Form								
Form	ga	n	Return of Or	ganization Exem	pt From	Income	Тах	OMB No 1545-0047
5	53	U	Under section 501(c), 527, or foundations)	4947(a)(1) of the Interna	I Revenue Co	de (except	private	2014
•	ent of the ⁻ Revenue S		🕨 Do not enter socia	l security numbers on this Form 990 and its instructi				Open to Public Inspection
Fo	rthe 2		dar year, or tax year beginning	08-01-2014 , and endin	g 07-31-2015		-	
	ck if ap	plicable	Name of organization MICHIGAN HIGH SCHOOL ATHLETIC :	ASSOC			D Employer	identification number
_	ress cha	_					38-1603	100
	ne chan	-	Doing business as					
	al returr	n -	Number and street (or P O box if m	ail is not delivered to street add	ress) Room/suit	e	E Telephone	number
_ Fina retu	irn/term	inated	1661 RAMBLEWOOD DRIVE		,	-	(517)33	2-5046
- Am	ended re	eturn	City or town, state or province, cour	try, and ZIP or foreign postal co	de			
- Арр	lication	pending	EAST LANSING, MI 488237392				G Gross recei	pts \$ 9,694,763
			F Name and address of prin	cıpal officer		H(a) Ist	l nis a group ret	urn for
			JOHN ROBERTS 1661 RAMBLEWOOD DRIVE	=			ordinates?	∏ Yes 🔽 No
			EAST LANSING, MI 48823			H(b) Are	all subordınat	es Γ Yes Γ No
					_	inclu	uded?	
Tax	-exemp	ot status	▼ 501(c)(3)	nsert no) 🔽 4947(a)(1) or	527	If"N	lo," attach a li	ist (see instructions)
W	ebsite:	► www	MHSAA COM			H(c) Gro	up exemption	number 🕨
Forn	n of orga	anization	Corporation Trust Association	n 🔽 Other 🕨	I	L Year of f	ormation 1972	M State of legal domicile
Pa	rt I	Sumn	ary					
	4 N	umber of	voting members of the governi independent voting members o per of individuals employed in o	of the governing body (Part				3 1
			fer of marviadals employed in c	ralendar vear 2014 (Part \				4 1 5 2
•	7a ⊤		per of volunteers (estimate if n		V,line 2a) .			4 1 5 2 6 1
	ЬN	otal unre	per of volunteers (estimate if nated business revenue from Pa	ecessary)	V, line 2a) .	· · · ·	· · [5 2
				ecessary) art VIII, column (C), line 1	V, line 2a) . 	· · · ·	· · · ·	5 2 6 1
			ated business revenue from Pa	ecessary) art VIII, column (C), line 1	V, line 2a) . 	· · · · · · · ·	· · · ·	5 2 6 1 7a 231,23
e	8	et unrela Contribi	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin	ecessary) art VIII, column (C), line 1 rom Form 990-T, line 34 ne 1h)	V, line 2a) . 	· · · · · · · ·	• • • • • • • • • • • • • • • • • • •	5 2 6 1 7a 231,23 7b -8,71 Current Year 8 718,16
enue	9	et unrela Contribi Program	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin	ecessary) art VIII, column (C), line 1 rom Form 990-T, line 34 ne 1h) ne 2g)	V, line 2a) . 	· · · · · · · ·	7 7 or Year 508,718 8,532,578	5 2 6 1 7a 231,23 7b -8,71 Current Year 718,166 8 718,375,05
Revenue	9 10	et unrela Contribi Program Investn	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column	ecessary)	V, line 2a) . 	· · · · · · · ·		5 2 6 1 7a 231,23 7b -8,71 7b -8,71 Current Year 3 718,16 8,375,05 7 11,10
Revenue	9 10 11	et unrela Contribu Progran Investn Other re	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column venue (Part VIII, column (A),	ecessary) art VIII, column (C), line 1 fom Form 990-T, line 34 ne 1h) ne 2g) (A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, an	V, line 2a) . 	 Pri	7 7 or Year 508,718 8,532,578	5 2 6 1 7a 231,23 7b -8,71 7b -8,71 Current Year 3 718,16 8,375,05 7 11,10
Revenue	9 10 11 12	et unrela Contribu Program Investm Other re Total re 12).	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11	ecessary)	V, line 2a) . nd 11e) lumn (A), line	 Pri		5 2 6 1 7a 231,23 7b -8,71 7b -8,71 7current Year 3 718,16 8,375,05 711,10 590,44 9,694,76
Revenue	9 10 11 12 13	et unrela Contribu Program Investm Other re Total re 12). Grants a	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 	ecessary)	V, line 2a) . 	 Pri		5 2 6 1 7a 231,23 7b -8,71 7b -8,71 Current Year 3 718,16 8,375,05 7 11,10 590,44 9,694,76 9 41,00
Revenue	9 10 11 12 13 14	et unrela Contribu Program Investm Other re Total re 12) . Grants a Benefits	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 	ecessary)	V, line 2a) . 	 Pri		5 2 6 1 7a 231,23 7b -8,71 7b -8,71 Current Year 3 718,16 8,375,05 7 11,10 590,44 9,694,76 9 41,00
	9 10 11 12 13	et unrela Contribu Program Investm Other re Total re 12) . Grants a Benefits	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 	ecessary)	V, line 2a) . 	 Pri		5 2 6 1 /a 231,23 /b -8,71 /b 718,16 3 718,16 3 718,16 3 590,44 9,694,76 0 41,00
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	9 10 11 12 13 14 15	et unrela Contribu Program Investm Other re Total re 12) . Grants a Benefits Salaries 5-10) Profess	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, lin ent income (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 	ecessary)	V, line 2a) . nd 11e) lumn (A), line n (A), lines	 Pri		5 2 6 1 7a 231,23 7b -8,71 7b 718,16 3 718,16 3 718,16 4 9,694,76 9 94,76 9 3,224,53
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Expenses	9 10 11 12 13 14 15 16a b 17	et unrela Contribu Program Investm Other re Total re 12) Grants Salaries 5–10) Profess Total func Other e Total ex	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 	ecessary)	V, line 2a) . 			5 2 6 1 7a 231,23 7b -8,71 7b -8,71 7current Year 3 718,16 8,375,05 7 11,10 590,44 9,694,76 9 41,00 3 3,224,53 9 6,463,34 9,728,88 9,728,88
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Net Assets of Expenses Revenue Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20	et unrela Contribu Program Investm Other re Total re 12) . Grants a Benefits Salaries 5–10) Profess Total fund Other e Total ex Revenue	ated business revenue from Pa ted business taxable income fr tions and grants (Part VIII, lin service revenue (Part VIII, column venue (Part VIII, column (A), venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I , other compensation, employe onal fundraising fees (Part IX, raising expenses (Part IX, column (D) spenses (Part IX, column (A), I penses Add lines 13–17 (mus less expenses Subtract line	ecessary)	V, line 2a) . 			5 2 6 1 7a 231,23 7b -8,71 7b -8,71 718,16 8,375,05 7 11,10 590,44 9,694,76 9,694,76 41,00 73 3,224,53 74 -34,11 75 -34,11 75 -34,11 75 -34,11 77,77,92 860,87

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here	0 I	**** gnature of officer HN ROBERTS EXECUTIVE DIRECTOR					
	р ту	pe or print name and title					
Daid		Print/Type preparer's name JAMES E NYQUIST CPA	Preparer's signature JAMES E NYQUIST CPA				
Paid		Firm's name 🕨 MANER COSTERISAN PC					
Prepare Use Onl		Firm's address Þ 2425 E GRAND RIVER SUITE 1					
	-	LANSING, MI 48912329	1				
May the ID		upp this voture with the property of	own showe? (cas instructio				

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014)					Page 2
Par			ice Accomplishment ponse or note to any line i			г
1	Briefly describe	the organization's missio	n			
VAL	UES OF HIGH SCI		O PROVIDE ASSISTANC		TATE, CONSISTENT WITH NING OF COACHES, ATH	
2	the prior Form 99	ion undertake any signifi 00 or 990-EZ? e these new services on S	cant program services dur	ng the year whic		∏Yes 🔽 No
3	Did the organizat		make significant changes	ın how ıt conduc	ts, any program	∏Yes ☑No
	If "Yes," describ	e these changes on Sche	dule O			
4	expenses Section	on 501(c)(3) and 501(c)(ed to report the	rgest program services, as amount of grants and alloca	
4a	(Code) (Expenses \$	6,686,810 including g	ants of \$) (Revenue \$	7,590,621)
		REATE AND CONDUCT INTERSC 2,623 PARTICIPANTS	HOLASTIC TOURNAMENTS IN 24	SPORTS CONSISTE	NT WITH EDUCATIONAL VALUES C	F HIGH SCHOOL
4b	(Code) (Expenses \$	1,303,435 including g	•) (Revenue \$	635,877)
	OFFICIALS AND CO	ACHES PROVIDE SERVICE AND	SUPPORT FOR 10,305 REGIST	RED OFFICIALS AND	FOR COACHES	
4c	(Code) (Expenses \$	196,694 including g	ants of \$	41,000) (Revenue \$	148,555)
	STUDENT SERVICES	S PROVIDE CONFERENCES AN	D FINANCIAL SUPPORT RELATED	TO SPORTSMANSH	P, LEADERSHIP AND ACADEMIC E	XCELLENCE
4d	Other program s	services (Describe in Sch	edule O)			
	(Expenses \$	inc	luding grants of \$)	(Revenue \$)
4e	Total program s	ervice expenses 🕨	8,186,939			
						Form 990 (2014)

Form 990 (2014)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💁	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🔂	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💁	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔂	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔂	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? <i>If "Yes," complete Schedule I, Parts I and II</i> 📆	21		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form **990** (2014)

Form	990 (2014)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		105	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	Зa	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>
C		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
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).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
a	services provided to the payor?	74		NO
b	If "Yes," dıd the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
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	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
4.4				
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources)	1		
D	against amounts due or received from them)			
4.5]		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~		1		
		 14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	in res, has it med a rollin 720 to report these payments? If "No," provide an explanation in Schedule U	14b		

Dar	990 (2014) t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7L	h halc		Page
rai	"No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
		•	•••	• . •
Se	ection A. Governing Body and Management		¥	Na
1-	Enter the number of veture members of the governme body at the and of the tay.		Yes	No
Ta	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are1bindependent19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а		8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		
10-	Did the exception have legal chapters, branches, ex officiates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?			No
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
b	the form?	11a		
b 12a	the form?		Yes	
b 12a b	the form?	11a		
b 12a b	the form?	11a 12a 12b 12c	Yes	
b 12a b	the form?	11a 12a 12b	Yes	
b 12a b c	the form?	11a 12a 12b 12c	Yes Yes Yes	
b 12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15 a	the form?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15 a	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	N 0
b 12a b c 13 14 15 a	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	Νο
b 12a b c 13 14 15 a b 16a	the form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	
b 12a b 13 14 15 a b 16a b	the form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 12a b 13 14 15 a b 16a b <u>Se</u> 17	the form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	
b 12a b 13 14 15 a b 16a b	the form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	▶JOHN ROBERTS
	1661 RAMBLEWOOD DRIVE

EAST	LANSING, MI	488237392	(517)332-5046
			(

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot recto	not box h an or/tr	chece , office , o us lemployee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KYLE GUERRANT	5 00	x						0	0	0
BOARD MEMBER (2) SEAN JACQUES	5 00									
BOARD MEMBER		х						0	0	0
(3) MAUREEN KLOCKE	5 00	~						0	0	0
BOARD MEMBER		X							0	0
(4) JASON MELLEMA	5 00	х						0	0	0
BOARD MEMBER (5) AL UNGER	5 00									
BOARD MEMBER		х						0	0	0
(6) JOHN THOMPSON	5 00									
BOARD MEMBER		х						0	0	0
(7) KAREN LEINAAR	5 00	x						750	0	0
BOARD MEMBER		Â								
(8) STEVE NEWKIRK BOARD MEMBER	5 00	х						0	0	0
(9) CHERI MEIER	5 00									
BOARD MEMBER		X						0	0	0
(10) ALVIN WARD	5 00	x						0	0	0
BOARD MEMBER (11) DAVE DEROCHER	5 00									
BOARD MEMBER		х						0	0	0
(12) PAT WATSON	5 00									
BOARD MEMBER	•••••	х						0	0	0
(13) KRIS ISOM	5 00	x						0	0	0
BOARD MEMBER										
(14) CHRIS MILLER	5 00	х						0	0	0
BOARD MEMBER										Form 990 (2014)

Page **8**

Part VII	Section A.	Officers, Directors	s, Trustees, Key Employ	ees, and Highest	Compensated Employees	(continued)
----------	------------	---------------------	-------------------------	------------------	------------------------------	-------------

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	chec (, unle offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	for related organizations below dotted line)	Former Highest compensated employee Key employee Cfficei Officei Institutional Trustee Institutional Trustee or director				mer hest compensat doyee employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(15) PETER RYAN	5 00	v							0		
BOARD MEMBER		X						0	0	0	
(16) ORLANDO MEDINA	5 00	v							0	0	
BOARD MEMBER	•••••	X						0	0	0	
(17) SCOTT GRIMES PRESIDENT	5 00	x		x				0	0	0	
(18) FRED SMITH	5 00	v						1.050	0		
VICE PRESIDENT		X		×				1,050	0	0	
(19) VIC MICHAELS SECRETARY/TREASURER	5 00	x		x				0	0	0	
(20) JOHN ROBERTS	40 00										
EXECUTIVE DIRECTOR				X				209,437	0	62,541	
(21) THOMAS RASHID	40 00								_		
ASSOCIATE DIRECTOR						X		149,846	0	36,955	
(22) KATHY WESTDORP	40 00					x		143 503	0	40.943	
ASSISTANT DIRECTOR	•••••					^		142,592	0	49,842	
(23) NATE HAMPTON	40 00					x		125,727	0	49,413	
ASSISTANT DIRECTOR	•••••							125,727	0	49,415	
(24) MARK UYL	40 00					x		124,185	0	42,283	
ASSISTANT DIRECTOR								124,105	0	42,205	
(25) GINA MAZZOLINI	40 00					x		120,049	0	32,296	
ASSISTANT DIRECTOR						Â		120,049	0	32,290	
1b Sub-Total			•	•		•					
c Total from continuation sheets to Part	VII, Section A		•	•		►					
d Total (add lines 1b and 1c)						•		873,636	0	273,330	

100,000 of reportable compensation from the organization m P9

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	-	
(A) Name and business address	(B) Description of services	(C) Compensation
ROCKBRIDGE SPORTS GROUP ONE VILLAGE GREEN SUITE 110 CHARLOTTESVILLE, VA 22903	CORPORATE SALES	178,775
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►1) who received more than	

orm 99								Page S
Part V		Statement of Check if Schedu	f Revenue ile O contains a respor	nse or note to any lin	e in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
vî	1a	Federated camp	baigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership due	es 1b					
5 <u>6</u>	с	Fundraising eve	ents 1c					
Γġ,	d	Related organiz						
ia Gi		Government grants						
Sin's	е							
e e	f	All other contributio similar amounts no	ns, gifts, grants, and 1f t included above	718,164				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	l				
n pr	ь.	1a-1f \$ Total. Add lines	1 . 1 f		718,164			
<u>ة ت</u>	h	Total. Add illes	, 1a-11	••••	710,104			
ne	•			Business Code				
ven	2a	TOURNAMENT REVI		711210	7,590,621	7,590,621		
æ	b	OFFICIALS RECEIPT		900099	607,637	607,637		
MCA	c	CLINICS AND WORK		611710	148,555	148,555		
Ser	d			900099	14,717	14,717		
E B	e	BULLETINS/RULEBO		900099	13,523	13,523		
Program Service Revenue	f	All other progra	m service revenue					
۲ ۲	g	Total. Add lines	2a-2f	►	8,375,053			
	3		ome (including dividend ar amounts)		11,105			11,105
	4		tment of tax-exempt bond p					
	5	Royaltıes		•	359,206			359,206
]	(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	с	Rental income						
	d	or (loss)	ne or (loss)					
]	(I) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)	· · · · •				
ക	8a	Gross income fr events (not incl	-					
ň,		\$						
e e		of contributions See Part IV , line	reported on line 1c)					
č		See Falt IV, III	a a					
Other Revenue	b	Less directexp	penses b					
5	с	Net income or (loss) from fundraising e	events 🕨				
	9a		rom gaming activities					
		See Part IV, lin	e 19a					
	Ь	less directerr	penses b					
			loss) from gaming activ	vities 🕨				
	10a	Gross sales of ı	r					
		returns and allo						
	Ŀ		a					
	b	Less cost of go	oods sold b loss) from sales of inve	entory 🕨				
	Ľ	Miscellaneous	-	Business Code				
	11a	BROADCASTIN		541800	145,526		145,526	
	ь	ADVERTISING		541800	85,709		85,709	
	c							
	d	All other revenu						
	e	Total. Add lines	l	🕨				
	12		See Instructions		231,235			
		iocal revenue.	see instructions	· · · · •	9,694,763	8,375,053	231,235	370,311

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organızat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this			· · · · · ·	<u> </u>
	ot include amounts reported on lines 6b, o, 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 and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV , line 22	41,000	41,000		
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	314,673	211,885	102,788	
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	1,959,617	1,327,098	625,423	7,096
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,021	203,207	95,710	1,104
9	Other employee benefits	487,882	330,444	155,761	1,677
10	Payroll taxes	162,341	109,953	51,864	524
11	Fees for services (non-employees)				
а	Management				
b	Legal	117,105	73,931	43,174	
с	Accounting	24,050		24,050	
d	Lobbying	16,685	16,685		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,670	13,998	6,672	
12	Advertising and promotion	169,456	169,456		
13	Office expenses	437,916	372,323	65,409	184
14	Information technology	202,311	137,025	65,286	
15	Royalties				
16	Occupancy	67,660	45,826	21,834	
17	Travel	97,505	65,653	31,852	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	250,418	204,254	46,164	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	426,577	288,921	137,656	
23	Insurance	183,828	137,891	45,937	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TOURNAMENT EXPENSES	4,265,704	4,265,704		
Ь	E-COMMERCE SHARING	134,128	134,128		
с	DUES & APPROPRIATIONS	12,832	8,692	4,140	
d	SCHOLAR ATHLETE EXPENSE	12,720	12,720		
e	All other expenses	23,781	16,145	7,636	
25	Total functional expenses. Add lines 1 through 24e	9,728,880	8,186,939	1,531,356	10,585
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)				<u>.</u>
		1		I Fr	orm 990 (2014)

Part X Balance Sheet

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

					<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	2,549,790	2	2,567,968
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,701	4	246,697
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	297,455	9	524,853
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 4,137,548		_	
	b	Less accumulated depreciation 10b 2,348,096	2,058,651	10c	1,789,452
	11	Investments—publicly traded securities	2,196,053	11	2,353,247
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	517,782	15	295,506
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,731,632	16	7,777,923
	17	Accounts payable and accrued expenses	334,847	17	469,038
	18	Grants payable		18	
	19	Deferred revenue	394,351	19	304,319
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lìabì		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
			115,552	25	87,516
	26	Total liabilities. Add lines 17 through 25	844,750	26	860,873
ŝ		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Ú.	27	Unrestricted net assets	6,886,882	27	6,917,050
Balance	28	Temporarily restricted net assets	0,000,002	27	5,517,555
8	29	Permanently restricted net assets		28 29	
Fund	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here F T and		23	
ц Ц		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
25	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net #	33	Total net assets or fund balances	6,886,882	33	6,917,050
ž	34	Total liabilities and net assets/fund balances	7,731,632	34	7,777,923
	1		1,101,002		Form 990 (2014)
					2 220 (2017)

Form	990	(201	4)
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Par	TXI Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must aqual Dart VIII, column (A), lung 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,6	594,763
2	Total expenses (must equal Part IX, column (A), line 25)	2		9 -	728,880
3	Revenue less expenses Subtract line 2 from line 1				
	Not presets or fund helphone at hegenning of year (must equal Dart V, line 22, column (A))	3			-34,117
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4		6,8	386,882
5	Net unrealized gains (losses) on investments	5			64,285
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	O ther changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6.9	917,050
	Check if Schedule O contains a response or note to any line in this Part XII	• •		 Yes	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			105	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	🔽 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 oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		

SCHEDULE A (Form 990 or 990EZ) Department of the Texasity Texasity Public Charity Status and Public Support (omplete if the organization is a section 500(c)(0) organization or section 4947(a)(1) Department of the Texasity Public Charity Status (and conserving the organization is a section 4947(a)(1) Department of the Texasity Public Charity Status (and conserving the organization is a section 4947(a)(1) Department of the Texasity Public Charity Status (and conserving the organization is a section 4947(a)(1) Department of the Texasity Public Charity Status (All organizations must complete this part.) See instructions. Name of the organization is not a private foundation because it is (For lines 1 through 11, check only one box) Employer identification. 1 A church, convention of churches, or association of churches described in section 170(b)(1)(1)(1)(1). Extended Section 407(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	efil	e GF	RAPHIC pr	int - DO I	NOT PROCES	SS	As Filed Dat	ta -		DLN: 93493053009		
Transmit P Information about Schedule A (form 990 or 990-E2) and its instructions is at	(Forn	n 990	or 990EZ)	Comple		nizatio	on is a section 50 nonexempt c	01(c)(3) orgar haritable trus	ization or a sec	ort	омв № 1545-0047 2014	
MICHIGAN HIGH SCHOOL ATHLETIC ASSOC 38-1603100 2711 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) Image: Charity Status (All organization status complete this part.) See instructions. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). Image: Charity Status (All organization described in section 170(b)(1)(A)(iii). Image: Charity Status (All organization described in section 170(b)(1)(A)(iii). Image: Charity Status (All organization described in section 170(b)(1)(A)(iii). Image: Charity (Charity (Charity Charity (Charity Charity Charity (Charity Charity Charity Charity Charity Charity (Charity Charity Charity Charity Charity Charity Charity Charity Charity (Charity Charity Cha	Treasu	ry		•	Information a		chedule A (Form	n 990 or 990-E		uctions is at	Open to Public Inspection	
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organization organization (described on lines 1-9 above or IRC section (see instructions)) other support instructions)	g		Provide the	e following i	nformation abo	out the	e supported orga	anızatıon(s)				
					(ii) EIN	o (des 1-9 s	rganızatıon crıbed on lınes above or IRC ection (see	listed in you	governing	monetary support	(vi) A mount of other support (see instructions)	
							structions))	Yes	No	1		

Total

Pai	rt III Support Schedule for (Complete only if you c						
	Part III. If the organiza						
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants")						
	Tax revenues levied for the						
	organization's benefit and either						
	paıd to or expended on ıts behalf						
-	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
	The portion of total contributions						
I	by each person (other than a						
	governmental unit or publicly						
	supported organızatıon) ıncluded on lıne 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	in) ► A mounts from line 4						
	Gross income from interest,						
-	dividends, payments received on						
:	securities loans, rents, royalties						
	and income from similar						
	sources Net income from unrelated						
-	business activities, whether or not						
	the business is regularly carried						
	on						
	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
	Total support Add lines 7 through						
	10 Gross receipts from related activitie	as atc (see inst					
	First five years. If the Form 990 is	, ,	•	third fourth or	fifth tax year ac a	12	
	organization, check this box and st						
	ction C. Computation of Pub						· · ·
	choir of compatation of rub					14	
14	Public support percentage for 2014	(line 6, column	(f) divided by line	11, column (f))		14	
				11, column (f))		15	
15 16a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the	Schedule A, Par organization did	t II, line 14 not check the bo	x on line 13, and	lıne 14 ıs 33 1/3%	15	
15 16a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua	Schedule A, Par organization did lifies as a public	t II, line 14 not check the bo ly supported orga	x on line 13, and nization		15 or more, check	▶
15 16a b	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	Schedule A, Par organization did lifies as a public organization did	t II, line 14 not check the bo ly supported orga not check a box o	x on line 13, and nization on line 13 or 16a		15 or more, check	▶
15 16a b	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua	Schedule A, Par organization did lifies as a public organization did i qualifies as a pi	t II, line 14 not check the bo: ly supported orga not check a box (iblicly supported	x on line 13, and nization on line 13 or 16a organization	, and line 15 is 33	15 or more, check 1/3% or more, c	▶
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test - is 10% or more, and if the organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "fa	t II, line 14 not check the boy y supported orga not check a box iblicly supported anization did not acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s i	15 or more, check 1/3% or more, c o, and line 14 top here. Explain	► heck this ►
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization meet VI how the organization mee	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "fa	t II, line 14 not check the boy y supported orga not check a box iblicly supported anization did not acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s i	15 or more, check 1/3% or more, c o, and line 14 top here. Explain	heck this
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "facts-and	t II, line 14 not check the box y supported orga not check a box iblicly supported anization did not acts-and-circums f-circumstances	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, cho test The organiz	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s zation qualifies as	15 or more, check 1/3% or more, c o, and line 14 top here. Explain a publicly suppo	► heck this ►
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization meet VI how the organization mee	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "fa ts the "facts-and - 2013. If the orga	t II, line 14 not check the boy y supported orga not check a box of iblicly supported anization did not of acts-and-circums d-circumstances	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organis check a box on lin	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s zation qualifies as ne 13, 16a, 16b, o	15 or more, check 1/3% or more, c and line 14 top here. Explain a publicly suppo r 17a, and line	heck this
15 16a b 17a b	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test - is 10% or more, and if the organization meetorganization 10%-facts-and-circumstances test - 15 is 10% or more, and if the organization Explain in Part VI how the organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "fa ts the "facts-and - 2013. If the orga iization meets the	t II, line 14 not check the boy y supported orga not check a box of iblicly supported anization did not of circumstances' anization did not of e "facts-and-circ	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organis check a box on lin umstances" test,	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s zation qualifies as ne 13, 16a, 16b, o check this box an	15 or more, check 1/3% or more, c and line 14 top here. Explain a publicly suppo r 17a, and line ad stop here.	heck this F irted Iy
15 16a b 17a b	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - 2014. If the orga tion meets the "fa ts the "facts-and - 2013. If the orga iization meets the "fa	t II, line 14 not check the box ly supported orga not check a box of iblicly supported anization did not of circumstances' anization did not of e "facts-and-circums acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organiz check a box on lin umstances" test Th	, and line 15 is 33 ne 13, 16a, or 16b eck this box and s zation qualifies as ne 13, 16a, 16b, o check this box an e organization qua	15 or more, check 1/3% or more, c b, and line 14 top here. Explain a publicly suppo r 17a, and line of stop here. lifies as a public	heck this F irted

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Pa	(Complete only if you					aled to a	uslify	under
	Part II. If the organiz							
Se	ction A. Public Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	559,402	579,283	633,622	508,718		718,164	2,999,189
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,122,168	8,711,298	8,558,586	8,532,578	8,:	375,053	43,299,683
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	9,681,570	9,290,581	9,192,208	9,041,296	9,0	093,217	46,298,872
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts 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	11,996		54,415	87,309		22,865	176,585
с	Add lines 7a and 7b	11,996		54,415	87,309		22,865	176,585
8	Public support (Subtract line 7c							46,122,287
	from line 6)							
	ction B. Total Support ndar year (or fiscal year beginning							
care	in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
9	A mounts from line 6	9,681,570	9,290,581	9,192,208	9,041,296	9,(093,217	46,298,872
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	213,565	329,735	360,786	377,850	:	370,311	1,652,247
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	213,565	329,735	360,786	377,850		370,311	1,652,247
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	84,525	143,378	3,742				231,645
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c,	9,979,660	9,763,694	9,556,736	9,419,146	9,4	463,528	48,182,764
14	11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizatio	n's first, second,	thırd, fourth, or fi	fth tax year as a	section 5	501(c)(3) organization,
Se	ction C. Computation of Publ	ic Support Pe	rcentage					<u> </u>
15	Public support percentage for 2014			13, column (f))		15		95 720 %
16	Public support percentage from 201	3 Schedule A, Pa	rt III, line 15			16		95 810 %
10		atom and Top a -	ne Percentad					
Se	ction D. Computation of Inve				(6))			
	ction D. Computation of Invention Invention of Invention			by line 13, columr	n (T))	17		3 4 3 0 %
Se		2 014 (line 10c, co	lumn (f) dıvıded b		1 (T))	17 18		3 4 3 0 % 3 1 3 0 %
Se 17 18 19a	Investment income percentage for 2 Investment income percentage from 33 1/3% support tests—2014. If the more than 33 1/3%, check this box	2014 (line 10c, co n 2013 Schedule A e organization did and stop here. The	lumn (f) divided b , Part III, line 1 not check the bo e organization qu	7 x on line 14, and alifies as a public	line 15 is more the supported org	18 han 33 1/ anization		3 130 % line 17 is not ▶⊽
Se 17 18 19a	Investment income percentage for 2 Investment income percentage from 33 1/3% support tests—2014. If the	2014 (line 10c, co a 2013 Schedule A e organization did and stop here. The e organization did this box and stop	lumn (f) divided b , Part III, line 1 not check the bo e organization qu not check a box o 5 here. The organ	7 x on line 14, and alifies as a public on line 14 or line ization qualifies a	line 15 is more the supported org 19a, and line 16 s a publicly supp	18 han 33 1/ anization is more t	han 33 : Janizatio	3 130 % line 17 is not ▶√ 1/3% and line

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d 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")? If "Yes" and if you checked 11a or 11b 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 IRS 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 II of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b 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).
- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - **b** A family member of a person described in (a) above?
 - c 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.

No

Yes

1

2

3a

Зb

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

11a 11b

11c

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Yes

No

Yes

1

2

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 supported organizations played 3 in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔽 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- **c** The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a 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.
- 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.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

No

2a

2b

3a

Зb

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

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

	Section 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		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2014

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
 Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
 a Applied to underdistributions of prior years 			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			
e From 2014			

Schedule A (Form 990 or 990-EZ) (2014)

Page **8**

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

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC pr	int - DO NC	T PROCESS As Filed Data -		DL	N: 93493053009246
SCHEDULE C		Political Campaign and	Lobbying	Activities	OMBNo 1545-0047
(Form 990 or 990-EZ)	Eor Organi	rations Exampt From Income Tax	v Undor costiou	n 501(c) and castion 5	27 2014
Demoder and of the Terrore		zations Exempt From Income Tax e if the organization is described belo		1 1	
Internal Revenue Service					Open to Public
	l	<u>/ www.irs.gov</u> s" to Form 990, Part IV, Line 3, or F		rt V, line 46 (Political C	Inspection
		Complete Parts I-A and B Do not compl		rt v, inte 40 (Political Ca	ampaign Activities), then
	-	501(c)(3)) organizations Complete Pa		low Do not complete Part	I-B
 Section 527 organil 					
-		s" to Form 990, Part IV, Line 4, or F nat have filed Form 5768 (election unde			•
		hat have NOT filed Form 5768 (election dide			
		s" to Form 990, Part IV, Line 5 (Pro			
line 35c (Proxy Tax) (
 Section 501(c)(4), Name of the organiza 		nızatıons Complete Part III		Employor ide	entification number
MICHIGAN HIGH SCHOOL					
				38-160310	
Part I-A Comple	te if the or	ganization is exempt under s	section 501(c	c) or is a section 52	7 organization.
1 Provide a descri	ption of the or	ganızatıon's dırect and ındırect politic	al campaıgn actı	vities in Part IV	
2 Political expende	itures			•	\$
3 Volunteer hours					
Dort T. P. Comple	to if the or	contraction is exempt under a	action E01(c	.)/2)	
		ganization is exempt under s		C)(3). ►	
	-	e tax incurred by the organization und			\$
		e tax incurred by organization manage		14955 F	\$
_		ection 4955 tax, did it file Form 4720	0 for this year?		Yes No
4a Was a correction					Yes No
b If "Yes," describ		·		· · · · -	0.1.()(0)
		ganization is exempt under s			01(c)(3).
		ended by the filing organization for sec			\$
2 Enter the amoun exempt function	-	rganization's funds contributed to oth	ner organizations	for section 527	\$
·					₽
3 Total exempt fur	iction expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	0-POL, line 17b 🕨	\$
4 Did the filing org	anızatıon file F	orm 1120-POL for this year?			∏Yes ∏No
organization mac amount of politic	de payments al contributior	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered f	m the filing organization's to a separate political org	s funds Also enter the ganızatıon, such as a
(a) Nama	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received

For Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ.

I

Sc	hedule C (Form 990 or 990-EZ) 2014			Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	
	Check F if the filing organization belongs to expenses, and share of excess lob Check F if the filing organization checked bo	bying expenditures)	ed group member's name	e, address, EIN,
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)		
с	Total lobbying expenditures (add lines 1a and 1	b)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lu	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 472	0 reporting	└ Yes └ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expend	itures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		<u>(a</u>	<u>(a)</u>		(b)	
activ		Yes	No	Amour	ıt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?	Yes		1	.6,685	
j	Total Add lines 1c through 1i			1	.6,685	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	(5), or	sectio	n	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			L		
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 expenditures from the prior year?			3		
Pa	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 line 3, is answered "Yes."					

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
	st IV Currlementel Information		

Part IV Supplemental Information

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

Return Reference	Explanation
,	GOVERNMENTAL CONSULTANTS IS A LOBBYIST ORGANIZATION RETAINED BY MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION THEY MONITOR LEGISLATION AND LOBBY ON BEHALF OF MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION TOTAL DIRECT LOBBYING EXPENSES PAID DURING THE FISCAL YEAR TOTAL \$16,685

Schedule C (Form 990 or 990EZ) 2014

Part IV Supplemental Info	ormation <i>(continued)</i>
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

CHEDULE D Form 990)	► Complete if the or Part IV, line 6, 7, 8, 9, 1		al Statements			OMBNo 154	5-0047	
anartment of the Treasury	Part IV, line 6, 7, 8, 9, 1 ▶	anization anew				204	Λ	
partment of the Treasury	•	Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
epartment of the Treasury ► Attach to Form 990. Open to Public itemal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . Inspection								
emal Revenue Service Name of the organiz		1990) and its in	structions is at <u>www.ir</u>			Inspec		
MICHIGAN HIGH SCHOOL					-		er	
Part I Organi	zations Maintaining Donor Adv	vised Funds	or Other Similar F		<u>1603100</u> or Accou	nts. Comple	te if the	
	ation answered "Yes" to Form 990	<u>, Part IV, line</u>	6.	_				
Total number at	and afware	(a) Dor	or advised funds		(b) Funds a	nd other acco	unts	
. Total number at Aggregate value	end of year e of contributions to (during year)			_				
	e of grants from (during year)							
Aggregate value								
Did the organiza	ation inform all donors and donor adviso ganization's property, subject to the or			nor advi	sed	∏ Yes	∏ No	
used only for ch conferring impe	ation inform all grantees, donors, and do aritable purposes and not for the benef rmissible private benefit?					∏ Yes	∏ No	
	vation Easements. Complete If			o Forn	n 990, Par	t IV, line 7.		
Preservation	onservation easements held by the org n of land for public use (e g , recreation if natural habitat							
				the ferm				
	2a through 2d if the organization held a e last day of the tax year	r quanned conse				the End of the	Year	
a Total number of	conservation easements			2a				
b Total acreage re	estricted by conservation easements			2b				
c Number of cons	ervation easements on a certified histo	oric structure in	cluded in (a)	2c				
	ervation easements included in (c) acq re listed in the National Register	uıred after 8/17	/06, and not on a	2d				
Number of cons	ervation easements modified, transferr	ed, released, ex	tinguished, or terminate	ed by th	ne organizati	ion during		
Number of state	es where property subject to conservati	on easement is	located 🕨					
	zation have a written policy regarding t the conservation easements it holds?	he periodic mor	ntoring, inspection, han	dlıng of	violations,	and [Yes	∏ No	
Staff and volunt	eer hours devoted to monitoring, inspe	cting, and enfor	cing conservation easer	ments c	luring the ye	ear		
A mount of expe	nses incurred in monitoring, inspecting	, and enforcing	conservation easement	s during	g the year			
· · · · · · · · · · · · · · · · · · ·	servation easement reported on line 2(c	l) above satisfy	the requirements of sec	ction 17	70(h)(4)(B)(।) ΓYes	∏ No	
balance sheet, a the organization	scribe how the organization reports cor and include, if applicable, the text of the i's accounting for conservation easeme	e footnote to the nts	organization's financia	l stater	nents that d	escribes		
	zations Maintaining Collection te if the organization answered "Y			or Ot	her Simila	ar Assets.		
a If the organizati works of art, his	on elected, as permitted under SFAS 1 torical treasures, or other similar asse	16 (ASC 958), ts held for publı	not to report in its reve c exhibition, education,	or rese	arch in furth			
 If the organizati works of art, his 	e, in Part XIII, the text of the footnote t ion elected, as permitted under SFAS 1 torical treasures, or other similar asse the following amounts relating to these	16 (ASC 958), ts held for publı	to report in its revenue	statem	ent and bala		lıc	
(i) _{Revenue inc}	luded in Form 990, Part VIII, line 1				►\$			
	uded in Form 990, Part X							
If the organizati	ion received or held works of art, histori its required to be reported under SFAS							
a Revenue include	ed in Form 990, Part VIII, line 1				►\$			
b Assets included	d in Form 990, Part X				► \$			

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

Sche	edule D (Form 990) 2014											Page 2
Par	TITI Organizations Maintaining Co	llections of Ar	t, His	torio	cal Tre	asu	res, or Oth	er	Similar	Asset	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	eck a	any of the	e follo	owing that are	as	gnıfıcant	use of ı	Its	
а	Public exhibition		d	Γ	Loan or	exch	nange progran	ns				
b	┌── Scholarly research		е	Γ	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	v they	/ further	the o	rganızatıon's	exer	npt purpo	se in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	o be maintained as	part o	fthe	organıza	ation's	s collection?			۲ <i>–</i>		∏ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered '	"Yes	" to Forr	n 990,	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other asset	s no	t	ΓY	ſes	∏ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	ving ta	able							
								_		Amour	nt	
C	Beginning balance						10	-				
d	Additions during the year						10	-				
e £	Distributions during the year						16	_				
f	Ending balance			-			1f					<u> </u>
2a	Did the organization include an amount on Fo									ΓY		
b	If "Yes," explain the arrangement in Part XII										•	
Ра	rt V Endowment Funds. Complete	f the organizatio (a)Current year					Form 990, Pa vo years back (are hade
La	Beginning of year balance			Prior y				ujin	ee years ba		Four ye	ears back
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses									_		
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balan	ice (lin	e 1g,	column	(a)) h	neld as					
а	Board designated or quasi-endowment 🕨		•									
b	Permanent endowment											
c	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho	ud equal 100%										
3a	Are there endowment funds not in the posses organization by		zation	that a	ire held a	and a	dministered fo	or th	e	Г	Yes	No
	(i) unrelated organizations								· · · [3a(i)		
	(ii) related organizations								[3a(ii)		
b	If "Yes" to 3a(11), are the related organizatio					• •			· · [3b		
1	Describe in Part XIII the intended uses of th	=										
Pa	rt VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 3		the o	rgan	ization	answ	/ered 'Yes' t	o Fo	orm 990,	Part I	(V, lır	ne
	Description of property				Cost or of s (investm		(b)Cost or othe basis (other)	er	(c) Accumul depreciatio		(d) Bo	ok value
La	Land						255,60)6		-+		255,606
	Buildings		· •	\vdash			2,493,67		1.35	6,584		1,137,095
	Leasehold improvements		•				_,,0,			, _ = ,		,,020
	Equipment		_				52,75	51	1	.8,595		34,156

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. . .

.

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

e Other .

.

Schedule	• D (F	Form Q	IOU/	2014

362,595

1,789,452

S

972,917

.

. .

1,335,512

. . .

Schedule D (Form 990) 2014		Pag
Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related. Co	mplete if the organization	
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	•), Part IV, line 11d See Form 990, Part X, line 15
(a) Descri		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. Complete if the orga		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.1(a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED COMPENSATION	87,516	

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

Þ.

87,516

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2014

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	oer Re	turn Complete If
1	Total revenue, gains, and other support per audited financial statements	1	9,759,048
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	64,285
3	Subtract line 2e from line 1	3	9,694,763
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)......	5	9,694,763
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	9,728,880
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,728,880
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4 c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,728,880
Part	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
	IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS

Schedule D (Form 990) 2014

Part XIII Supplemental Info	prmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -	DLN: 93493053009246
Schedule I	Cuente and Other Assistance to Ourseringtions	OMBNo 1545-0047
(Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	2014
Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>	Open to Public Inspection
Name of the organization		Employer identification number
MICHIGAN HIGH SCHOOL ATH		38-1603100
Part I General Informa	ation on Grants and Assistance	
the selection criteria used t	tain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant to award the grants or assistance?	
	anization's procedures for monitoring the use of grant funds in the United States	
	er Assistance to Domestic Organizations and Domestic Governments. Complete if , line 21, for any recipient that received more than \$5,000. Part II can be duplicated if addi	

(d) A mount of cash

grant

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

(**b)** EIN

(c) IRC section

if applicable

(a) Name and address of

organization

or government

(e) A mount of non-

cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other) (g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CASH SCHOLARSHIPS	65	41,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation				
	SCHOLARSHIPS ARE AVAILABLE TO STUDENTS TO ATTEND EXISTING STUDENT LEADERSHIP CAMPS, AND SCHOOLS CAN RECEIVE GRANT MONEY TO CREATE STUDENT LEADERSHIP PROGRAMS IN THEIR COMMUNITIES THE EVENTS MUST BE CONDUCTED WITHIN MICHIGAN THE EVENTS MUST SERVE STUDENTS OF MHSAA MEMBER SCHOOLS INDIVIDUALS WHO RECEIVE SCHOLARSHIPS MUST BE STUDENT- ATHLETES THE EVENTS WHICH RECEIVE SUBSIDY MUST INCLUDE COMPONENTS DEALING WITH ATHLETICS THE AMOUNT OF THE GRANT IS DIRECTLY CORRELATED TO THE NUMBER OF SCHOOLS AND THE NUMBER OF STUDENTS DIRECTLY AFFECTED BY THE GRANT DOLLARS				

Schedule I (Form 990) 2014

efile GRAPHIC	print - DO NOT PROCESS As Filed Data - DLN: 934	49305	3009	246		
Schedule J	Compensation Information	BNo 1	545-0	047		
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	14			
	• Complete if the organization answered "Yes" to Form 990. Part TV, line 23					
epartment of the Treasury nternal Revenue Service	► Attach to Form 990.	pen to Inspe				
Name of the organi	▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . zation Employer identificat					
MICHIGAN HIGH SCHO			iber			
	38-1603100					
Part I Quest	ions Regarding Compensation		~			
			Yes	No		
	roplate box(es) if the organization provided any of the following to or for a person listed in Form Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	s or charter travel \Box Housing allowance or residence for personal use					
Travel for	companions Payments for business use of personal residence					
Γ Taxıdemr	nification and gross-up payments $iggiral$ Health or social club dues or initiation fees					
Discretion	hary spending account $iggarrow$ Personal services (e g , maid, chauffeur, chef)					
	oxes in line 1a are checked, did the organization follow a written policy regarding payment or t or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
	zation require substantiation prior to reimbursing or allowing expenses incurred by all	10				
directors, trus	tees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
	, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director Check all that apply Do not check any boxes for methods					
	ted organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	ation committee 🛛 🔽 Written employment contract					
☐ Independe	ent compensation consultant 🔽 Compensation survey or study					
F Form 990	of other organizations \checkmark Approval by the board or compensation committee					
4 During the yea or a related or	r, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization					
		4a		No		
	/e a severance payment or change-of-control payment?					
. ,	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
11 100 10 11)						
Only 501(c)(3)), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	ited in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of					
a The organizati	on?	5a		No		
b Any related or	ganization?	5b		No		
If "Yes," to lın	e 5a or 5b, describe in Part III					
	ited in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of					
a The organizati	on?	6a		No		
b Any related or	ganization?	6b		No		
If "Yes," to lın	e 6a or 6b, describe in Part III					
	ted in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed described in lines 5 and 6? If "Yes," describe in Part III	7		No		
	unts reported in Form 990, Part VII, paid or accured pursuant to a contract that was initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		No		
9 If "Yes" to line	e 8, did the organization also follow the rebuttable presumption procedure described in Regulations					
section 53 49		9				

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 JOHN ROBERTS, EXECUTIVE DIRECTOR	(i)	209,437	0	0	30,109	32,432	271,978	30,000	
	(ii)	0	0	0	0	0	0	0	
2 THOMAS RASHID, ASSOCIATE DIRECTOR	(i) (ii)	149,846	0	0	22,050	14,905	186,801	0	
		0	0	0	0	0	0	0	
3 KATHY WESTDORP, ASSISTANT DIRECTOR	(i) (ii)	142,592	0	0	21,150	28,692	192,434	0	
		0	0	0	0	0	0	0	
4 NATE HAMPTON, ASSISTANT DIRECTOR	(i) (ii)	125,727	0	0	18,000	31,413	175,140	0	
		0	0	0	0	0	0	0	
5 MARK UYL, ASSISTANT DIRECTOR	(i) (ii)	124,185	0	0	18,000	24,283	166,468	0	
		0	0	0	0	0	0	0	
6 GINA MAZZOLINI, ASSISTANT DIRECTOR	(i)	120,049	0	0	18,000	14,296	152,345	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

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

Return Reference

Explanation

Schedule J (Form 990) 2014

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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-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



DLN: 93493053009246

Name of the organization MICHIGAN HIGH SCHOOL ATHLETIC ASSOC

Employer identification number

38-1603100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	MEMBER SCHOOLS ELECT COUNCIL REPRESENTATIVES
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS OR CHANGES TO THE MHSAA CONSTITUTION ARE SUBJECT TO APPROVAL OF MEMBER SCHOOLS
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE DIRECTOR RECEIVES THE 990 AND THEN SENDS IT TO THE AUDIT AND FINANCE COMMITT EE FOR THEIR REVIEW AND APPROVAL AFTER THEIR APPROVAL, IT IS MADE AVAILABLE TO THE FULL B OARD AFTER ANY CONCERNS PRESENTED BY THE BOARD ARE ADDRESSED, THE EXECUTIVE DIRECTOR SIGN S AND FILES THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO ALL COUNCIL MEMBERS AND STAFF MEMBERS, COMMITTEE MEMBERS AND VOLUNTEERS RECEIVE A COPY EACH TIME THEY ARE ENGAGED IN MHSAA BUSINESS NEW COUNCIL MEMBERS RECEIVE THE POLICY AS THEY ARE ADDED TO THE COUNCIL WHEN POTENTIAL CONFLICTS ARISE, THE COUNCIL, STAFF, COMMITTEE MEMBERS OR VOLUNTEERS MUST DISCLOSE THE SITUATION AT THE TIME CONFLICT ARISES
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR MHSAA IS REVIEWED ANNUALLY IN FEBRUARY BY THE AUDIT AND FINANCE COMMITTEE WHICH MAKES RECOMMENDATIONS TO THE FULL REPRESENTATIVE COUNCIL IN MARCH FOR THE FOLLOWING FISCAL YEAR COMPENSATION IS MERIT-BASED WITH CONSIDERATION FOR POTENTIAL AND EXPERIENCE AS WELL AS ACTUAL PERFORMANCE, WHICH CONSIDERS RESPONSIBILITIES AND BOTH TANGIBLE AND INTA NGIBLE BENEFITS TO THE ORGANIZATION AND ITS CONSTITUENTS THE PRIMARY SOURCE TO REVIEW COM PENSATION IS THE ANNUAL SURVEY OF 51 MEMBER HIGH SCHOOL ASSOCIATIONS COMPLED BY THE NATIO NAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS THE EXECUTIVE DIRECTOR'S EMPLOY MENT AGRE EMENT AND STANDARD OF PERFORMANCE DOCUMENT ARE REVIEWED BY THE MHSAA EXECUTIVE COMMITTEE A NNUALLY
FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S WEBSITE. THE 990 IS PUBLIC INFORMATION THROUGH THE MICHIGAN ATTORNEY GENERAL'S OFFICE
FORM 990, PART XII, LINE 2C	MICHIGAN HIGH SCHOOL ATHLETIC ASSOC HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERS IGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 4562	EMPLOYER IDENTIFICATION NUMBER 38-1603100 FOR THE YEAR ENDING JULY 31, 2015 MICHIGAN HIGH SCHOOL ATHLETIC ASSOC, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLA IM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALI FYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JULY 31, 2015 ALL PROPERTY IN THE 2, 5, AND 15 YEAR CLASS SEE ATTACHED FORM 4562