| | - | ~~ | Return of Organization Exempt F | From I | ncome Tax | OMB No. 1545-0047 |
|---------------------|--------------------------------------|--------------------------------|---|--------------------------|---------------------------------|------------------------------|
| Form 990 | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | | | s) 2010 |
| (Rev. January 2020) | | | Do not enter social security numbers on this form | | | |
| Depa Inter | rtment on al Reve | of the Treasury nue Service | Go to www.irs.gov/Form990 for instructions and | - | Open to Public Inspection | |
| | | | | | UN 30, 2020 | • |
| | Check if pplicab | | organization | | D Employer identific | ation number |
| | Addre | e MICH | IGAN ASSOCIATION OF SCHOOL BOARDS | | | |
| | Name Chang | e Doing b | usiness as | | 38-132344 | 41 |
| | Initial returr Final returr | 1001 | and street (or P.O. box if mail is not delivered to street address) CENTENNIEL WAY | Room/suite 400 | E Telephone number (517)327- | |
| | termi | | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,833,410. |
| | Amer | ded TANC | ING, MI 48917-9279 | | H(a) Is this a group re | |
| | Applition | | nd address of principal officer: DONALD WOTRUBA | | for subordinates' | |
| | pendi | | AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| 1 | Fax-ex | empt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 🗌 527 | If "No," attach a | list. (see instructions) |
| ٦V | Nebsi | te: 🕨 WWW . | MASB.ORG | | H(c) Group exemptior | n number 🕨 |
| κ | orm o | f organization: | X Corporation Trust Association Other ► | L Year | | State of legal domicile: MI |
| Pa | art I | Summary | | | | |
| | 1 | Briefly describ | e the organization's mission or most significant activities: ${f LEAD}$ | ERSHIP | /ADVOCACY SE | ERVICES FOR |
| nce | | BOARDS | OF EDUCATION, STUDENTS & PUBLIC ED | UCATIO | ON IN MICHIG | AN. |
| Governance | 2 | Check this bo | x 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | ets. |
| ove | 3 | Number of vot | ing members of the governing body (Part VI, line 1a) | | 3 | 21 |
| Ğ | 4 | Number of ind | ependent voting members of the governing body (Part VI, line 1b) | | 4 | 21 |
| Activities & | 5 | Total number | of individuals employed in calendar year 2019 (Part V, line 2a) | 0. | 5 | 38 |
| vitie | 6 | Total number | of volunteers (estimate if necessary) | V | 6 | 41 |
| (cti | 7 a | Total unrelate | d business revenue from Part VIII, column (C), line 12 | | | 46,737. |
| _ | b | Net unrelated | business taxable income from Form 990-T, line 39 | <u></u> | 7b | -8,937. |
| | | | | | Prior Year | Current Year |
| Ð | 8 | Contributions | and grants (Part VIII, line 1h) | | 0. | 0. |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 3,980,352. | 3,870,843. |
| ě | 10 | Investment ind | come (Part VIII, column (A), lines 3, 4, and 7d) | | 80,621. | 76,229. |
| | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 807,631. | 886,338. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,868,604. | 4,833,410. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 80,907. | 34,814. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,773,800. | 2,761,323. |
| Expense | 16a | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ăX | b | | ng expenses (Part IX, column (D), line 25) | | 1 001 (81 | 1 (50 80) |
| ш | 1 " | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,981,671. | 1,650,706. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,836,378. | 4,446,843. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 32,226. | 386,567. |
| Net Assets or | | | | | ginning of Current Year | End of Year |
| Sset | 20 | Total assets (F | | | 8,146,279. | 8,857,580. |
| et A: | 21 | | (Part X, line 26) | | 1,244,797. | 1,304,004. |
| Ž | 22 22 | | fund balances. Subtract line 21 from line 20 | | 6,901,482. | 7,553,576. |
| | art II | | | | | hand a land and the Prototol |
| UNC | er pen | allies of perjury, | I declare that I have examined this return, including accompanying schedules | s and statem | enits, and to the best of my | knowledge and belief, it is |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | Date | | | | | | | |
|-------------|---|---|--|--|--|--|--|--|--|
| Here | <u> </u> | | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name Preparer's signature | Date Check PTIN | | | | | | | |
| Paid | CHRISTY M. SOMMERS, CPA CHRISTY M. | SOMMERS, 10/29/20 self-employed P00446164 | | | | | | | |
| Preparer | Firm's name 🕨 MANER COSTERISAN PC | Firm's EIN ▶ 38-2157642 | | | | | | | |
| Use Only | Firm's address 🖕 2425 E. GRAND RIVER, SUITE | L | | | | | | | |
| | LANSING, MI 48912-3291 | Phone no. 517 - 323 - 7500 | | | | | | | |
| May the If | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | |
| 932001 01-2 | J322001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) | | | | | | | | |

| | 990 (2019) MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 2 t III Statement of Program Service Accomplishments |
|-------|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| - | THE MISSION OF THE MICHIGAN ASSOCIATION OF SCHOOL BOARDS IS TO PROVIDE |
| | HIGH-QUALITY EDUCATIONAL LEADERSHIP SERVICES FOR ALL MICHIGAN BOARDS |
| | OF EDUCATION, AND TO ADVOCATE FOR AN EQUITABLE AND EXCEPTIONAL PUBLIC |
| | EDUCATION FOR ALL STUDENTS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| 2 | |
| | |
| ~ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | 3 3 3 3 3 3 3 |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | |
| | LEADERSHIP SERVICES: INCLUDES ACTIVITIES THAT ENHANCE LEADERSHIP |
| | SKILLS, PROVIDE TRAINING, AND SUPPORT THE ROLE OF SCHOOL BOARD MEMBERS |
| | IN MICHIGAN. THIS INCLUDES SERVICES SUCH AS SUPERINTENDENT SEARCH, |
| | WORKSHOPS, CONFERENCES AND SEMINARS THAT PROVIDE ACCESS TO INFORMATION |
| | NECESSARY TO FULFILL THE OBLIGATIONS OF THE ROLE OF ELECTED SCHOOL |
| | BOARD MEMBERS, KNOWLEDGE AND NETWORKING TO ENHANCE BOARD MEMBERS SKILLS |
| | AND EFFECTIVENESS. BOARDS OF EDUCATION SERVED: 602 |
| | 0. |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 643,856 . including grants of \$)) (Revenue \$ 73,092 . |
| | COMMUNICATIONS AND PUBLIC RELATIONS, ACTIVITIES THAT SUPPORT |
| | COMMUNICATIONS WITH MEMBERS ON EDUCATIONAL ACTIVITIES AND TRENDS AT THE |
| | STATE AND NATIONAL LEVEL. ALSO INCLUDED ARE MEDIA RELATIONS ACTIVITIES |
| | AND BOARD MEMBER RECOGNITION PROGRAMS. BOARD OF EDUCATION SERVED: 602 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 40 | (Code:) (Expenses \$ 600,561. including grants of \$) (Revenue \$ 388,018. |
| 4C | (Code:) (Expenses \$0U, 561. including grants of \$) (Revenue \$) (R |
| | ISSUES FACING SCHOOL BOARD MEMBERS AND PUBLIC EDUCATION, RESULTING IN |
| | |
| | LEGAL BRIEFS, INFORMATION, PUBLICATIONS AND POLICY AND BYLAW SERVICES |
| | FOR MEMBER BOARDS IN THEIR ROLE OF POLICY MAKERS FOR SCHOOL DISTRICTS. |
| | ALSO INCLUDES SERVICES TO RESEARCH, DEVELOP AND IMPLEMENT EMPLOYEE |
| | CONTRACT EVALUATION AND NEGOTIATION SERVICES. BOARDS OF EDUCATION |
| | SERVED: 602 |
| | |
| | |
| | |
| | |
| 4 -1 | |
| 4d | |
| 40 | (Expenses \$ 1,004,455. including grants of \$) (Revenue \$ 1,907,053.) Total program service expenses ▶ 3,506,875. |
| τŪ | Form 990 (201 |
| | i i |
| 32002 | 2 01-20-20 |

| Form 990 (2019) | | ASSOCIATION | OF | SCHOOL | BOARDS |
|------------------------|----------------|-------------|----|--------|--------|
| Part IV Checklist of F | Required Scheo | dules | | | |

| | | | Yes | No |
|--------|---|----------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | х |
| 4 | public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | | <u></u> |
| 4 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | x | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | <u> </u> | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | <u> </u> |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| т | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | - 23 | |
| 120 | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 45 | | v |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | X |
| 10 | | 16 | | х |
| 17 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | | (0040) |
| 132003 | 3 01-20-20 | ⊢orm | 330 (| (2019) |

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3 2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

| Form 990 | | | ASSOCIATION | OF |
|----------|-----------|-------------------|-------------------|----|
| Part IV | Checklist | of Required Scheo | dules (continued) | |

SCHOOL BOARDS

| | | | Yes | No |
|-----------|---|------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 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 | | <u> </u> |
| 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 | | |
| | 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 | | <u> </u> |
| 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 | | | 37 |
| | Schedule L, Part I | 25b | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| ~- | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part 1 | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 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, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | х |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> | 200 | | - 23 |
| C | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 02 | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 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 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46 | | | |
| b | 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? | 1c | Х | <u> </u> |
| 932004 | 01-20-20 | Form | 990 | (2019) |

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4 2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

| Form | 990 (2019) MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 38-1323 | 441 | P | _{age} 5 |
|--------|---|------------|------|------------------|
| | | | Yes | No |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 165 | NU |
| 24 | filed for the calendar year ending with or within the year covered by this return 2a 38 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| b | | 20 | - 23 | |
| 2- | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> (see instructions) | 3a | х | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | ~ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | x |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | ~ |
| D | 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). | _ | | х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | v |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| 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). | _ | | 37 |
| a | 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 | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | - | | х |
| - | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ~ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a | | | |
| | Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1 | | | |
| b | | | | |
| 10- | • / | 10- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| U | 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 | | | |
| 14a | | 14a | | х |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14a 14b | | |
| | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |

| 15 | 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? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

932005 01-20-20

| Form 990 | (2019) |
|----------|--------|
|----------|--------|

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | | | | Yes | N |
|---------|--|-------------------------|--------------------|--------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 2 | 21 | | |
| | 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 on Schedule O. | | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | 1b 2 | 21 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | - | | |
| 2 | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | |
| 3 | | · | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | 0 was filed? | | | X |
| - | Did the organization become aware during the year of a significant diversion of the organization's asse | | ·· – – – – | | X |
| 5 | Did the surger institute there are such as the state of the state of the | | | х | |
| 6 7- | Did the organization have members or stockholders? | | . 0 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or approximate a state of the approximate had to be a state of the | A | | v | |
| | more members of the governing body? | | <u>7a</u> | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ocknoiders, or | | v | |
| _ | persons other than the governing body? | | . 7 b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | 37 | |
| | The governing body? | | | X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | | . <mark>8</mark> b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X |
| ec. | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | renue Code.) | | | |
| | Co. | | | Yes | N |
| | Did the organization have local chapters, branches, or affiliates? | | . 10 a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | . 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | . 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | | |
| | in Schedule O how this was done | | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 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 | Х | |
| | Other officers or key employees of the organization | | | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent with a | | | |
| | taxable entity during the year? | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | | | | |
| | exempt status with respect to such arrangements? | | . 16b | | |
| ec | tion C. Disclosure | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MI | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | d 990-T (Section 501(c) | (3)s onlv) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | ., ,, | | |
| | | on Schedule O) | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor | | and finan | cial | |
| - | 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 boo | ks and records | | | |
| | KENT CARTWRIGHT - (517) 327-5900 | | | | |
| | 1001 CENTENNIAL WAY, SUITE 400, LANSING, MI 48917- | 9279 | | | |
| | | | | | |

| Form 990 (2019) | MICHIGAN | ASSOCIATION | OF SCHOOL | BOARDS | 38-1323441 | Page 7 |
|---|----------------------------|----------------------------|-----------------------|--------------------|-------------------------------------|-------------|
| Part VII Compens | ation of Officers, I | irectors, Trustees | , Key Employee | es, Highest C | ompensated | |
| Employee | es, and Independer | t Contractors | | | | |
| Check if Sch | nedule O contains a resp | onse or note to any line i | n this Part VII | | | |
| Section A. Officers, D | irectors, Trustees, Key | Employees, and Highes | st Compensated E | mployees | | |
| 1a Complete this table t | or all persons required to | be listed. Report comp | ensation for the cale | endar year ending | g with or within the organization's | s tax year. |
| List all of the organ | nization's current officer | s, directors, trustees (wh | ether individuals or | organizations), re | egardless of amount of compens | ation. |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------|--------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | | Posi heck r | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | an | compensation | compensation | amount of |
| | week | | | d a di | recio | i/uus | ee) | from | from related | other |
| | (list any | ndividual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | l trus | | /ee | npen | | (00-2/1030-0030) | | and related |
| | below | dual t | Institutional trustee | - | mploy | st col | Ŀ | | | organizations |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | 0 | | 5 |
| (1) BRAD BALTENSPERGER | 3.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (2) GUILLERMO Z. LOPEZ | 3.00 | | | | | | | | | |
| DIRECTOR | | х | | | | |) | 0. | 0. | 0. |
| (3) RUTH A. COPPENS | 3.00 | | | | \square | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (4) DALE WINGERD | 3.00 | | | J | | | | | | |
| DIRECTOR | | X | 0 | | | | | 0. | 0. | 0. |
| (5) JANICE HOLZ | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) MARY P. JASON | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) KATHLEEN MOORE | 3.00 | | | | | | | | | |
| DIRECTOR | D . | Х | | | | | | 0. | 0. | 0. |
| (8) PAULA SAARI (ENDED 3/20) | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) SUSAN BASKETT | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) DR. DEBORAH HUNTER-HARVIL | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) JAMES JOHNSON | 3.00 | | | | | | | | | |
| DIRCECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) DAWN KAISER | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) JOHN SIEMION | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) SHAWNA WALKER | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) DONALD MYERS | 3.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) DR. DARLENE POMPONIO | 3.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (17) HOLLY SPENCER (STARTED 3/20) | 3.00 | | | | | | | _ | | - |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 932007 01-20-20 | | | | | | | | | | Form 990 (2019) |

932007 01-20-20

15231028 755817 06509

2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

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| | ASSOCIA | TI | ON | 0 | F | SC | HC | OOL BOARDS | 38-13 | 23 | 441 | P | age 8 |
|---|-------------------|--------------------------------|----------------------|------------|--------------|---------------------------------|--------|---------------------------|-------------------|----------|-----------|---------|--------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | l Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
| (A) | (B) | | | (0 | | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | not cł | Pos | | | one | Reportable | Reportable | | Estimated | | əd |
| | hours per | box | , unles | s per | rson i | is both | n an | compensation | compensation | ר ו | am | ount | of |
| | week | | cer an | dad | irecto | or/trus | tee) | from | from related | | (| other | |
| | (list any | ector | | | | | | the | organizations | | | pensa | |
| | hours for related | or dir | e | | | ated | | organization | (W-2/1099-MIS | C) | | om th | |
| | organizations | istee | truste | | æ | bensi | | (W-2/1099-MISC) | | | • | anizat | |
| | below | ual tru | ional | | ploye | ee com | | | | | | l relat | |
| | line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | nizati | ons |
| (18) KURT PERRON (STARTED 3/20) | 3.00 | <u> </u> | = | ò | ž | <u>= =</u> | Ŀ | | | | | | |
| DIRECTOR | | x | | | | | | 0. | | 0. | | | 0. |
| (19) JILL FENNESSY | 10.00 | | | | | | | | | | | | |
| PRESIDENT ELECT | | х | | Х | | | | 0. | | 0. | | | 0. |
| (20) MATTHEW R. SHOWALTER | 10.00 | | | | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 0. | | 0. | | | 0. |
| (21) STEPHEN J. HYER | 10.00 | | | | | | | | | | | | |
| VICE PRESIDENT | | х | | Х | | | | 0. | | 0. | | | 0. |
| (22) DONALD R. HUBLER | 10.00 | | | | | | | | | <u> </u> | | | |
| PAST PRESIDENT | | x | | х | | | | | | 0. | | | Ο. |
| (23) DONALD P. WOTRUBA | 45.00 | | | | | | | | | <u> </u> | | | |
| EXECUTIVE DIRECTOR | 13.00 | | | х | | | | 236,774. | r | 0. | 68 | 3.0 | 09. |
| (24) SHONDA HIGHTOWER (ENDED 10/19) | 45.00 | | | | | | | | | | | | |
| CHIEF OPERATIONS OFFICER | | | | х | | | | 107,157. | | 0. | 17 | 7,9 | 50. |
| (25) BRAD BANASIK | 45.00 | | | | | | | NO NO | | - | | | |
| LEGAL COUNSEL | | | | | | X | | 126,098. | | 0. | 27 | 7,4 | 87. |
| (26) DONNA OSER (ENDED 01/20) | 45.00 | | | | | | | | | | | | |
| DEPUTY DIRECTOR | | | | | | X | | 139,224. | | 0. | 24 | 1,0 | 15. |
| 1b Subtotal | | | | | | | | 609,253. | | 0. | 137 | 7,4 | 61. |
| c Total from continuation sheets to Part VI | | | | | | | | 207,878. | | 0. | 64 | 1,5 | 13. |
| d Total (add lines 1b and 1c) | | | | \bigcirc | | | | 817,131. | | 0. | 201 | L,9 | 74. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove | e) wh | io re | eceived more than \$100, | 000 of reportable | | | | |
| compensation from the organization | | | | | | | | | | | | | 6 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, k | key e | mpl | oye | e, or | hig | hest compensated emp | loyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes. | " со | mple | ete S | Sche | edule | ə J f | for such individual | - | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | | | | | | | | | | | 5 | | X |
| Section B. Independent Contractors | • | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | nder | nt co | ontra | acto | rs th | hat received more than \$ | 100,000 of comp | ensat | ion fro | m | |
| the organization. Report compensation for | the calendar ye | ear e | endin | g w | ith c | or wi | thin | the organization's tax y | ear. | | | | |
| (A) | | | | | | | | (B) | | | (C | | |
| Name and business | address | | | | | | | Description of s | ervices | С | omper | isatio | n |
| RODNEY GREEN | | | | _ | | | | | | | | | |
| 3894 HIGHCREST DR, BRIGHT | CON, MI | 48 | 11 | 6 | | | | STRATEGIC PL | ANNING | | 120 |),1 | 90. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but p | ot lir | nited | l to t | thos | se lis | ted | above) who received m | ore than | | | | |
| \$100.000 of compensation from the organi | • | | | | 1 | | | | | | | | |

| SI | ΞE | PART | VII, | SECTION | А | CONTINUATION | SHEETS |
|---------------|-----|------|------|---------|---|--------------|--------|
| 932008 01-20- | -20 | | | | | | |

Form **990** (2019)

| | | | | | | | | OL BOARDS | 38-132 | 3441 |
|---|---|--------------------------------|-----------------------|---------------|---------------|--------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tre | | nplo | yee | | | lighe | est (| | , , | <i>(</i> — `) |
| (A) Name and title | (B) Average hours | (c | | Posi all t | | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest com pensated em ployee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) JASON MARENTETTE DIRECTOR OF TECHNOLOGY | 45.00 | | | | | x | | 107,575. | 0. | 30,500. |
| (28) JENNIFER SMITH | 45.00 | | | | | | | 107,575. | 0. | 50,500 |
| DIRECTOR OF GOVERNMENT RELATIONS | | | | | | x | | 100,303. | 0. | 34,013. |
| | - | | | | | | | ç | 4 | |
| | | | | | | | | $-c_{0x}$ | | |
| | | - | | | | | | ⁽ V) | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | I | | <u> </u> | <u> </u> | | <u> </u> | | 207,878. | | 64,513. |

932201 04-01-19

| Pa | rt VI | II Statement of Revenue | | | | | | |
|---|--------|---|-----------|--------------------|---|--|---|---|
| | | Check if Schedule O contains a re | esponse c | or note to any lir | e in this Part VIII | (D) | (0) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| S S | 1 a | a Federated campaigns | 1a | | | | | sections 512 - 514 |
| ant | k | | 1b | | 1 | | | |
| Ū Ē | c | · · · · · · · · · · · · · · · · · · · | 1c | | | | | |
| ar A | c | e | 1d | | | | | |
| s, G mila | e | - | 1e | |] | | | |
| iöi | f | All other contributions, gifts, grants, and | | | | | | |
| but | | similar amounts not included above | 1f | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ç | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| о е | ł | h Total. Add lines 1a-1f | | ► | | | | |
| | | | | Business Code | | | | |
| ice | 2 8 | | <u> </u> | 900099 | 2,467,767. 704,999. | 2,46/,/6/. | | |
| er v | k | D <u>SERVICE FEES & REIM</u> CONFERENCES & SEMIN | | 541900 611430 | 698,077. | 698,077 | | |
| uen Ven | c | | ARS | 011430 | 090,077. | 090,077 | | |
| grai | ((| d | | | | | | |
| Program Service Revenue | ۰ • | All other program service revenue | | | | | | |
| _ | י ג | g Total. Add lines 2a-2f | | | 3,870,843. | | | |
| | 3 | Investment income (including dividence | | | | | | |
| | | other similar amounts) | | · | 23,984, | | | 23,984. |
| | 4 | Income from investment of tax-exemp | | | s C | | | |
| | 5 | Royalties | <u></u> | | 788,510. | | | 788,510. |
| | | (i) I | Real | (ii) Personal | | | | |
| | 6 a | a Gross rents 6a | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| | k | b Less: rental expenses 6b | | | | | | |
| | c | | | <u> </u> | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a | 50 | curities | (ii) Other | - | | | |
| | | | 245. | | - | | | |
| đ | k | b Less: cost or other basis | A | $\mathbf{\vee}$ | | | | |
| Revenue | | and sales expenses | 245 |) | | | | |
| Seve | | d Net gain or (loss) | 2131 | | 52,245. | | | 52,245. |
| L | 8 6 | a Gross income from fundraising events (no | t l | | | | | |
| Othe | | | of | | | | | |
| - | | contributions reported on line 1c). See | e | | | | | |
| | | Part IV, line 18 | | | | | | |
| | k | b Less: direct expenses | | | | | | |
| | c | c Net income or (loss) from fundraising | events | ► | | | | |
| | 9 a | a Gross income from gaming activities. | | | | | | |
| | | Part IV, line 19 | | | - | | | |
| | | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from gaming activ | vities | > | | | | |
| | 10 a | a Gross sales of inventory, less returns | 10 | | | | | |
| | L | and allowances | | | - | | | |
| | | b Less: cost of goods sold | | | | | | |
| | (| c Net income or (loss) from sales of inve | antory | Business Code | | | | |
| snu | 11 a | a EXPENSE REIMBURSEME | NTS | 900099 | 51,091. | 51,091. | | |
| nec | | ADVERTISING | | 541800 | 46,737. | , ••• | 46,737. | |
| scellaneo Revenue | - | c | | | | | | |
| Miscellaneous Revenue | - | d All other revenue | | | | | | |
| Σ | | e Total. Add lines 11a-11d | | | 97,828. | | | |
| | 12 | Total revenue. See instructions | | | 4,833,410. | 3,921,934. | 46,737. | |
| 93200 | 0 01-2 | | | | | | | Form 990 (2019) |

MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 9

15231028 755817 06509

Form 990 (2019)

10

Form 990 (2019)

MICHIGAN ASSOCIATION OF SCHOOL BOARDS Part IX Statement of Functional Expenses

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

| 0000 | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | | |
|----------|--|------------------------------|---|--|---------------------------------------|
| | 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) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 34,814. | 34,814. | | |
| 2 | and domestic governments. See Part IV, line 21 Grants and other assistance to domestic | 54,014. | 54,014. | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| • | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 420,131. | 355,581. | 64,550. | |
| 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 | 1,604,714. | 1,358,162. | 246,552. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 204,009. | 172,665. | 31,344. | |
| 9 | Other employee benefits | 377,670. | 319,644. | 58,026. | |
| 10 | Payroll taxes | 154,799. | 113,622. | 41,177. | |
| 11 | Fees for services (nonemployees): | | .0. | | |
| а | Management | | | | |
| | Legal | 96,910. | | 96,910. | |
| | Accounting | 16,160. | F 200 | 16,160. | |
| | Lobbying | 5,382. | 5,382. | | |
| | Professional fundraising services. See Part IV, line 17 | 77.060 | F 070 | 71 000 | |
| f | Investment management fees | 77,064. | 5,972. | 71,092. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 329,121. | 329,121. | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 529,121. | 569,161. | | |
| 12 | Advertising and promotion | 124,724. | 110,730. | 13,994. | |
| 13 | Office expenses | 17,756. | 13,335. | 4,421. | |
| 14 15 | Information technology | 17,750. | 15,555. | | |
| 16 | | 75,387. | | 75,387. | |
| 17 | Occupancy | 187,959. | 164,903. | 23,056. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 247,363. | 134,907. | 112,456. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 90,564. | | 90,564. | |
| 23 | Insurance | 24,920. | | 24,920. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | UBIT TAXES | -2,200. | | -2,200. | |
| b | OVERHEAD | 186,825. | 289,864. | -103,039. | |
| С | DUES & FEES | 105,298. | 97,553. | 7,745. | |
| d | LOSS ON MELG INVESTMENT | 51,450. | | 51,450. | |
| е | All other expenses | 16,023. | 620. | 15,403. | ^ |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,446,843. | 3,506,875. | 939,968. | 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) | | | | Earm 990 (2010 |

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Form 990 (2019)

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

38-1323441 Page 11

| | | Check if Schedule O contains a response or not | e to an | / line in this Part X | | | |
|-----------------------------|----------|--|-----------|-----------------------|-------------------|------------|----------------------------------|
| | | L. | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 512. | 1 | 37,653. |
| | 2 | Savings and temporary cash investments | | | 2,052,315. | 2 | 1,565,643. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 253,609. | 4 | 386,079. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l in sect | tion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | 129,696. | 9 | 83,100. | | |
| | 10a | Land, buildings, and equipment: cost or other | | | A | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,252,662. | | | |
| | b | Less: accumulated depreciation | | 963,782. | 263,424. | 10c | 288,880. |
| | 11 | Investments - publicly traded securities | | | 4,068,643. | 11 | 5,085,343. |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | | 1,378,080. | 14 | 1 110 000 |
| | 15 | Other assets. See Part IV, line 11 | | | 8,146,279. | 15 | <u>1,410,882</u> . 8,857,580. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 572,762. | 16 17 | 876,523. |
| | 17 18 | Accounts payable and accrued expenses | | | 572,702. | 17 | 070,525. |
| | 19 | Grants payable Deferred revenue | 6 | 634,785. | 19 | 371,333. | |
| | 20 | Tax-exempt bond liabilities | 001//001 | 20 | 57175550 | | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| ilida | | controlled entity or family member of any of thes | | | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | yables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | 37,250. | | 56,148. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,244,797. | 26 | 1,304,004. |
| | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| češ | | and complete lines 27, 28, 32, and 33. | | | C 040 0EC | | 6 006 040 |
| alan | 27 | | | | 6,319,356. | 27 | 6,896,240. |
| Ä | 28 | Net assets with donor restrictions | | | 582,126. | 28 | 657,336. |
| ŭ | | Organizations that do not follow FASB ASC 9 | 58, che | ck here 🕨 🛄 | | | |
| ۲ ۲ | | and complete lines 29 through 33. | | | | | |
| jts (| 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or eq | | | 30 | | |
| Net Assets or Fund Balances | 31 32 | Retained earnings, endowment, accumulated inc | | 6,901,482. | 31 32 | 7,553,576. | |
| Ž | 32 | Total net assets or fund balances | | | 8,146,279. | 32 | 8,857,580. |
| | 33 | TOTAL HADHILLES AND HEL ASSELS/IUND DAIANCES | | | 0,140,219. | 33 | 0,007,000 |

Form 990 (2019)

Form 990 (2019) MICHIGAN

| | 1990 (2019) MICHIGAN ASSOCIATION OF SCHOOL BOARDS | 38-1 | 323441 | Pag | _{ge} 12 |
|----|---|-----------|------------|-------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,833 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,446 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 67. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,901 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 265 | 5,5 | 27. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 7,553 | 3,5 | <u>76.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (| Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X 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 | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u>2</u> c | Χ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Audit | | | 37 |
| | Act and OMB Circular A-133? | | 3a | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | 000 | |
| | ··· C1 | | Form | 990 (| (2019) |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | | | | | |
| | | | | | |
| | \sim | | | | |
| | | | | | |
| | | | | | |

| SCHEDULE | Α |
|----------|---|
|----------|---|

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| | | | | | Jiis anu u | ie ialest ii | normation. | | |
|----------|-----------|--|-------------------------------|------------------------------|------------------|------------------|-----------------|----------------|----------------------------|
| Nan | e of t | the organization | | | | | | | identification number |
| | | MICH | IIGAN ASSOC | IATION OF SCI | HOOL I | BOARDS | 3 | | 8-1323441 |
| Pa | | Reason for Public | | | | | e instruction: | 3. | |
| | organ | ization is not a private found | | | | | | | |
| 1 | | A church, convention of ch | | | | | l)(A)(i). | | |
| 2 | | A school described in sect | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | - | | |
| 4 | | A medical research organiz | zation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A | .)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| _ | | section 170(b)(1)(A)(iv). (0 | | | | | | | |
| 6 | | A federal, state, or local go | - | | | | | | |
| 7 | | An organization that norma | - | ntial part of its support fi | rom a gove | ernmental | unit or from ti | ne general p | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | | A community trust describe | | | - | | \sim |) | |
| 9 | | An agricultural research or | | | | | | | |
| | | or university or a non-land- | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| 40 | X | university: | | then 00 1/00/ of its own | | | | | |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exer income and unrelated busin | | | | | | | |
| | | See section 509(a)(2). (Co | | (less section of r tax) ite | | ses acqui | ieu by the oli | janization a | |
| 11 | | An organization organized | | ively to test for public sa | fety See | section 50 |)Q(a)(4) | | |
| 12 | \square | An organization organized | - | | | | | arry out the | nurnoses of one or |
| | | more publicly supported or | | | | | | | |
| | | lines 12a through 12d that | | | | | | | |
| а | | Type I. A supporting orga | | | | | | | aivina |
| | | the supported organization | | | • • • | - | | | |
| | | organization. You must | | | | | | | |
| b | | Type II. A supporting org | ganization supervised | l or controlled in connect | tion with it | s supporte | d organizatio | n(s), by hav | ving |
| | | control or management of | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | | |
| с | | Type III functionally inte | egrated. A supportin | g organization operated | in connect | tion with, a | and functiona | lly integrate | d with, |
| | | its supported organizatio | on(s) (see instructions |). You must complete I | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III non-functionally | y integrated. A supp | porting organization oper | ated in co | nnection w | ith its suppo | rted organiz | zation(s) |
| | | that is not functionally int | tegrated. The organiz | zation generally must sat | isfy a distr | ibution rec | quirement and | 1 an attentiv | /eness |
| | | requirement (see instruct | tions). You must cor | nplete Part IV, Sections | A and D, | and Part | V . | | |
| е | | Check this box if the org | anization received a | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally integrated, o | | nally integrated supporti | ng organiz | ation. | | | |
| f | | er the number of supported of | | | | | | | |
| <u> </u> | | vide the following information (i) Name of supported | n about the supporte (ii) EIN | d organization(s). | (iv) Is the orga | anization listed | (v) Amount o | fmonoton | (vi) Amount of other |
| | , | organization | | (described on lines 1-10 | in your governi | ing document? | support (see ii | 2 | support (see instructions) |
| | | | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | 1 | | | | | 1 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Total

Schedule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 38-1323441 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | | | | |
|------|---|--------------------------|-----------------------|------------------------|---------------------------|------------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| - | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | 1 | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | (a) 2013 | (6) 2010 | | (4) 2010 | (e) 2013 | |
| 8 | Gross income from interest, | | | | | | |
| 0 | · · · · · · | | | S | | | |
| | dividends, payments received on | | . (| | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | • 6 | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | ·• C) | | | | | |
| | assets (Explain in Part VI.) | | | | | | _ |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First five years. If the Form 990 is for | | s first, second, thir | d, fourth, or fifth ta | x year as a section | 1 501(c)(3) | . — |
| 800 | organization, check this box and stop ction C. Computation of Public | here | aontago | | | | |
| | | | | | | | |
| | Public support percentage for 2019 (lin | | • | | | 14 | % |
| | Public support percentage from 2018 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2019. If the o | | | | 4 is 33 1/3% or m | ore, check this | box and |
| | stop here. The organization qualifies a | | • | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | line 15 is 33 1/3% | or more, check | this box |
| | and stop here. The organization quality | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fact | | | - | - | rt VI how the or | ganization |
| | meets the "facts-and-circumstances" t | est. The organizat | tion qualifies as a | publicly supported | organization | | ▶∟ |
| b | 10% -facts-and-circumstances test | - 2018. If the org | anization did not o | check a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 | is 10% or |
| | more, and if the organization meets the | e "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explair | n in Part VI how | the |
| | organization meets the "facts-and-circu | umstances" test. | The organization o | jualifies as a public | ly supported orgar | nization | ▶∐ |
| 18 | Private foundation. If the organization | <u>ı did not check a</u> | box on line 13, 16 | a, 16b, 17a, or 17b | , check this box a | nd see instructi | ons ► |
| | | | | | Sche | dule & (Form 9 | 990 or 990-F7) 2019 |

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec | tion A. Public Support | | | | | | |
|-------|--|-----------------------------|-----------------------|---------------------|----------|-------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 3903304. | 4414840. | 4110286. | 3980352. | 3870843. | 20279625. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 3903304. | 4414840. | 4110286. | 3980352. | 3870843. | 20279625. |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | .0. | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| с | Add lines 7a and 7b | | | 5 | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 20279625. |
| Sec | tion B. Total Support | 1 | | | 1 | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 3903304. | 4414840. | 4110286. | 3980352. | 38/0843. | 20279625. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 454,011. | 576,831. | 688,855. | 720,364. | 812,494. | 3252555. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | 10/1 | | | | 0. | |
| с | Add lines 10a and 10b | 454,011. | 576,831. | 688,855. | 720,364. | 812,494. | 3252555. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regulative accuracy | 15,820. | 22,582. | 11,921. | | 0. | 50,323. |
| 12 | regularly carried on Other income. Do not include gain | 13,020. | 22,302. | 11,921. | | 0. | 50,525. |
| | or loss from the sale of capital | | | 14,546. | 74,676. | 51,091. | 140,313. |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | 4373135. | 5014253. | 4825608. | 4775392. | | 23722816. |
| | First five years. If the Form 990 is for | | | | | | |
| | check this box and stop here | 0 | | | | | · |
| Sec | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2019 (I | | | column (f)) | | 15 | 85.49 % |
| 16 | Public support percentage from 2018 | Schedule A, Part | III, line 15 | | | 16 | 87.13 % |
| Sec | tion D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)19 (line 10c, colun | nn (f), divided by li | ne 13, column (f)) | | 17 | <u>13.71 %</u> |
| | Investment income percentage from | | | | | 18 | 12.19 % |
| 19a | 33 1/3% support tests - 2019. If the | - | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2018. If the | • | | | | - | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n ala not check a | box on line 14, 19a | a, or 19b, check th | | | |
| 93202 | 3 09-25-19 | | 16 | | Sche | equie A (Form 990 |) or 990-EZ) 2019 |

15231028 755817 06509

2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

Schedule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 5 Part IV Supporting Organizations (continued) 38-1323441 Page 5

| | | | Yes | No |
|----------|--|----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | 110 |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| u | below, the governing body of a supported organization? | 11a | | |
| h | | | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| Sec | uon B. Type Toupporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| - | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| • | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | • | | |
| • | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 54 | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| 932025 | 5 09-25-19 Schedule A (Form 9 | |)0-E7) | 2019 |
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| | dule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF | | | 38-1323441 Page 6 |
|------|---|---------|-----------------------------|---------------------------------|
| Ра | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | | | Part VI). See instructions. All |
| | other Type III non-functionally integrated supporting organizations must com | plete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | 0 | 4 | |
| | factors (explain in detail in Part VI): | | | |
| _2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | 1 | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | integra | ted Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 7

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continued) | | | |
|--|---|-------------------------------|--------------------------------|----------------------------------|--|--|
| Secti | on D - Distributions | | v 7 | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | . . | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| | | (i) | (ii) | (iii) | | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 | | |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | | | |
| | able cause required- explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | | |
| a | From 2014 | | | | | |
| b | From 2015 | | | | | |
| c | From 2016 | 0 | | | | |
| d | From 2017 | <u> </u> | / | | | |
| e | From 2018 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2019 distributable amount | | | | | |
| i | Carryover from 2014 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2019 from Section D, | 2 | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2019 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from 4 | | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| | Breakdown of line 7: | | | | | |
| | Excess from 2015 | | | | | |
| b | Excess from 2016 | | | | | |
| | Excess from 2017 | | | | | |
| d | Excess from 2018 | | | | | |
| е | Excess from 2019 | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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| Schedule A | (Form 990 or 990-EZ) 201 | 9 MICHIGAN | ASSOCIATION | I OF S | <u>SCHO</u> OL | BOARDS | 38-1323441 | <u>Pag</u> e 8 |
|----------------|--|--|---|------------------------------------|---|--|---|-----------------------|
| Part VI | Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and | r mation. Provide 1, 2, 3b, 3c, 4b, 4c, , lines 2 and 3; Part | the explanations requi 5a, 6, 9a, 9b, 9c, 11a, IV, Section E, lines 1c, | red by Pa 11b, and 2a, 2b, 3 | art II, line 10; 11c; Part IV, a, and 3b; P | Part II, line 17a c Section B, lines art V, line 1; Part | r 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa | n C. |
| | (See instructions.) | | | | | - | | |
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| 932028 09-25-1 | 9 | | 21 | | | Schedu | ıle A (Form 990 or 990- | EZ) 2019 |

| SCHEDULE C Political Campaign and Lobbying Activities | | | | | OMB No. 1545-0047 | | |
|---|---|---|-------------------------|---|---------------------|---|--|
| (Form 990 or 990-EZ) | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | | | | | 2019 | |
| | | if the organization is described | | | | | |
| Department of the Treasury Internal Revenue Service | - | • | | | | Open to Public Inspection | |
| f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part II-B. Do not complete Part II-A. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part II-B. Do not complete Part II-A. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part II-B. Do not complete Part II-A. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization • MICHIGAN ASSOCIATION OF SCHOOL BOARDS • MICHIGAN ASSOCIATION of section 501(c) or is a section 527 organization. • Provide a description of the organization's direct and indirect political campaign activities in Part IV. • Political campaign activity expenditures | | | | | | | |
| | | | | | • • <u> </u> | | |
| Part I-B Comple | to if the ore | onization is avampt under | c_{000} | (| | | |
| • | | anization is exempt under | | | | | |
| | | incurred by the organization under incurred by organization managers | |) | ► \$ ► \$ | | |
| | • | n 4955 tax, did it file Form 4720 fo | | | • • | Yes No | |
| 4a Was a correction m | | | | | | | |
| b If "Yes," describe in | | | ~ | | | | |
| Part I-C Comple | ete if the org | anization is exempt under | section 501(c), e | except section 5 | 01(c)(3). | | |
| 1 Enter the amount d | rectly expended | by the filing organization for secti | on 527 exempt function | on activities | ▶\$ | | |
| 2 Enter the amount of | f the filing organ | ization's funds contributed to othe | r organizations for sec | ction 527 | | | |
| exempt function ac | tivities | , S | - | | ▶\$ | | |
| 3 Total exempt functi | on expenditures | . Add lines 1 and 2. Enter here and | d on Form 1120-POL, | | | | |
| line 17b | | | | | ▶\$ | | |
| 4 Did the filing organi | 4 Did the filing organization file Form 1120-POL for this year? | | | | | | |
| 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | | |
| (a) Name | R | (b) Address | (c) EIN | (d) Amount paid fr filing organizatior funds. If none, ente | n's cou r-0 c | (e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0 | |

| | funds. If none, enter -0 | promptly and directly delivered to a separate political organization. If none, enter -0 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

| Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org section 501(h)). | | | | | 323441 Page 2 ction under | |
|---|---|-----------------------|--------------------|--------------------------------------|------------------------------|--|
| expenses, and shar | e of excess lobbying e | • • | | group member's name | e, address, EIN, | |
| Limi | Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | | |
| 1a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add li | 1,615. 3,836. 5,451. | | | | | |
| e Total exempt purpose expenditure f Lobbying nontaxable amount. Enter | | | | 4,441,392. 4,446,843. 372,342. | | |
| 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. | | | 27 | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | 93,086. 0. 0. | Yes No | |
| (Some organizations th | 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 Exper | nditures During 4-Yea | r Averaging Period | l | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | |
| 2a Lobbying nontaxable amount b Lobbying ceiling amount | 378,592. | 378,273. | 391,819. | 372,342. | 1,521,026. | |
| (150% of line 2a, column(e)) | | | | | 2,281,539. | |
| c Total lobbying expenditures | 20,504. | 12,388. | 7,676. | 5,451. | 46,019. | |
| d Grassroots nontaxable amount e Grassroots ceiling amount | 94,648. | 94,568. | 97,955. | 93,086. | 380,257. | |
| (150% of line 2d, column (e)) f Grassroots lobbying expenditures | 5,126. | 3,097. | 2,303. | 1,615. | 570,386. 12,141. | |

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS 38-1323441 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | ise on lines 1a through 1i below, provide in Part IV a detailed description (a) (b) | |)) | |
|--------|--|---|-------------|------------|-------|
| of the | lobbying activity. | Yes | No | Amo | ount |
| 1 a | 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: Volunteers? | | | | |
| b | 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? | | | | |
| 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 | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | 5 | | | |
| 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 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5) |), or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| _3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes." | | | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | . 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | al | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | 2b | | |
| с | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | | | | |
| | expenditure next year? | | . 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | . 5 | | |
| Par | t IV Supplemental Information | | | | |
| Provi | de 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 a | nd 2 (see | |

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

Schedule C (Form 990 or 990-EZ) 2019

Department of the Treasury

| (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. to to www.irs.gov/Form990 for instructions and the latest information

a lata at informatio



| Interna | I Revenue Service Go to www.irs.gov/Form99 | 90 for instructions and the latest information | on. | Inspection |
|---------|--|---|-------------------|------------------------------------|
| Nam | e of the organization MICHIGAN ASSOCIATIO | ON OF SCHOOL BOARDS | | r identification number 38-1323441 |
| Pa | | | | |
| | organization answered "Yes" on Form 990, Part IV, lin | | | • |
| | | (a) Donor advised funds | (b) Funds ar | nd other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised f | unds | |
| | are the organization's property, subject to the organization's | • | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor of | | | |
| | impermissible private benefit? | | - | Yes No |
| Pa | | ganization answered "Yes" on Form 990, Part | IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | | 7 | |
| | Preservation of land for public use (for example, recreat | tion or education) Preservation of a h | istorically impo | ortant land area |
| | Protection of natural habitat | Preservation of a c | ertified historic | structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of a | conservation e | asement on the last |
| | day of the tax year. | 0. | Held | at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| с | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and not on a historic structure | | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the org | anization durin | g the tax |
| | year ► | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva- | ation easement | s during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | easements dur | ring the year |
| _ | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4) |)(B)(I) | |
| • | and section 170(h)(4)(B)(ii)? | | ····· | Yes No |
| 9 | In Part XIII, describe now the organization reports conservation | on easements in its revenue and expense stat | tement and | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statements | that describes | the |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art. Historical Treasures, or Other | r Similar As | sets |
| | Complete if the organization answered "Yes" on Form | | | |
| 19 | If the organization elected, as permitted under FASB ASC 95 | | | Norks |
| Ia | of art, historical treasures, or other similar assets held for pub | | | |
| | service, provide in Part XIII the text of the footnote to its finan | | stance of public | , |
| h | If the organization elected, as permitted under FASB ASC 95 | | nce sheet work | rs of |
| D. | art, historical treasures, or other similar assets held for public | | | |
| | provide the following amounts relating to these items: | | | 5, 4100, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | |
| | ···· · · · · · · · · · · · · · · · · · | | N A | |
| 2 | If the organization received or held works of art, historical trea | | | |
| - | the following amounts required to be reported under FASB A | | , protido | |
| | G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | U | | |

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

b

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

\$ Schedule D (Form 990) 2019

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25 2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

\$ ►

| | | N ASSOCIAT | | | | | | <u>38-13</u> | | Pag | e 2 |
|------|--|------------------------|--------------|----------------|-------------------------|------------|--------------------------|--------------|-------------------|----------|-----|
| Pa | t III Organizations Maintaining C | | | | | | | | (continu | ed) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check a | any of the f | ollowing that | t make s | ignificant ι | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 <u> </u> | oan or excl | hange progra | am | | | | | |
| b | Scholarly research | e | | other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | y further th | e organizatio | on's exe | mpt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | _ | - | | |
| D. | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arran | | ete if the o | organizatio | n answered | "Yes" or | n Form 990 |), Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | _ | 7.2 | <u> </u> | |
| | on Form 990, Part X? | | | | | | | ∟ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing tai | ble: | | | | | • • | | |
| | Device in a balance | | | | | | | | Amount | | |
| C | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | <u>1e</u> | | | | |
| f | Ending balance Did the organization include an amount on Fe | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | • • | ∟ | | | NO |
| Pa | | | | | | | | | | | |
| | | (a) Current year | | ior year | (c) Two yea | | | /ears back | (e) Four v | ears ha | |
| 1a | Beginning of year balance | (u) ourront your | (2) ! !! | ior your | | TO BUON | (4) 11100) | Jouro Buon | | | |
| | Contributions | | | | Ó | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | r | | | | | | — |
| | Other expenditures for facilities | | | 5 | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | U | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, | column (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that | are held an | nd administer | red for th | ne organiza | ation | _ | | |
| | by: | | | | | | | | \ | ′es I | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | nds. | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | | Í | | | | | | | | |
| | Description of property | (a) Cost or o | | | or other | | | | (d) Book | value | |
| | | basis (investr | nent) | basis | (otner) | de | preciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | 65 | 2 0 2 2 | | E00 0 | | 115 | E 0 (| |
| | Equipment | | | | <u>3,832.</u> 8,830. | | <u>508,2</u> 4 455,5: | | 145 | | |
| | Other | | | | - | | - | 50. | <u>143</u> 288 | | |
| ιστα | . Add lines 1a through 1e. (Column (d) must e | aual Form 990. Part | x. columr | ו (B). line 10 | JC.) | | | | 200 | ,000 | |

Schedule D (Form 990) 2019

| Schedule [| D (Form 990) 2019 | MICHIGAN AS | SOCIATION OF | SCHOOL | BOARDS | 38-1323441 Page |
|-------------|----------------------------|---|---------------------------|-----------------|-----------------------|---------------------------------|
| Part VII | | Other Securities. | | | | |
| | Complete if the or | ganization answered "Yes" | on Form 990, Part IV, lin | e 11b. See For | m 990, Part X, line | 12. |
| (a) Descri | iption of security or cate | egory (including name of security) | (b) Book value | (c) Meth | nod of valuation: C | ost or end-of-year market value |
| (1) Financ | ial derivatives | | | | | |
| (2) Closely | y held equity interest | s | | | | |
| (3) Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| | | 90, Part X, col. (B) line 12.) 🕨 | | | | |
| Part VII | I Investments - | Program Related. | | | | |
| | Complete if the or | ganization answered "Yes" | on Form 990, Part IV, lin | | | |
| | (a) Description of | of investment | (b) Book value | (c) Meth | nod of valuation: C | ost or end-of-year market value |
| (1) | | | | | | |
| (2) | | | | | |) |
| (3) | | | | | \sim | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | 0. | | |
| (7) | | | | 10 | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | (b) must equal Form 99 | 90, Part X, col. (B) line 13.) 🕨 | | | | |
| Part IX | | | | | | |
| | Complete if the or | ganization answered "Yes" | | e 11d. See For | m 990, Part X, line | |
| | | | Description | | | (b) Book value |
| | NVESTMENT | | | | | 1,354,734 |
| (2) DI | EFERRED CON | IPENSATION REC | EIVABLE | | | 56,148 |
| (3) | | | | | | |
| (4) | | | * • | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | \sim | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | umn (b) must equal F | Form 990, Part X, col. (B) line | e 15.) | | | 1,410,882 |
| Part X | Other Liabiliti | | | | | |
| | | ganization answered "Yes" | on Form 990, Part IV, lin | e 11e or 11f. S | ee Form 990, Part | |
| 1. | (a) [| Description of liability | | | | (b) Book value |
| | deral income taxes | | | | | |
| (2) DI | EFERRED CON | IPENSATION | | | | 56,148 |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Col | umn (b) must equal F | Form 990, Part X, col. (B) line | e 25.) | | <u></u> | 56,148 |
| 2. Liabilit | y for uncertain tax po | ositions. In Part XIII, provide | the text of the footnote | to the organiza | tion's financial stat | tements that reports the |
| | • | ositions. In Part XIII, provide ncertain tax positions under | | - | | |

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Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 MICHIGAN ASSOCIATION OF S | SCHOOL | BOARDS | 38-2 | 1323441 | Page 4 |
|--|-------------------------|---------------------------|----------|---------------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Stater | ments Wit | th Revenue per Re | turn. | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | | | |
| 1 Total revenue, gains, and other support per audited financial statements | | | 1 | 5,040 | ,345. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a Net unrealized gains (losses) on investments | 2a | 265,527. | | | |
| b Donated services and use of facilities | | | | | |
| c Recoveries of prior year grants | | | | | |
| d Other (Describe in Part XIII.) | | | | | |
| e Add lines 2a through 2d | | | 2e | 265 | ,527. |
| 3 Subtract line 2e from line 1 | | | 3 | <u>265</u> 4,774 | ,818. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 58,592. | | | |
| b Other (Describe in Part XIII.) | 4b | | | | |
| c Add lines 4a and 4b | | | 4c | 58 | ,592. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 58 4,833 | ,410. |
| Part XII Reconciliation of Expenses per Audited Financial State | | | Returr | า. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | | | |
| 1 Total expenses and losses per audited financial statements | | | 1 | 4,388 | ,251. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| a Donated services and use of facilities | 2a | | | | |
| b Prior year adjustments | | | | | |
| c Other losses | | | | | |
| d Other (Describe in Part XIII.) | | | | | |
| e Add lines 2a through 2d | $\overline{\mathbf{Q}}$ | | 2e | | Ο. |
| 3 Subtract line 2e from line 1 | | | 3 | 4,388 | ,251. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | 58,592. | | | |
| b Other (Describe in Part XIII.) | 4b | | | | |
| | | | 4c | 58 | ,592. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Vine 18.) | | | 5 | 4,446 | ,843. |
| Part XIII Supplemental Information. | | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; P | Part IV, lines | 1b and 2b; Part V, line 4 | ; Part > | K, line 2; Part X | (I, |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | | | | | |
| | | | | | |
| | | | | | |
| PART X, LINE 2: | | | | | |
| | | | | | |
| IN THE PREPARATION OF TAX RETURNS, TAX POSI | TIONS | ARE TAKEN BA | SED | ON | |
| | | | | | |
| INTERPRETATION OF FEDERAL, STATE AND LOCAL | INCOME | TAX LAWS. | MAN | AGEMENT | |
| | | | | | |
| PERIODICALLY REVIEWS AND EVALUATES THE STAT | US OF | UNCERTAIN TA | X PO | OSITIONS | 3 |
| | | | | | |
| AND MAKES ESTIMATES OF AMOUNTS, INCLUDING I | NTERES | T AND PENALT | IES | , | |
| | | | | | |
| ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BE | EN IDE | NTIFIED, OR | RECO | ORDED, A | AS |
| | | | | | |
| UNCERTAIN TAX POSITIONS. FEDERAL, STATE AN | ID LOCA | L TAX RETURN | IS GI | ENERALLY | ζ |
| | | | | | |
| REMAIN OPEN FOR EXAMINATION BY THE VARIOUS | TAXING | AUTHORITIES | FOI | R A PERI | LOD |
| | | | | | |
| OF THREE TO FOUR YEARS. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ΟΛΟΨ ΥΤ ΙΙΝΕ 2Ο - ΟΨΗΕΟ ΛΟΙΠΙΟΨΜΕΝΨΟΙ | | | | | |

28

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NET AGAINST REVENUE ON F/S

932054 10-02-19

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 MICHIGAN ASSOCIATION OF SCHO Part XIII Supplemental Information (continued) | OL BOARDS | 38-1323441 | Page 5 |
|---|-------------------------|--------------------|----------|
| | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| INVESTMENT MANAGEMENT FEES NET AGAINST REV ON F/ | S | | |
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| | | Schedule D (Form 9 | 90) 2019 |

932055 10-02-19

| SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | | |
|--|---------------------------------|------------------------------------|-----------------------------|---|--|---------------------------------------|---|--|--|--|--|
| Name of the organization | | | | | | | Inspection Employer identification number | | | | |
| | | ON OF SCHOOD | L BOARDS | | | | 38-1323441 | | | | |
| Part I General Information on Grants 1 Does the organization maintain record criteria used to award the grants or as: 2 Describe in Part IV the organization's part IV the o | s to substantiate the sistance? | | | | • | | | | | | |
| Part II Grants and Other Assistance to recipient that received more that | | | | | anization answered "Y | ′es" on Form 990, Part | IV, line 21, for any | | | | |
| 1 (a) Name and address of organization or government | (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 of noncash assistance | (h) Purpose of grant or assistance | | | | |
| OAKLAND INTERMEDIATE SCHOOL DISTRICT - 2111 PONTIAC LAKE ROAD - WATERFORD, MI 48328 | 38-1713563 | 501(C)(3) | 5,747. | | | | TO REIMBURSE FOR ACTIVITIES THAT SUPPORT COUNTY SCHOOL BOARD GROUP ACTIVITIES. | | | | |
| | | | 20 | 5 | | | | | | | |
| | | | jist | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice | ons listed in the line | i table | e line 1 table | | | | Schedule I (Form 990) (2019) | | | | |

Schedule I (Form 990) (2019) MICHIGAN ASSOCIATION OF SCHOOL BOARDS

| | 38-1323441 | |
|---------------------------|------------|--|
| rm 990, Part IV, line 22. | | |
| | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
| | | | | | | | | | |
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| | | | C | , OX | | | | | |
| | | | .01 | | | | | | |
| | | | JIC | | | | | | |
| | | | | | | | | | |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | ditional information. | | | | | |
| PART I, LINE 2: | | | | | | | | | |
| THE LEGAL TRUST FUND HAS AN ADVISO | RY BOARD | THAT MEETS | 5 TO CONSID | ER REQUESTS | | | | | |
| FOR ASSISTANCE FROM MEMBER SCHOOL | DISTRICTS | WHO ARE F | ACING LEGA | L ISSUES | | | | | |
| THAT WOULD HAVE A STATEWIDE IMPACT ON PUBLIC EDUCATION. ONCE APPROVED BY | | | | | | | | | |
| THE ADVISORY BOARD, THE DISTRICT CAN SUBMIT DOCUMENTATION TO SUPPORT THE | | | | | | | | | |
| LEGAL EXPENSES UP TO THE AMOUNT APPROVED BY THE ADVISORY BOARD. | | | | | | | | | |
| | | | | | | | | | |

MASB ISSUED GRANTS TO ISD'S THAT SUPPORTED COUNTY AREA SCHOOL BOARD GROUPS.

MASB DOES NOT HAVE CONTROL OVER THESE GROUPS. MASB REQUIRES THE ISD TO

Page 2

| Schedule I Part IV | (Form 99 Supp | 90) blem | ental Info | MICHI ormation | GAN | AS | SOCIA | ATIC | N OF S | CHO | OL BOA | RDS | | 38-1 | 323441 | Page 2 |
|-----------------------|-------------------------|--------------------|------------|-----------------------------|--------------|------|-------|--------------|--------|-----|--------|-------|-----|-------|--------------|---------------|
| SUBMIT | T INF | ORN | ATION | TO MA | SB I | EN (| ORDER | то | APPLY | FOF | R THE | GRANT | • | IF TH | HE ISD | |
| MEETS | THE | CRI | ITERIA | OUTLI | NED | BY | MASE | 8, A | GRANT | IS | ISSUE | D TO | THE | ISD | WHERE | THE |
| COUNTY | ARE | EA S | SCHOOL | BOARD | GRO | DUP | IS A | CTI | VE. | | | | | | | |
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| | | | | | | | | | | | | | | s | chedule I (F | orm 990) |

15231028 755817 06509

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 1545-004 | 47 | | | | |
|--|--|---|-----------|----------------|----------|----------|--|--|--|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 00 | 40 | <u> </u> | | | | |
| • | - | Compensated Employees | | 20 | IJ | J | | | | |
| Dene | terrant of the Treesury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | lic | | | | |
| | tment of the Treasury al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | | | | | |
| Nam | e of the organizatio | 1 | | identificatio | | mber | | | | |
| | | MICHIGAN ASSOCIATION OF SCHOOL BOARDS | 38-3 | 132344 | 1 | | | | | |
| Pa | rt I Question | s Regarding Compensation | | | | | | | | |
| | | | | | Yes | No | | | | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | | | |
| | First-class or c | | | | | | | | | |
| | Travel for com | | | | | | | | | |
| | | ation and gross-up payments | | | | | | | | |
| | | spending account Personal services (such as maid, chauffer | ur, chet) | | | | | | | |
| ь. | If any of the house | | | | | | | | | |
| a | | on line 1a are checked, did the organization follow a written policy regarding payment or | | 41 | | | | | | |
| 0 | | rovision of all of the expenses described above? If "No," complete Part III to explain | | <u>1b</u> | | <u> </u> | | | | |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | | | |
| | trustees, and onice | s, including the CEO/Executive Director, regarding the items checked of the ray |) | ····· ∠ | | | | | | |
| 3 | Indicate which if a | ny, of the following the organization used to establish the compensation of the organization's | 2 | | | | | | | |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | | | | | |
| establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | | | | | |
| | X Compensation | | | | | | | | | |
| | | ompensation consultant \overline{X} Compensation survey or study | | | | | | | | |
| | X Form 990 of o | | committee | | | | | | | |
| | | | | | | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | | | |
| | organization or a re | lated organization: | | | | | | | | |
| а | | e payment or change-of-control payment? | | 4a | | X | | | | |
| b | Participate in, or re | ceive payment from, a supplemental nonqualified retirement plan? | | 4b | | X | | | | |
| с | | ceive payment from, an equity-based compensation arrangement? | | 4c | | X | | | | |
| | If "Yes" to any of lir | ies 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | |
| | | | | | | | | | | |
| _ | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | וזר | | | | | | | |
| ~ | contingent on the r | | | Ea | | x | | | | |
| | Any related organiz | ation? | | | | X | | | | |
| U | | ation? Ir 5b, describe in Part III. | | 55 | | | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | | | | |
| Ū | contingent on the r | | | | | | | | | |
| а | - | | | 6a | | X | | | | |
| | | ation? | | | | X | | | | |
| | | r 6b, describe in Part III. | | | | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | \$ | | | | | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | 7 | | X | | | | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | пе | | | | | | | |
| | | | | 8 | | X | | | | |
| 9 | If "Yes" on line 8, d | d the organization also follow the rebuttable presumption procedure described in | | | | | | | | |
| | Regulations section | | | | | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sche | dule J (Forn | n 990) |) 2019 | | | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|------------------------------|--------------------------|---|---|-------------------------|-----------------------------------|-------------------------|---|-----------------------------------|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(I)-(D) | reported as deferred on prior Form 990 | |
| (1) DONALD P. WOTRUBA | (i) | 228,774. | 8,000. | 0. | 47,268 🗸 | 20,741. | 304,783. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | | 0. | 0. | 0. |
| (2) BRAD BANASIK | (i) | 124,547. | 1,551. | 0. | 15,880. | 11,607. | 153,585. | 0. |
| LEGAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DONNA OSER (ENDED 01/20) | (i) | 137,673. | 1,551. | 0. | 17,363. | 6,652. | 163,239. | 0. |
| DEPUTY DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | .01 | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | 5 | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | $\overline{\mathbf{C}}$ | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2019

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.

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. | -EZ |
|--|---|---|
| Name of the organization | | Employer identification number 38-1323441 |
| FORM 990, PA | RT III, LINE 4D, OTHER PROGRAM SERVICES: | |
| ADVOCACY: IN | CLUDES GOVERNMENT RELATIONS PROGRAMS THAT PRIM | ARILY FOCUS |
| ON KEEPING M | EMBERS AWARE OF LEGISLATIVE ACTIVITY AT THE ST | ATE AND |
| FEDERAL LEVE | L AND REPRESENTING SCHOOL BOARD VIEWS BEFORE L | EGISLATIVE |
| AND ADMINIST | RATIVE GOVERNMENT, AS WELL AS GRASS ROOTS EFFO | RTS TO KEEP |
| THE PUBLIC A | WARE OF ISSUES THAT FACE PUBLIC EDUCATION. BOA | RDS OF |
| EDUCATION SE | RVED: 602 | |
| EXPENSES \$ 4 | 88,657. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 17,048. |
| | 0 | |
| GOVERNANCE: | VARIOUS PROGRAMS THAT INCLUDE GOVERNING ACTIVI | TIES OF THE |
| BOARD OF DIR | ECTORS AND ACTIVITIES RELATED TO PROGRAMS, POL | ICIES AND |
| LEGISLATIVE | INITIATIVES ADDRESSED BY VARIOUS MEMBERSHIP CO | MMITTEES AND |
| DELEGATES AT | THE ANNUAL MEETING. BOARDS OF EDUCATION SERV | ED: 602 |
| EXPENSES \$ 3 | 94,518. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 0. |
| | | |
| AFFILIATE ME | MBERS AND SERVICES: INCLUDES A VARIETY OF PROG | RAMS, GRANTS |
| AND SERVICES | THAT SUPPORT SCHOOL BOARD MEMBERS AND PUBLIC | EDUCATION. |
| EXPENSES \$ 1 | 21,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 1,703,610. |
| | | |
| LEGAL TRUST | FUND: ASSISTS LOCAL SCHOOL BOARDS IN SCHOOL DI | STRICT |
| LITIGATION C | ASES THAT HAVE STATEWIDE IMPACT. BOARDS OF EDU | CATION |
| SERVED: 602 | | |
| <u>EXPENSES \$ 0</u> | . INCLUDING GRANTS OF \$ 0. REVENUE \$ 186,3 | 95. |
| FORM 990, PA | RT VI, SECTION A, LINE 6: | |
| | UDE MICHIGAN BOARDS OF EDUCATION. eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched | dule O (Form 990 or 990-EZ) (2019) |
| | eduction Act Notice, see the instructions for Form 990 or 990-EZ. Sched | uie O (FORIII 990 OF 990-EZ) (2019) |

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932211 09-06-19

36 2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

| Name of the organization Employer identification number 38-1323441 38-1323441 FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS. SOME BOARD OF DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBER BOARDS. SOME BOARD OF DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE ELECTED BY THE MEMBERSHIP GROUPS AS DEFINED IN THE BYLAWS. | Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|-------------------|
| FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS. SOME BOARD OF DIRECTOR FOSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE ELECTED BY THE MEMBERSHIP GROUPS AS DEFINED IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED FRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | • | |
| MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS. SOME BOARD OF DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS IN THAT REGION, AND OTHERS ARE ELECTED BY THE MEMBERSHIP GROUPS AS DEFINED IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING: AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | | |
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| AND OTHERS ARE ELECTED BY THE MEMBERSHIP GROUPS AS DEFINED IN THE BYLAWS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILLING. AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBER BOARDS | . SOME BOARD OF |
| FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS IF THESE DECISIONS AFFECT THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING: AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | DIRECTOR POSITIONS ARE REGIONAL AND ARE ELECTED BY MEMBERS | IN THAT REGION, |
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| THESE DECISIONS AFFECT THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING? AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | FORM 990, PART VI, SECTION A, LINE 7B: | |
| FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROV | AL BY MEMBERS IF |
| THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | THESE DECISIONS AFFECT THE BYLAWS. | |
| THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD. QUESTIONS AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | - | |
| AND COMMENTS ARE SOLICITED PRIOR TO FILING: AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | FORM 990, PART VI, SECTION B, LINE 11B: | |
| BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AND FILES THE RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | THE 990 IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE B | OARD. QUESTIONS |
| RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC WEBSITE AND THE BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | AND COMMENTS ARE SOLICITED PRIOR TO FILING AFTER ANY CON | CERNS PRESENTED |
| BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGNS AN | ND FILES THE |
| FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | RETURN. A COPY OF THE 990 IS PROVIDED ON BOTH THE PUBLIC N | WEBSITE AND THE |
| OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | BOARDS ADMINISTRATIVE DOCUMENT STORAGE SITE. | |
| OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | <u> </u> | |
| INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | FORM 990, PART VI, SECTION B, LINE 12C: | |
| CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS ARE REVIEWED BY THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO UPDATE T | HE CONFLICT OF |
| THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | INTEREST FORM ANNUALLY, AND ARE REQUIRED TO INFORM MANAGEM | ENT OF ANY |
| THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP ON ANY POTENTIAL | CHANGES THAT MAY OCCUR BETWEEN WRITTEN UPDATES. THE FORMS | ARE REVIEWED BY |
| | THE EXECUTIVE STAFF AND A PROCESS IS IN PLACE TO FOLLOW UP | ON ANY POTENTIAL |
| CONFLICT. | CONFLICT. | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 15: | FORM 990, PART VI, SECTION B, LINE 15: | |
| THE GOVERNING BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE | | OF THE EXECUTIVE |
| DIRECTOR. IF COMPENSATION IS BEING REVIEWED, IT INCLUDES COMPARING TOTAL | | |
| COMPENSATION TO THREE OUTSIDE SOURCES INCLUDING ONE NATIONAL, ONE STATE AND 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) | COMPENSATION TO THREE OUTSIDE SOURCES INCLUDING ONE NATION | AL, ONE STATE AND |

³⁷ 2019.04030 MICHIGAN ASSOCIATION OF S 06509__1

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization MICHIGAN ASSOCIATION OF SCHOOL BOARDS | Employer identification number 38-1323441 |
| ONE LOCAL COMPENSATION STUDY. COMPENSATION FOR THE EXECUTI | VE DIRECTOR IS |
| THEN CONSIDERED, APPROVED AND DOCUMENTED IN THE MINUTES OF | THE EXECUTIVE |
| SESSION OF THE BOARD OF DIRECTORS. COMPENSATION FOR ALL O | THER STAFF IS |
| BENCHMARKED TO MARKET STUDIES ON AT LEAST A BIANNUAL BASIS | . ANY CHANGES TO |
| TOTAL COMPENSATION FOR STAFF ARE THEN CONSIDERED BY AND AP | PROVED AS PART OF |
| THE ANNUAL BUDGET PROCESS AND DOCUMENTED IN THE MINUTES OF | THE BOARD OF |
| DIRECTORS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| ALL INFORMATION IS AVAILABLE UPON REQUEST. FORM 990 IS AL | SO POSTED |
| ANNUALLY ON GUIDESTAR'S WEBSITE. THE 990 IS PUBLIC INFORM | ATION THROUGH THE |
| MICHIGAN ATTORNEY GENERAL'S OFFICE. FINANCIAL REPORTS ARE | INCLUDED IN THE |
| ANNUAL REPORT WHICH IS DISTRIBUTED TO MEMBERS AND AVAILABL | E ON THE WEBSITE. |
| READERS ARE INVITED TO CONTACT THE BUSINESS OFFICE TO REQU | EST ADDITIONAL |
| INFORMATION. | |
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932212 09-06-19

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(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2019 Open to Public Inspection

Employer identification number

38-1323441

OMB No. 1545-0047

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

Name of the organization

MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

| (0) | (b) | (c) | (d) | (0) | | (f) | |
|---|--|---------------------------|-----------------------|--------------------|-------------------------|------------------|----------------------|
| (a) | | ., | (d) | (e) | | | |
| Name, address, and EIN (if applicable) Primary activity Le | | Legal domicile (state or | r Total incor | ne End-of-yea | | | 9 |
| of disregarded entity | | foreign country) | 1 | | e | ntity | |
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization a | nswered "Yes" on Form 990 | , Part IV, line 34, b | ecause it had one | or more related tax-exe | mpt | |
| (a) | (b) | (c) | (d) | (e) | (f) | (c) Section 5 | g) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | | 512(b)(13) rolled |
| of related organization | · · · C · | foreign country) | section | status (if section | entity | | ity? |
| | | 0 ,, | | 501(c)(3)) | | Yes | No |
| MICHIGAN EDUCATION LEADERSHIP GROUP - | | | | | | | |
| 38-3318753, 1001 CENTENNIAL WAY, SUITE 400, | PROVIDES BUILDING TO | | | | | | |
| LANSING, MI 48917 | CONSORTIUM OF NON-PROFITS | MICHIGAN | 501(C)(2) | | N/A | | Х |
| | | | | | | | |

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS

38-1323441 Page 2

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

| organizations treated as a pa | | an year. | • | _ | | | | | | | | | | | | |
|--|--|-------------------|------------------------------|----------------------|---|----------|-------------|----------|-----------------|---|-----------|------------------------------|---------------|----------|-------------------------------------|------------|
| (a) | (b) | (c) | (d) | | (e) | | (f) | (| g) | (| h) | (i) | | (j) | (k) | |
| Name, address, and EIN | Primary activity | Legal domicile | Direct controlling | Predomin | nant income unrelated, om tax under s 512-514) | Share | of total | Sha | are of | 1 1 1 | ortionate | Code V-UB | Ge | neral or | Percen owners | tage |
| of related organization | | (state or foreign | entity | excluded fr | om tax under | inc | ome | | of-year sets | | itions? | amount in bo 20 of Schedu | | | owners | ship |
| | | country) | | sections | 512-514) | | | | | Yes | No | K-1 (Form 106 | 35) Ye | s No | | |
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| Part IV Identification of Related Or organizations treated as a co | ganizations Taxable prporation or trust due | as a Corpo | oration or Trust. C /ear. | omplete if t | he organizat | ion answ | vered "Yes | " on For | m 990, Pa | art IV, I | line 34 | , because it ha | d one | or mo | re relat | ed |
| (a) | • | U . | (b) | (c) | (d) | | (e) | | (f | <u>, </u> | | (g) | (h | N | (i) | |
| Name, address, and E | IN | Prim | nary activity | Legal domicile | Direct con | | Type of | entity | Share c | | | | Percei | | (i) Sectio 512(b)(control | on 13) |
| of related organization | on | | | (state or foreign | entit | y | (C corp, S | S corp, | inco | me | | end-of-year | owne | rship | control | lled /? |
| | | | .•. C) | country) | | | or tru | ist) | | | | assets | | | Yes | No |
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Schedule R (Form 990) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | | | —— | | | | | |
|------------|--|-----------|----------|----------|--|--|--|--|--|
| Not | te: 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? | | | 37 | | | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <u>1a</u> | ' | X | | | | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b 1c | <u> </u> | X X | | | | | |
| С | | | | | | | | | |
| | 5 (<i>T</i> | 1d | ' | X | | | | | |
| е | Loans or loan guarantees by related organization(s) | 1e | | X | | | | | |
| | Dividends from related experimetion(s) | 46 | | x | | | | | |
| f | 5 () | 1f | ' | X | | | | | |
| 9 b | Sale of assets to related organization(s) | 1g | ' | X | | | | | |
| h | | 1h | <u> </u> | X | | | | | |
| | Exchange of assets with related organization(s) | 1i | <u> </u> | X | | | | | |
| J | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | x | | | | | |
| Г | | 11 | | X | | | | | |
| , m | | 1m | | X | | | | | |
| | | 1n | x | <u> </u> | | | | | |
| | | | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | 10 | | X | | | | | |
| n | Reimbursement paid to related organization(s) for expenses | 1p | | x | | | | | |
| ч 0 | | 1a | | X | | | | | |
| ч | Reimbursement paid by related organization(s) for expenses | -'4 | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | x | | | | | |
| | Other transfer of cash or property from related organization(s) | 1s | | x | | | | | |
| 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. | | | | | | | | |
| | | | | | | | | | |
| | (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount inv | olved | | | | | | | |
| | type (a-s) | | | | | | | | |
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| <u>(1)</u> | MICHIGAN EDUCATION LEADERSHIP GROUP N 93,451. OWNERSHIP PERCENT | | | | | | | | |
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| (2) | | | | | | | | | |
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| (3) | | | | | | | | | |
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| <u>(4)</u> | | | | | | | | | |
| (5) | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | |
| (6) | | | | | | | | | |
| (6) | | | | | | | | | |

Schedule R (Form 990) 2019 MICHIGAN ASSOCIATION OF SCHOOL BOARDS

38-1323441 Page 4

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec 501(c)(3) orgs.? Yes No | | (g) Share of end-of-year assets | (h) Dispropor tionate allocations Yes No | ? of Schedule K-1 | (j) General or) managing partner? Yes NO | (k) Percentage ownership |
|--|--------------------------------|------------|---|---|------|---|--|-------------------|---|---------------------------------------|
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Schedule R (Form 990) 2019

| Schedule R | (Form 990) 2019 | MICHIGAN | ASSOCIATION | OF | SCHOOL | BOARDS | 38-1323441 | Page 5 |
|---------------|---------------------------|----------------------|--------------------------------|----------|----------------|--------|--------------------|-----------|
| Part VII | Supplemental Info | rmation | | | | | | |
| | Provide additional inform | nation for responses | to questions on Sched | ule R. : | See instructio | ns. | | |
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