Form 990

Department of the Treasury

DLN: 93493053012649

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

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

Open to Public

nterna	l Reve	enue Servic	e Information an					Inspection
A Fo	or th	ne 2017		inning 07-01-2017 ,and ending 06-	30-2018			
		applicable	C Name of organization Michigan Association of Public Sch	nool Academies		D Employe	er identif	ication number
		change hange				38-4019	362	
□ Ini			Doing business as					
		rn/terminate d return		mail is not delivered to street address) Room/	suita	E Telephone	e number	
		ion pendin	217 C Crand Ava	Than is not delivered to street address, indonly.	Suite	(517) 37	74-9167	
				ountry, and ZIP or foreign postal code				
			Lansing, MI 48933			G Gross red	ceipts \$ 55	57,807
			F Name and address of princi DAVID SEITZ	pal officer	H(a)	Is this a group ret	urn for	
			217 S Grand Ave 2nd Floor			subordinates? Are all subordinate		□Yes 🗹 No
· Tax		mant status	Lansing, MI 48933			included?	e 5	☐ Yes ☐No
		mpt status	□ 501(c)(3) □ 501(c)(4)	◀ (insert no)	1	If "No," attach a lı	•	•
W	ebsi	te:► N/	A		ПСЭ	Group exemption	number	•
(Eorn	n of o	raanizatioi	n 🗹 Corporation 🗌 Trust 🔲 As	Scoolation Other •	L Year of	f formation 2016	M State	of legal domicile MI
. 1 0111	11 01 0	n gannzatioi	T LE Corporation LE Trust LE A	Sociation — Other				
Pa	rt I		nmary					
			escribe the organization's mission IDE LEADERSHIP TO ADVANCE O	i or most significant activities QUALITY AND PROMOTE CHOICE IN EDUC.	ATION THE	ROUGH CHARTERE	D PUBLI	C SCHOOLS AND
ي د			JPPORTERS,					
<u>=</u>	:							
governance			_					
3				discontinued its operations or disposed of ning body (Part VI, line 1a)			ssets 3	l <u>-</u>
ರ ^	l		-	of the governing body (Part VI, line 1b)			4	
<u> </u>	l		·	calendar year 2017 (Part V, line 2a)			5	
ACHVIUES &	l		• •	necessary)			6	C
ŧ	l			art VIII, column (C), line 12			7a	C
	ь	Net unre	elated business taxable income fr	om Form 990-T, line 34			7 b	
						Prior Year		Current Year
	l							
₫	8		• •	1h)		550,0	68	556,76
ĕNUĕA	9	Program	service revenue (Part VIII, line	2g)		·		
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May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

Form	990 (2017)						Page 2
Par	t IIII Statement of Pr	ogram Service	Accomplis	hments			
	Check If Schedule O	contains a respor	se or note to	any line in this Part III .			. \square
1	Briefly describe the organiz	ation's mission					
То рі	rovide leadership to advance						
2	Did the organization under				ch were not listed on		1
	the prior Form 990 or 990-					☐ Yes 🔽	No
_	If "Yes," describe these nev						
3	Did the organization cease		ke significant	changes in how it conduc	ts, any program	□Yes	7
	services?					∟ Yes	⊻ No
	If "Yes," describe these cha	-					
4		(c)(4) organization	s are required	to report the amount of	rgest program services, as measur grants and allocations to others, th		5
4a	(Code)	(Expenses \$	505,322	including grants of \$	320,528) (Revenue \$	555,260)	
	See Additional Data						
4b	(Code)	(Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code)	(Expenses \$		ıncludıng grants of \$) (Revenue \$)	
	-						
4d	Other program services (De	escribe in Schedul	e O)				
-	(Expenses \$		ding grants of	\$) (Revenue \$)	
4e	Total program service ex		505,3	·		-	

Checklist of Required Schedules

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Was the organization included in consolidated, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

Yes

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Nο

Νo

No

Form 990 (2017)

e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

or X as applicable

Par	t IV
1	Is the

Form	Form 990 (2017)									
Par	Part IV Checklist of Required Schedules (continued)									
			Yes	No						
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

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

Was the organization a party to a business transaction with one of the following parties (see 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

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

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

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

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

26

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instructions for applicable filing thresholds, conditions, and exceptions)

25a

25b

26

27

28a

28b

28c

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35a

35b

36

37

Yes

Yes

Form **990** (2017)

No

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

Νo

No

Nο

Nο

Nο

orm	990 (2017)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	•		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	<u> </u>

OHIII	11 990 (2017)			Page t
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See		onse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year la	5	Yes	No
	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 Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	hip with any other		No
3	Did the organization delegate control over management duties customarily performed by or under to of officers, directors or trustees, or key employees to a management company or other person? .	he direct supervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed? 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets? . 5	<u> </u>	No
6		6		No
7a	 Did the organization have members, stockholders, or other persons who had the power to elect or a 	appoint one or more		
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body?	stockholders, or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	during the year by		
	a The governing body?	8a	Yes	
	b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the	e Internal Revenue Cod	(e.) Yes	No
10-	a Did the organization have local chapters, branches, or affiliates?	10a	res	No
	b If "Yes," did the organization have written policies and procedures governing the activities of such c and branches to ensure their operations are consistent with the organization's exempt purposes?			NO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box form?			No
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u>11a</u>		NO
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give rise to		
c	conflicts?	Yes," describe in	Yes	
	Schedule O how this was done	. 120	H	
13		13	Yes	
14	• • • • • • • • • • • • • • • • • • • •	14	Yes	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	b Other officers or key employees of the organization	15b	ļ	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	anization's exempt		
Se	ection C. Disclosure	16b		
<u> 36</u> 17	List the States with which a copy of this Form 990 is required to be filed▶			
18	MI	T (501(c)(3)s only)		
_	available for public inspection Indicate how you made these available Check all that apply	((-)(-)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, copolicy, and financial statements available to the public during the tax year	onflict of interest		
20	• • • • • • • • • • • • • • • • • • • •	oks and records		
	SARA VANDERBILT 217 S Grand Ave 2nd Floor Lansing, MI 48933 (517) 374-9167			

Part VII

(F)

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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

✓ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (D) (B) (E)

Name and Title	Average hours per week (list any hours for related		n (do ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DAVID SEITZ	0 00	×		x				0	0	0
Board Chair				Ĺ				Ŭ	0	
(2) BUZZ THOMAS Vice Chair	0 00	х		x				0	0	0
(3) JOHN CLEARY Treasurer	0 00	х		х				0	0	0
(4) DON COOPER Secretary	0 00	X		×				0	0	0
(5) GREG MCNEILLY Director	0 00	х						0	0	0
										_
										Form 990 (2017)

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, un of tor/t	t che unles ficer	eck moss pers r and a ree)	son	Rep comp fro organiz	ortable ensation m the zation (W-	Reportable compensation from related organizations (1)	w-	Estima Estima amount o compen from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	99-MISC)	2/1099-MISC		organizat relat organiza	ed
												<u> </u>		
												+		
												$\frac{1}{2}$		
												+		
c	Sub-Total	art VII, Sectio		· · ·	• •	•	>					\pm		
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed a	bove	e) who	rec	eived mo	ore than \$1	00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mple	oyee,	or hı	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of reposes greater than s	ortable \$150,00	comp 0? <i>If</i> •	ensa "Yes	ation s," c	and o	other te So	compen chedule J	sation from for such	n the	4		No
5	Did any person listed on line 1a receiver services rendered to the organization											5		No
	ection B. Independent Contract													
L	Complete this table for your five high from the organization Report compe											npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services	\Box	(C Comper	
												\Rightarrow		
												\dashv		
												-		

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 >

art \				a respo	onse or note to any	line in this Part VII	п		🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(4	1a	Federated campaigr	ns	1a	1		revenue	1	312-314
	Ь	Membership dues .	•	1 b	555,260				
	С	Fundraising events		1c					
<u>رة</u> ح	d	Related organization	าร	1d					
<u> </u>	е	Government grants (co	ntributions)	1e					
continuations, cities, ordinal and Other Similar Amounts	f	All other contributions, and similar amounts no	gıfts, grants, ot ıncluded	1f	1,500				
her		above			1,300				
5	g	Noncash contributio in lines 1a-1f \$	ns included						
and	h	Total.Add lines 1a-1	f		▶	556,760			
<u>ı</u>					Business				
<u> </u>	2a_			_					
Program Service Revenue	ь.			_					
AC e	c ·								
<u>ş</u>	d ·								
ran.	e	All 11							
Togi		All other program ser					•		
<u>-</u>		Fotal.Add lines 2a-2f			<u> </u>	1			1
		nvestment income (ir milar amounts) .			nterest, and other	1,04	17		1,04
	4 Ir	ncome from investme	nt of tax-ex	empt b	ond proceeds	•			
	5 R	loyalties			I	•			
	62.	Gross rents	(ı) Rea	ıl	(II) Personal	4			
	va '	Cross rents							
	b	Less rental expenses							
	С	Rental income or				-			
		(loss)							
	d	Net rental income or							
	7a '	Gross amount	(ı) Securi	ties	(II) Other	\dashv			
	1	from sales of assets other							
		than inventory							
	b	Less cost or other basis and							
	_	sales expenses				4			
		Gain or (loss) Net gain or (loss)			-	-			
	8a (Gross income from fu	ındraısıng ev						
ne		(not including \$ contributions reporte	d on line 1c)	of					
- 		See Part IV, line 18	• • •	. а					
8		Less direct expenses							
Other Revenue		Net income or (loss)		_	ents 🕨	7			
ŏ		Gross income from ga See Part IV, line 19		ies					
				а					
		Less direct expenses		b					
		Net income or (loss) Gross sales of invent		activit	ies >	1			
ľ		returns and allowance			J				
				a		4			
		Less cost of goods s		ь					
ŀ		Net income or (loss) Miscellaneous		rınveni	Business Code				
ŀ	11 a	a				1			
	b								
	c								
						<u>L</u>	<u> </u>	<u></u>	
		All other revenue .							
	e ·	Total. Add lines 11a-	-11d		•				
	12	Total revenue. See	Instructions			557,80	07		1,04
						12.700			Farm 000 (2017

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·		_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	320,528	320,528		
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	4,210	4,152	58	0
c Accounting	4,919	4,851	68	0
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)	43,850	43,236	614	0
12 Advertising and promotion				
13 Office expenses				
14 Information technology	5,950	5,868	82	0
15 Royalties				
16 Occupancy	11,502	11,344	158	0
17 Travel	524	516	8	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	291	287	4	0
20 Interest				
21 Payments to affiliates	112,374	110,827	1,547	0
22 Depreciation, depletion, and amortization				
23 Insurance	1,413	1,394	19	0
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 Postage	267	263	4	0
b Supplies	204	201	3	0
c Professional development	69	68	1	0
d Grants	4,472	0	4,472	0
e All other expenses	1,811	1,787	24	0
25 Total functional expenses. Add lines 1 through 24e	512,384	505,322	7,062	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				_

1

2

3

4

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

290.117

14,019

3.175

307.311

27,108

1

2 3

4

5

6

8

9

10c

11 12

13

14

15

16

17

18

19

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21

22 23

24

25

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27

28

29

30

31

32

33

34

27,108

280,203

280,203

307.311

Page **11**

362,110

5.425

367,535

41,909

41,909

325,626

325,626

367.535

Form **990** (2017)

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

Accounts receivable, net .

Part II of Schedule L .

Pledges and grants receivable, net . . .

II of Schedule L

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

basis Complete Part VI of Schedule D Less accumulated depreciation

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Cash-non-interest-bearing								
Savings and temporary cash	inve	estn	nent	s				

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

10a

10b

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

EIN: 38-4019362

Software ID: 17005306

Form 990 (2017)

Form 990, Part III, Line 4a: ADVOCACY - THIS PROGRAM FOCUSES ON THE DEVELOPMENT OF AN ADVOCACY AND COMMUNICATION OF STRATEGY TO PROMOTE PROGRESSIVE POLICIES THAT

SUPPORT THE GOALS OF QUALITY EDUCATION FOR EVERY CHILD

Name: Michigan Association of Public School Academies

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493053012649

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

Inspection

	Section 527 organizations Completed	te Part I-A only n Form 990, Part IV, Line 4, or Form 9	00 E7 Dort VI lin	o 47 (Lob	hvina Activiti	ر د د د د	thon	
		t have filed Form 5768 (election under s						3
• 8	Section 501(c)(3) organizations that	t have NOT filed Form 5768 (election ur	nder section 501(h))) Comple	ete Part II-B De	o no	t complete Pa	art II-A
	e organization answered "Yes" o xy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy Tax	() (see separate ir	nstruction	ns) or Form 99	90-E	Z, Part V, line	e 35c
	Section 501(c)(4), (5), or (6) organiz							
Nar	me of the organization	·			Employer ide	enti	fication num	ber
Mich	nigan Association of Public School Acader	nies			38-4019362			
Par	t I-A Complete if the orga	nization is exempt under sectio	on 501(c) or is	a sectio		niza	ition.	
1		nization's direct and indirect political can						
2	Political campaign activity expend	ditures (see instructions)			>	\$		
3	Volunteer hours for political camp	paign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955		>	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?					□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt secti	on 501(c)(3			
1	Enter the amount directly expend	led by the filing organization for section	527 exempt functi	on activiti	es 🕨	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ction 527	exempt	\$		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	lıne 17b	>	\$		
4	Did the filing organization file For	rm 1120-POL for this year?					Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate po	filing orga olitical org	anızatıon's fund anızatıon, such	ds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	filing	ount paid from organization's If none, enter -0-		(e) Amount of contributions and promp directly delived separate programmers or an enter-	received otly and ered to a political If none,
1								
2								
3								
4								
5								
6								
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-F7.	Cat	No E0004	Schodulo (~ /E~	rm 000 or 000	LE71 2017

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
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					
С	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?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
	501(c)(6).				V	- NI -
	Were substantially all (90% or more) dues received nondeductible by members?		_	1	Yes Yes	No
1	, , , , , , , , , , , , , , , , , , , ,		-	2	res	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	/- \			1047	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(a) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				OTIC)(0)
	answered "Yes."	,	,	,		
1	Dues, assessments and similar amounts from members	1				
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).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
_	expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	rt 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DLN: 93493053012649				
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments and omplete if the organization	and Individuals tion answered "Yes," o Attach to Form	ner Assistance to Organizations, ad Individuals in the United States an answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. (Form 990) and its instructions is at www.irs.gov/form990.							
Name of the organization Michigan Association of Public	c School Academies					Employer 38-4019	r identification number 362				
Part I General Info	ormation on Grants	and Assistance									
the selection criteria u	sed to award the grants	stantiate the amount of to or assistance?			for the grants or assistant	ce, and	☑ Yes ☐ No				
Part III Grants and Oth	her Assistance to Don		ıd Domestic Governme		rganization answered "Yes	on Form 990, Par	t IV, line 21, for any recipient				
(a) Name and address o organization or government	f (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assist					
(1) MAPSA Foundation 38-3275525 501(c)(3) 217 S Grand Ave 2nd Floor Lansing, MI 48933			325,000		FMV		Support				
	other organizations liste					_	Schedule I (Form 990) 2017				

Schedule I (Form 990) 2017

(6) (7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

efile GRAPHI	IC prir	nt - DO NOT PROCESS As Filed Data -	DLI	N: 93493053012649				
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form Supplemental Information for responses to specific provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) as www.irs.gov/form990.	OMB No 1545-0047 2017 Open to Public Inspection					
	n of Publi	n ic School Academies pplemental Information	Employer ider 38-4019362	ntification number				
Return Reference								
Pt VI, Line 7a	Directo	ors are appointed by the existing Board of Directors						

Return Explanation

990 Schedule O, Supplemental Information

Reference	·
Pt VI, Line	The Board Chairman and Treasurer receive and review the IRS Form 990 prior to submission

Return Explanation Reference Pt VI, Line The Organization maintains a copy of the policy in its policies and bylaw documents and th

e Executive Committee is charged with determining whether a conflict of interest exists an

990 Schedule O, Supplemental Information

d enforcement

12c

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493053012649 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Michigan Association of Public School Academies 38-4019362 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity

				or roreign	r country)					endo	.у					
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Comple								ecause							
(a) Name, address, and EIN of related organization	(b) Primary activity Legal domicile (state or foreign country) (d) Exempt Code section Publi (if sec		(c) .egal domicile (state or foreign country) (d) Exempt Code section		Public ch (if sectio	(e) narity status n 501(c)(3))	Dir	(f) rect controlling entity	enti	ntrolled ity?						
(1)MAPSA Foundation 207 S Grand Ave								MI	501(c)(3)		Public		Michigar Public Se	n Association of chool Academies	Yes	No No
Lansing, MI 48933 38-3275525											<u> </u>					
											1					

Cat No 50135Y

Schedule R (Form 990) 2017

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

		1	1		1					ı .			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ızatıon ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)		(g)	(H	1)	$\overline{}$	(1)
Name, address, and EIN of related organization	Primary activity	l do (state	egal omicile or foreign untry)		controlling Ty entity (C o	pe of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 51 3) contr entity
			unu y)									Y	res
													+
								-		_			_
													-

Schedule R (Form 990) 2017		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			\vdash
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gıft, grant, or capıtal contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	_

1q No **q** Reimbursement paid by related organization(s) for expenses . .

1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (d) Method of determining amount involved (a) Name of related organization **(b)** Transaction (c) Amount involved type (a-s) b 325,000 FMV 112,374 FMV

(1)MAPSA Foundation (2)MAPSA Foundation

Schedule R (Form 990) 2017

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017