DLN: 93493048009030 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization MICHIGAN ASSOCIATION OF SECONDARY D Employer identification number B Check if applicable □ Address change SCHOOL PRINCIPALS 38-1624760 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (517) 327-5315 City or town, state or province, country, and ZIP or foreign postal code LANSING, MI 48917 G Gross receipts \$ 3,733,805 Name and address of principal officer H(a) Is this a group return for WENDY ZDEB ☐Yes **☑**No subordinates? 1001 CENTENNIAL WAY H(b) Are all subordinates LANSING, MI 48917 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MASSP COM L Year of formation 1911 M State of legal domicile MI K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE EDUCATIONAL PROGRAMS AND TECHNICAL SUPPORT TO THE SECONDARY SCHOOL SYSTEM OF MICHIGAN Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 3,296,548 9 Program service revenue (Part VIII, line 2g) . 2,813,106 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 59,196 28,368 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 445,736 394,999 3,318,038 3,719,915 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,646,029 1,722,748 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,579,388 1,662,682 3,385,430 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 92,621 334,485 Net Assets or Fund Balances Beginning of Current Year End of Year 4,778,541 3,999,154 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 512,065 559,976 22 Net assets or fund balances Subtract line 21 from line 20 . 3,487,089 4,218,565 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 Signature of officer Sign Here WENDY ZDEB EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-02-15 P00645694 Paid self-employed Firm's name MANER COSTERISAN PC Firm's EIN ► 38-2157642 Preparer Use Only Firm's address ▶ 2425 E GRAND RIVER SUITE 1 Phone no (517) 323-7500 LANSING, MI 489123291 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page <b>2</b>
Pa	rt III Staten	nent of Program Service Acco	omplishments		
	Check ıf	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission	·		
		IONAL PROGRAMS AND TECHNICAL HOOL SYSTEM OF MICHIGAN	SUPPORT TO THE ADMINISTRATIVE	E PERSONNEL AND STUDENT LEA	ADERSHIP GROUPS OF
2	Did the organiz	ation undertake any significant prog	ram services during the year which	were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule C	ı		
3	Did the organiz	ation cease conducting, or make sig	nificant changes in how it conducts,	any program	
					☐ Yes ☑ No
4	Describe the or Section 501(c)(	ganization's program service accomi (3) and 501(c)(4) organizations are i revenue, if any, for each program se	equired to report the amount of gra	est program services, as measul ants and allocations to others, th	red by expenses ne total
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Da		g g.ae a. 4	, (	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule O ) including g	rants of \$	(Revenue \$	)
4e	Total progran	n service expenses ▶			

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 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? Yes 5 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο **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 14h No valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

37

38

Part V

Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section F01(a)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ı I		

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

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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.

Page 4

36

37

38

32

0

1a

1b

Yes

Yes

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Nο

No

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\square$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10Ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
	Own website $\square$ Another's website $ ot value of the property Another (explain in Schedule O)$			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶WENDY ZDEB 1001 CENTENNIAL WAY LANSING, MI 48917 (517) 327-5315			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) 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	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

1b 9	Sub-Total						•				
c 7	Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶				
d 1	Fotal (add lines 1b and 1c)						•		730,559		0
2	Total number of individuals (including			e liste	ed al	bove	) who	rec	eived more than	\$100	0,000

					-			_						
1b Sub-Total														
<b>c</b> 1	Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶ [							
d 1	otal (add lines 1b and 1c)						▶		730,559			0		235,671
2	Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove	e) who	rece	eived more than	\$100	0,000			
													Yes	No
3	Did the organization list any former of				•				-					
	line 1a? If "Yes," complete Schedule J	for such individ	dual .	•	•	•		•		•		3		No
4	For any individual listed on line 1a, is organization and related organizations individual	greater than \$	150,00	0? <i>If</i>	"Yes,	," cc	mplet	te Sc	hedule J for suc		the •	 4	Yes	

<ul> <li>Did the organization list any former officer, director or trustee, key employee, or highest compensated employed line 1a? If "Yes," complete Schedule J for such individual</li></ul>	ee on			-
		3		No
ındıvıdual		4	Yes	

**Section B. Independent Contractors** 

1	Complete this table for your five highest compensated independent contractor from the organization. Report compensation for the calendar year ending with		nsation
	(A) Name and business address	(B) Description of services	(C) Compensation
	HTLY INTERACTIVE LLC MONROE AVE NW STE 180	WEBSITE DESIGN & UPDATES	152,210
GRAN	ND RAPIDS, MI 49505		

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

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Part	VIII									
		Check if Schedul	e O contains :	a respo	onse or note to any	line in this Part VII (A) Total revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a			r€	evenue		512 - 514
ints unts		<b>b</b> Membership dues		<b>1</b> b						
Gra mot		<b>c</b> Fundraising events		1c						
fs, FA		d Related organizatio	ns	1d						
<u>⊒</u> .≅		e Government grants (co	ontributions)	1e						
ms, Sin		f All other contributions and similar amounts n								
Contributions, Gifts, Grants and Other Similar Amounts		above		1f						
n di		g Noncash contribution in lines 1a - 1f \$	ons included							
a Co		<b>h Total.</b> Add lines 1a	-1f		>					
n.					Business					
พาก	2a	CONFERENCES				900099	682,035	2,682		
ą.	b	MEMBERSHIP DUES				900099	614,513	614	,513	
МСe	c	:		_						
Ser	d	d								
ranı	e			_						
Program Service Revenue		· All other program se			3,	296,548			1	
		Total. Add lines 2a-2			<u> </u>	1				
		Investment income (i similar amounts) .			interest, and other	42,25	58			42,258
		Income from investment	ent of tax-exe	mpt b	ond proceeds	•				
	5	Royalties			ı	•				
	62	a Gross rents	(ı) Rea	l	(II) Personal	4				
	ł	<b>b</b> Less rental expenses								
	(	c Rental income or				7				
	,	(loss)  d Net rental income o	r (loss)			4				
		- Net remai medine o	(ı) Securit		(II) Other		+			
	7 <i>a</i>	Gross amount from sales of				7				
		assets other than inventory								
		<b>b</b> Less cost or				4				
	•	other basis and sales expenses			13,89	О				
	(	C Gain or (loss)			-13,89	ō				
		d Net gain or (loss) .			<b>•</b>	-13,89	90	-13,890		
Ð	88	Gross income from f (not including \$		ents of						
enn		contributions reporte See Part IV, line 18	ed on line 1c)	а						
<sub>3</sub> ev	ŀ	<b>b</b> Less direct expense		ь		-				
er		c Net income or (loss)		sing ev	ents ▶					
Other Revenue	9ā	Gross income from g See Part IV, line 19	jaming activiti	es						
		See Fair IV, III e 15		а	l 					
	ł	<b>b</b> Less direct expense	s	b						
		c Net income or (loss)		activit	ies <b>&gt;</b>					
	10	aGross sales of invent returns and allowand								
				а						
		<b>b</b> Less cost of goods s		b						
	(	Net income or (loss)  Miscellaneous		ınvent	Business Code					
	11	Laspeaker revenue			90009	9 350,90	04	350,904		
	ŀ	OTHER			90009	9 44,09	95	44,095		
	•	c								
		d All other revenue								
		<b>e Total.</b> Add lines 11a			•	394,99	99			
	12	<b>2 Total revenue.</b> See	Instructions	• •	· · · · •	3,719,9:	L5	3,677,657		0 42,258
	_									Form <b>990</b> (2018)

I GILLY		anetional Expenses			
Section 501	(c)(3) and 501(c)(4	) organizations must complete	all columns All other	r organizations must complete column (A)	

orr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses con 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	255,432			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,060,659			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	154,819			
9	Other employee benefits	158,576			
10	Payroll taxes	93,262			
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal				
	Accounting	11,100			
	Lobbying	77,052			
	Professional fundraising services See Part IV, line 17				_
	Investment management fees	19,032			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,349			
12	Advertising and promotion				
	Office expenses	77,256			
	Information technology				
	Royalties				
	Occupancy	24,914			_
	Travel	,			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,116,325			_
	Interest	, ,			
	Payments to affiliates				
	Depreciation, depletion, and amortization	79,799			
	Insurance	, 5,, 55			
	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 MEMBER SERVICES	118,676			
	b AUTO EXPENSES	29,846			
	c REPAIRS AND MAINTENANCE	26,666			
	d DIRECTORS EXPENSES	23,887			
	e All other expenses	7,780			
25	Total functional expenses. Add lines 1 through 24e	3,385,430			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Forn	า 990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments .		[	1,193,516	2	1,846,598
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[	304,335	4	360,651
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete		5	
ssets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations ( (see ir	S(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
\$\$ E	8	Inventories for sale or use				8	<del>                                     </del>
Ř	9	Prepaid expenses and deferred charges	33.000	9	32,247		
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	ı İ	·		
	ь	Less accumulated depreciation	10b	408,295	325,185	10c	285,821
	11	Investments—publicly traded securities .			1,730,398	11	1,810,024
	12	Investments—other securities See Part IV, line	11 .		412,720	12	443,200
	13	Investments—program-related See Part IV, line	.		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		<del> -</del>		15	
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	3,999,154	16	4,778,541
	17	Accounts payable and accrued expenses	218,184	17	262,478		
	18	Grants payable		18			
	19	Deferred revenue		156,141	19	122,713	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u> </u>		persons Complete Part II of Schedule L $$ .				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d thırd	parties		24	
	25	Other liabilities (including federal income tax, pi and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	137,740	25	174,785
	26	Total liabilities. Add lines 17 through 25			512,065	26	559,976
ces		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33					
<u>lan</u>	27	Unrestricted net assets	_		3,487,089	27	4,218,565
Ba	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117					
	30	check here ▶ ☐ and complete lines 30 th			20		
ets.	30	Capital stock or trust principal, or current funds	<u> </u>		30		
Assets or	31	Paid-in or capital surplus, or land, building or ed		<u>-</u>		31	
	32	Retained earnings, endowment, accumulated in		<b>⊢</b>	3,487,089	32	4,218,565
Net	33	Total liabilities and not accepta/fined balances			3,467,069	33	4,210,303

34

4,778,541 Form **990** (2018)

3,999,154

34

Total liabilities and net assets/fund balances

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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			,719,915
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,385,430
3	Revenue less expenses Subtract line 2 from line 1	3			334,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,487,089
5	Net unrealized gains (losses) on investments	5			69,433
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			327,558
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,218,565
Pa	tXII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### **Additional Data**

Software ID:

**EIN:** 38-1624760

Name: MICHIGAN ASSOCIATION OF SECONDARY

THE ORGANIZATION PROVIDES ITS SERVICES TO ALMOST 2,000 MEMBERS MASSP SUCCEEDED IN EDUCATING ITS MEMBERS, ADMINISTRATORS OF SCHOOLS, ON

Form 990, Part III, Line 4a:

Form 990 (2018)

CURRENT ISSUES AND TECHNIQUES AND ENCOURAGING FORMATION/DEVELOPMENT OF STUDENT LEADERSHIP GROUPS

Software Version:

SCHOOL PRINCIPALS





(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related		u un			usecc,		(14/ 3/1000	(M 2/1000	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MIKE BASZLER DIRECTOR	1 00	×						0	0	0	
VALERIE BOGGAN DIRECTOR	1 00	×						0	0	0	
JOLYNN CLARK	1 00										

VALERIE BOGGAN	1 00	×			0	
DIRECTOR					Ĭ	
JOLYNN CLARK	1 00	_			0	
DIRECTOR		^			U	
MITCH CUMINGS	1 00	×			0	
DIRECTOR		_ ^				

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and Independent Contractors

NINA DAVIS

DIRECTOR

JOE ESPER

DIRECTOR

DIRECTOR

DIRECTOR

RICK FRENS

DIRECTOR

DIRECTOR

DARCI GRIEBEL

KYLE FIEBIG

STEVE FORSBERG

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally liburs	and a director/trustee/						Organización	organizations	mom the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TRACY HALL DIRECTOR	1 00	×						0	0	0	
STEPHEN HAWLEY DIRECTOR	1 00	×						0	0	0	
THOMAS LIETZ DIRECTOR	1 00	×						0	0	0	
CORY MCELMEEL DIRECTOR	1 00	×						0	0	0	
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DIRECTOR
CORY MCELMEEL
DIRECTOR
JASON MCVOY
DIRECTOR

JASON MESSENGER

MEGAN O'BRIEN

LISA PHILLIPS

KAUSHIK SARKAR

TODD SIMMONS

..........

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer from the week (list from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	and a director/trustee)						Organization	organizations	mom the	
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JENNI THUNBERG DIRECTOR	1 00	1 1						0	0	0	
TRACY WILSON DIRECTOR	1 00	1 1						0	0	0	
STEVE CARLSON PAST PRESIDENT	1 00	1 1		х				0	0	0	
ANDY KOWALCZYK PRESIDENT ELECT	1 00			×				0	0	0	
JENNIFER BUSTARD	1 00						$\Box$		Í '		

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202,597

161,343

158,703

104,086

103,830

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68,458

61,396

32,996

38,188

34,633

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40 00

40 00

40 00

40 00

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PAST PRESIDENT
ANDY KOWALCZYK
PRESIDENT ELECT
JENNIFER BUSTARD
PRESIDENT

WENDY ZDEB

EXECUTIVE DIRECTOR

......

DIR OF DIGITAL LEARNING & RESOURCES

......

ASSOCIATE EXECUTIVE DIRECTOR

DIRECTOR OF MEMBER SERVICES

COLIN RIPMASTER

STEPHEN SEWARD

TAMELA JACKSON

RYAN CAYCE

ASSOCIATE DIRECTOR

and Independent Contractors

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

OMB No 1545-0047

DLN: 93493048009030

Department of the Treasury lf

EZ)

(Form 990 or 990-

Intern	al Revenue Service								
• S	ection 501(c)(3) organizations Col	n Form 990, Part IV, Line 3, or Form 99 mplete Parts I-A and B Do not complete	Part I-C		·				
		501(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-E	3				
	Section 527 organizations Comple corganization answered "Yes" o	te Part ।-A only n Form 990, Part IV, Line 4, or Form 9!	90-EZ. Part VI. III	ne 47 (Lobbyina Activiti	es). then				
• 8	Section 501(c)(3) organizations tha	t have filed Form 5768 (election under se	ection 501(h)) Co	omplete Part II-A Do not	complete Part II-B				
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax							
(Pro	xy Tax) (see separate instruction	is), then	, (See Separate I	nstructions, or round of	vo-LL, i ait v, illic ooc				
	Section 501(c)(4), (5), or (6) organi	zations Complete Part III		T=					
	me of the organization HIGAN ASSOCIATION OF SECONDARY			Employer ide	entification number				
	HOOL PRINCIPALS			38-1624760					
Par		nization is exempt under section		<del>_</del>	-				
1	"political campaign activities")	nization's direct and indirect political cam	ipaign activities ir	n Part IV (see instructions	s for definition of				
2	Political campaign activity expend	·		•	\$				
3 	Volunteer hours for political camp t I-B Complete if the orga	<u> </u>	= E01/a\/2\						
		nization is exempt under section							
1		ax incurred by the organization under se		<b>*</b>	\$				
2	·	ax incurred by organization managers ur tion 4955 tax, did it file Form 4720 for tl		•	*				
3	J	tion 4955 tax, did it flie Form 4720 for the	ms year?		☐ Yes ☐ No				
4a	□ Yes □ No								
b Par	If "Yes," describe in Part IV  t I-C Complete if the orga	nization is exempt under section	n 501(c). exc	ept section 501(c)(3	3).				
1	<u> </u>	led by the filing organization for section			\$				
2		ganization's funds contributed to other or	•		*				
	function activities	,	<b>J</b>	<b>&gt;</b>	\$				
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and on	Form 1120-POL,	line 17b ►	\$				
4	Did the filing organization file <b>Fo</b>	rm 1120-POL for this year?			☐ Yes ☐ No				
5	organization made payments For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	unt paid from the ed to a separate p	e filing organization's func- colitical organization, such	is Also enter the amount				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from					
				filing organization's funds If none, enter	contributions received and promptly and				
				-0-	directly delivered to a				
					separate political organization If none,				
					enter -0-				
1									
2									
3									
4									
5									
_									
6	Parket Street	the instructions for Form 000 or 000-E7							

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron 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 -(		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (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

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

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

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

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

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

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

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(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS 38-1624760 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) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Cat No 52283D Schedule D (Form 990) 2018

DLN: 93493048009030 OMB No 1545-0047

Par	t III	Organizations Maintaining Co	ollections of Art,	Histori	ical T	reası	ures, or Other	Similar As	sets (	continued)	
3		g the organization's acquisition, accessi s (check all that apply)	on, and other records	, check	any of	the fo	ollowing that are a	significant u	se of its	collection	
а		Public exhibition		d		Loan	or exchange prog	grams			
b		Scholarly research		e		Othe	er				
С		Preservation for future generations									
4	Provid	de a description of the organization's c	ollections and explain	how the	ey furtl	ner th	e organization's e	xempt purpos	se in		
_	Part >	· · · · · · · · · · · · · · · · · · ·		_6		. 1 4					
5		ng the year, did the organization solicit is to be sold to raise funds rather than						niiar	☐ Ye	s 🗆 N	0
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		rm 990	), Part	IV, lı	ine 9, or reporte	ed an amou	nt on F	orm 990,	Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	dian or other intermed	diary for	contri	bution	ns or other assets	not	☐ Ye	es 🗌 N	о
b	If "Y∈	es," explain the arrangement in Part XI	II and complete the f	ollowing	table			Ar	nount		_
С	Begin	nning balance					1c				_
d	Addıt	ions during the year					1d				_
е	Dıstrı	butions during the year					1e				_
f	Endın	ng balance					1f				_
2a	Did th	he organization include an amount on l	Form 990, Part X, line	21, for	escrow	or cu	ustodial account li	ability?	□ Ye	s 🗆 N	0
b	<b>b</b> If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII										
Pa	rt V	Endowment Funds. Complete	ıf the organızatıon	answei	red "Y	es" o					
_	_		(a)Current year	(b)₽	rior yea	r	(c)Two years back	(d)Three year	rs back	(e)Four year	s back
	_	ning of year balance									
		outions				$\rightarrow$					
		vestment earnings, gains, and losses				$\rightarrow$					
		or scholarships				-					
е		expenditures for facilities ograms									
f	Admını	istrative expenses				_					
g	End of	year balance									
2 a		de the estimated percentage of the cuid designated or quasi-endowment	rent year end balance	e (line 1	g, colu	mn (a	)) held as				
b	Perm	anent endowment ►									
c	Temp	porarily restricted endowment >									
Ĭ		percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3а		here endowment funds not in the poss- nization by	ession of the organiza	tion tha	t are h	eld an	nd administered fo	r the		Yes	No
	(i) ur	nrelated organizations							3:	a(i)	
	• •	elated organizations								a(ii)	
ь 4		es" on 3a(II), are the related organizations or in Part XIII the intended uses of the							Ŀ	3Ь	<del></del>
_	rt VI	Land, Buildings, and Equipme		Willelie	Turius						
	IC VA	Complete if the organization and		rm 990	), Part	IV, li	ine 11a. See Fo	rm 990, Par	t X, lır	ne 10.	
	Descri	iption of property (a) Cost or of (investr	` '	t or other	r basıs (	other)	(c) Accumulated	depreciation	(	( <b>d)</b> Book valu	e
<b>1</b> a	Land										
b	Buildin	ngs									
С	Leaseh	nold improvements			3	35,894		8,478			27,416
d	Equipn	nent			43	39,935		278,706			161,229
е	Other				2:	18,287		121,111			97,176
Tota	al. Add	lines 1a through 1e (Column (d) must	equal Form 990, Part	X, colui	mn (B)	, line	10(c))	<b>&gt;</b>			285,821

Schedule D (Form 990) 2018				Page <b>3</b>
Part VII Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ne organization ai	nswered "Yes" or	n Form 990, Part IV, lin	e 11b.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation t or end-of-year market v	alue
(1) Financial derivatives				
(3) Other(A) INVESTMENT IN MELG, INC	268,4	15	F	
(B) DEFERRED COMPENSATION	174,7		F	
(C)	1,4,7		<u>'</u>	
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	443,2	00		
Complete if the organization answered 'Yes' on F  (a) Description of investment	Form 990, Part IV (b) Book val		orm 990, Part X, line 1 (c) Method of valuation	3.
	(D) BOOK VAI		t or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 990,	Part IV, line 11d	See Form 990, Part X, line	15
(1) (a) Description	1		(b)	Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				
<b>Part X Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	nswered 'Yes' on	Form 990, Part	IV, line 11e or 11f.	
1. (a) Description of liability	(b	) Book value		
(1) Federal income taxes  ACCRUED DEFERRED COMPENSATION		174,785		
(2)		27 17700		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	•	174,785		
2. Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7				

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains (losses) on investments . . . . 2a 69.433 2b b

2c c d 2d 13.890 e 2e

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

3 3 3,700,883 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

> 2a 2b

2c

2d

4a

4b

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 19,032 4b

Add lines **4a** and **4b** . . . . . . . 4c

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

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

b c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Other (Describe in Part XIII ) . . . . . d Add lines 2a through 2d . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2018

Part XI

1

2

c

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

5

Return Reference

See Additional Data Table

**Supplemental Information** 

Part XIII 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

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

13,890

19.032

2e

3

4c

5

Page 4

3,784,206

83,323

19,032

3,719,915

3,380,288

13,890

19,032

3.385.430

Schedule D (Form 990) 2018

3,366,398

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	ormation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Supplemental Information

PART XI, LINE 2D - OTHER

**ADJUSTMENTS** 

Return Reference

# Software ID: Software Version: EIN: 38-1624760 Name: MICHIGAN ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

LOSS ON DISPOSAL OF ASSETS 13,890

Explanation

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS 13,890					

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19304	8009	030	
Schedule J (Form 990)		Co	mpensati	ion Information	10	1B No	1545-0	0047	
		For certain Office		rustees, Key Employees, and Hig	hest				
		Complete if the organic	Compensa nization answ	ited Employees ered "Yes" on Form 990, Part IV	, line 23.	2018			
D	► Attach to Form 990.					Open to Public			
•	tment of the Treasury al Revenue Service	Go to www.ns.got	7 <u>71 01111990</u> 101	mistractions and the latest mion	nation.		ectio		
	ne of the organiza HIGAN ASSOCIATIO				Employer identificat	ion nu	ımber		
	OOL PRINCIPALS				38-1624760				
Pa	rt I Questi	ons Regarding Compensat	ion						
1a				the following to or for a person liste y relevant information regarding the			Yes	No_	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
	☐ Travel for	companions		Payments for business use of perso	nal residence				
		nification and gross-up payments		Health or social club dues or initiati					
	☐ Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b			
2				or allowing expenses incurred by all	- 1-3	2			
	airectors, truste	ees, oπicers, including the CEO/E	recutive Director	r, regarding the items checked in line	e Ta'				
3		If any, of the following the filing ( EO/Executive Director Check all		d to establish the compensation of the	he				
	_	•		CEO/Executive Director, but explain	ın Part III				
	<b>✓</b> Compens	ation committee		Written employment contract					
	_ '	ent compensation consultant	<u> </u>	Compensation survey or study					
		of other organizations	$\checkmark$	Approval by the board or compensa	ition committee				
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No	
b		r receive payment from, a supple		ified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No	
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 liste		A, line 1a, did t	the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	·	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	ı A, line 1a, did t	the organization pay or accrue any					
a	The organization					6a			
b	Any related orga					<b>6</b> b			
7	If "Yes," on line 6a or 6b, describe in Part III								
7	payments not d	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 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)?								
For F	Panerwork Redu	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018	

Part III Officers,	Dir€	ectors, Trustees, Ke	y Employees, and Hig	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
instructions, on row (ii)	Do no	not list any individuals that	orted on Schedule J, report at are not listed on Form 99 ndividual must equal the to	990, Part VII	_	_		at Individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive compensation reportable compensation			(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 WENDY ZDEB EXECUTIVE DIRECTOR	(i)	202,597	0	0	58,229	10,229	271,055	0
ENEGOTIVE DINEC	(ii)	0	0	0	0	0	0	0
2 COLIN RIPMASTER ASSOCIATE EXECUTIVE	(i)		0	0	43,427	17,969	222,739	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
3 STEPHEN SEWARD ASSOCIATE DIRECTOR	(i)	158,703	0	0	25,375	7,621	191,699	0
	(ii)	0	0	0	0	0	0	0
	Ţ '	,						
		<u>'</u>	,					
				1				
		,						
	T		,	'	,	1	(	1

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

efile GRAPH	IC print - DO	NOT PROCESS	As Filed Data -		DLN:	93493048009030		
SCHEDUL	ΕO	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.			90-F7	OMB No 1545-0047		
(Form 990 or EZ)					ons on	2018 Open to Public Inspection		
Department of the T	reasury	n 990 or 990-EZ. <u>90</u> for the latest information.						
Name & Sethero figanization MICHIGAN ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS 38-1624760						fication number		
990 Schedul	e O, Supplem	ental Informatio	n					
Return Reference		Explanation						
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION MEMBERS ARE STATE-WIDE INDIVIDUALS THAT ARE FROM THE FIELD OF SECONDARY SC HOOL ADMINISTRATION AND ADMINISTRATION OF CAREER TECHNICAL INSTITUTES							

Return Explanation
Reference

LINE 7A

FORM 990, THE ASSOCIATION HAS MEMBERS THAT ELECT THE MEMBERS OF THE GOVERNING BODY FROM THE GENERAL MEMBERSHIP OF THE ASSOCIATION
SECTION A,

Return Explanation

FORM 990, PART VI, PRIOR TO BEING FILED WITH THE IRS

SECTION B, LINE 11B

Return Explanation

LINE 12C

FORM 990, THE EXECUTIVE DIRECTOR REVIEWS THE POLICY AND INDIVIDUALS MUST SIGN OFF ON IT PART VI, SECTION B,

Return Explanation
Reference

FORM 990, COMPENSATION REPORTS FROM THE MICHIGAN SOCIETY OF ASSOCIATION EXECUTIVES AND REPORTS FROM OTHER STATES ARE COLLECTED AND REVIEWED IN SETTING ASSOCIATION COMPENSATION

LINE 15

Return Explanation
Reference

FORM 990, THE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE MAILED TO THOSE WHO REQUEST THEM PART VI, SECTION C, LINE 19