352
c Add lines 10a and 10b	441,275	1,005,597	1,224,792	1,463,436	1,716,156	5,851,256
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )					105,420	105,420
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )	9,572,559	9,260,547	10,554,194	10,616,357	11,565,750	51,569,407

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	88 450 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	90 770 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	11 350 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	9 230 %

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a	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 <b>Part VI</b> when and how the organization made the determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	<b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

**Part IV Supporting Organizations (continued)**

	Yes	No
11		
a		
b		
c		
	11a	
	11b	
	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1		
	1	
2		
	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1		
	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1		
	1	
2		
	2	
3		
	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete **line 2** below
- The organization is the parent of each of its supported organizations Complete **line 3** below
- The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

- 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

- 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

**3 Parent of Supported Organizations Answer (a) and (b) below.**

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

- 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

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2016</b>
		<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
<b>3</b>	Excess distributions carryover, if any, to 2016	
<b>a</b>		
<b>b</b>		
<b>c</b> From 2013. . . . .		
<b>d</b> From 2014. . . . .		
<b>e</b> From 2015. . . . .		
<b>f Total</b> of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2016 distributable amount		
<b>i</b> Carryover from 2011 not applied (see instructions)		
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f		
<b>4</b> Distributions for 2016 from Section D, line 7		
\$		
<b>a</b> Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
<b>c</b> Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c		
<b>8</b> Breakdown of line 7		
<b>a</b>		
<b>b</b> Excess from 2013. . . . .		
<b>c</b> Excess from 2014. . . . .		
<b>d</b> Excess from 2015. . . . .		
<b>e</b> Excess from 2016. . . . .		

**Part VI****Supplemental Information.**

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

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

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

Name of the organization

AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS

Employer identification number

54-1999773

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

► \$ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes  No

- 4a Was a correction made?

 Yes  No

- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file Form 1120-POL for this year?

 Yes  No

- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**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-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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 Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	619,914	680,728	684,059	700,953	2,685,654
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,028,481
<b>c</b> Total lobbying expenditures	385,378	382,454	411,046	333,064	1,511,942
<b>d</b> Grassroots nontaxable amount	154,979	170,182	171,015	175,238	671,414
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,007,121
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

a 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?

e 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

2a 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?

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes	No
1	
2	
3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members

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 Total

3 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?

5 Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

**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

Return Reference	Explanation
------------------	-------------

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).**Name of the organization**  
AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS**Employer identification number**  
54-1999773**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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	► \$
b 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	► \$
2 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	► \$
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,168,651	1,142,545	1,121,142	1,093,403	1,066,998
<b>b</b> Contributions . . . . .	27,143	26,031	27,016	27,625	28,248
<b>c</b> Net investment earnings, gains, and losses	75	75	78	114	322
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			5,691		2,165
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,195,869	1,168,651	1,142,545	1,121,142	1,093,403

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 87 440 %

b Permanent endowment ► 0 010 %

c Temporarily restricted endowment ► 12 540 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,120,555		1,120,555
<b>b</b> Buildings		2,801,057	535,658	2,265,399
<b>c</b> Leasehold improvements		18,102	18,010	92
<b>d</b> Equipment . . . . .		1,735,882	1,531,591	204,291
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►

3,590,337

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 9302-SPDR S&P 500 ETF Trust	2,249,224	F
(B) 114600 288-VANGUARD FIXED INC SECS F	1,223,931	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )</b>	<b>3,473,155</b>	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )</b>		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )</b>	

**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	
ACCRUED POSTRETIREMENT MEDICAL BENEFITS	3,955,669
Deferred compensation	389,948
Deferred Rent deposit	18,900
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )</b>	<b>4,364,517</b>

2. 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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	12,036,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	311,437
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	311,437
3	Subtract line 2e from line 1 . . . . .	3	11,725,075
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	-76,100
c	Add lines 4a and 4b . . . . .	4c	-76,100
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	11,648,975

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements . . . . .	1	10,781,866
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	-148,767
e	Add lines 2a through 2d . . . . .	2e	-148,767
3	Subtract line 2e from line 1 . . . . .	3	10,930,633
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	10,930,633

**Part XIII Supplemental Information**

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 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1999773

**Name:** AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS

## Supplemental Information

Return Reference	Explanation
Part V, Line 4	The intended use of the endowment funds are based on the donors instructions. Earnings are used to support a general session or lecture at the annual National Conference

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>The Association is generally exempt from federal income taxes under provisions of Section 501(c)(3) of the Internal Revenue Code (IRC). In addition, the Association qualifies for charitable contribution deductions and has been classified as an organization that is not a private foundation. Under current Internal Revenue Service (IRS) regulations, rental income and advertising earned in the publication of the Association's magazines are subject to unrelated business income tax. Deferred taxes arise due to the timing difference in recognition of rental revenue. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Association may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated the Association's tax position and is not aware of any uncertain tax positions, therefore, no tax liabilities have been recorded as of June 30, 2017, or any related interest and penalties included in the balance sheet or statement of activities. Generally, the Association is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2014.</p>

## Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	COST OF GOODS SOLD REPORTED ON LINE 10B -13,528 Refund from IRS 12,324 Rental Expenses Reported on Line 6b -74,896

## Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	COST OF GOODS SOLD REPORTED ON LINE 10B 13,528 MINIMUM POSTRETIREMENT LIABILITY ADJUSTMENT T -224,867 Refund from IRS -12,324 Rental Expenses Reported on Line 6b 74,896

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**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](http://www.irs.gov/form990).Name of the organization  
AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS

Employer identification number

54-1999773

**Part I Questions Regarding Compensation**

**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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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 organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?  
**b** Any related organization?  
 If "Yes," on line 5a or 5b, describe in Part III

**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

**a** The organization?  
**b** Any related organization?  
 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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Daniel Domenech Executive Director	(i) 369,118	0	33,252	13,250	5,707	421,327	0
	(ii) 0	0	0	0	0	0	0
<b>2</b> Chuck Woodruff COO	(i) 206,551	0	5,334	10,866	1,965	224,716	0
	(ii) 0	0	0	0	0	0	0
<b>3</b> Evelyn Gilliam Director of Finance	(i) 139,120	0	8,078	7,918	7,793	162,909	0
	(ii) 0	0	0	0	0	0	0
<b>4</b> Mort Sherman Assoc Exec Dir	(i) 161,308	0	4,497	8,624	4,886	179,315	0
	(ii) 0	0	0	0	0	0	0
<b>5</b> Sharon Adams-Taylor Assoc Exec Dir	(i) 155,796	0	4,383	8,430	6,873	175,482	0
	(ii) 0	0	0	0	0	0	0
<b>6</b> CJ Reid Assoc Exec Dir	(i) 132,837	0	5,876	7,185	18,624	164,522	0
	(ii) 0	0	0	0	0	0	0

**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.

<b>Return Reference</b>	<b>Explanation</b>
Part I, Line 1a	Daniel A. Domenech received travel for companion benefits in the amount of \$10,395 which reported as taxable compensation.
Part I, Line 5	AASA had a goal during this fiscal year to significantly increase revenue by developing quality partnerships. The bonus plan was available to employees who were directly responsible for generating revenue through corporate and strategic partnerships. The bonus was awarded when revenue exceeded the approved budget category for the fiscal year by thirty percent. Once the revenue goal was achieved, a bonus was paid representing fifty percent of the employee's base salary.

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

Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF SCHOOL  
ADMINISTRATORS

OMB No 1545-0047

**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.

- ▶ 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](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

54-1999773

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Since 1865, school system leaders have joined the American Association of School Administrators (AASA) for professional support and development, information and news, networking, and representation at the federal level and to support the AASA mission to advance public education for all children. AASA represents school district administrators at both the building and central office level. AASA's primary members are public school district superintendents and those who aspire to that position. AASA also includes college professors who are preparing school administrators.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Any member in the Active Membership category who is serving on, or has served on within the last 3 years, either the Governing Board or the Executive Committee and is a member of their state association is eligible to run for President-Elect of AASA. The president-elect serves a one year term before becoming president for one year. Following his/her presidential term he/she becomes the immediate past president for one year. Interested candidates file appropriate materials and a \$500 filing with AASA no later than the 1st Friday in December. The Election Committee meets via conference call to review the materials and to declare the candidate(s) eligible. The Governing Board at its winter meeting nominates the candidate(s) for president-elect. If more than 3 candidates are vying for the nomination, the Governing Board must reduce that number to no more than 3. The Governing Board cannot add candidates. Eligible voting members receive voting materials either electronically or via US mail. The candidate receiving a plurality of the votes cast is elected.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 990 will be reviewed by the Audit Committee. The Audit Committee Chair will discuss the 990 with the full Executive Committee at its next meeting following the review. All members will have the opportunity to review the return.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Annually at the first board meeting of the year, the policy manual is an agenda item of the meeting. The policy manual, which includes the conflict of interest policy, is reviewed with the Executive Committee. A conflict of interest statement is signed by each committee member at this meeting. Committee members absent from this meeting are sent the policy manual and a statement to sign and return, or this information is reviewed and collected at the second meeting of the year.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	<p>The American Association of School Administrators (AASA) uses outside independent consultants to review its salaries on regular basis. This review provides information about the Association's competitive position relative to published survey data and assures that the pay of executives and other employees is reasonable. The salary of the Association's executive director is determined by the executive committee by market comparisons. Other staff compensation are approved by Executive Director or Chief Operating officer. THE ANNUAL REVIEW OF SALARIES WAS CONDUCTED IN 2016 WITH EMPLOYEES BEING GIVEN A COST OF LIVING SALARY INCREASE OF 3%. Contemporaneous substantiation of the deliberation and decisions are documented.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The policies and procedures (which includes conflict of interest policies) will be posted on the organization's website. All members will have access to these documents. FINANCIAL INFORMATION IS RECORDED IN THE ANNUAL REPORT AND APPROVED BUDGET DOCUMENT WHICH IS DISTRIBUTED IN JULY OF EACH YEAR

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Consultant Program service expenses 738,089 Management and general expenses 54,899 Fund raising expenses 0 Total expenses 792,988 Temporary Help Program service expenses 10,803 Management and general expenses 0 Fundraising expenses 0 Total expenses 10,803 Honorarium Program service expenses 102,130 Management and general expenses 4,800 Fundraising expenses 0 Total expenses 106,930 Brokerage & Commission Program service expenses 39,771 Management and general expenses 0 Fundraising expenses 0 Total expenses 39,771 List Rental Program service expenses 13,216 Management and general expenses 0 Fundraising expenses 0 Total expenses 13,216 Publication Services Program service expenses 1,950 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,950 President's Subsidy Program service expenses 6,787 Management and general expenses 0 Fundraising expenses 0 Total expenses 6,787 Lead Teachers Program service expenses 81,800 Management and general expenses 0 Fundraising expenses 0 Total expenses 81,800 Mentors Program service expenses 154,000 Management and general expenses 0 Fundraising expenses 0 Total expenses 154,000 Other Professional Services Program service expenses 516,141 Management and general expenses 5,240 Fundraising expenses 0 Total expenses 521,381

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	MINIMUM POSTRETIREMENT LIABILITY ADJUSTMENT 224,867