			EXTENDED TO MAY 15, 202 Return of Organization Exempt Fro	25 om Ir	ncome Tax	OMB No. 1545-0047
For	_ Q	90	C 1			2023
1 011		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co Do not enter social security numbers on this form as it			
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
			ar year, or tax year beginning $JUL 1, 2023$ and end	ding J	UN 30, 2024	
	heck if pplicab		forganization		D Employer identific	ation number
X	Addre	ess MICH	IGAN LIBRARY ASSOCIATION			
	Name		usiness as		38-140451	.7
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final returr termi	n-	OX 27337		(517) 394	
	ated Amer		own, state or province, country, and ZIP or foreign postal code ING, MI 48909		G Gross receipts \$	978,962.
	_returr Appli		nd address of principal officer: DEBORAH E. MIKULA		H(a) Is this a group ret for subordinates?	
	_ltion pendi		AS C ABOVE		H(b) Are all subordinates inc	
1 1	ax-ex	empt status:		527		ist. See instructions
	Vebsi		MILIBRARIES.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	I Year o		State of legal domicile: MI
	nrt I	Summary				otato of logal dofficito,
	1	-	be the organization's mission or most significant activities: $\ { m LEAD} \ { m T}$	HE A	DVANCEMENT O	F ALL
ce			N LIBRARIES THROUGH ADVOCACY, EDUCAT			
nar	2	Check this bo				
Governance	3		ting members of the governing body (Part VI, line 1a)		3	12
ဗိ	4		lependent voting members of the governing body (Part VI, line 1b)	$\mathbf{\bigcirc}$	4	12
ళ	5		of individuals employed in calendar year 2023 (Part V, line 2a)		5	6
itie	6		of volunteers (estimate if necessary))	6	175
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		7a	0.
Ā			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
n	8	Contributions	and grants (Part VIII, line 1h)		548,233.	506,457.
nue	9	Program servi	ce revenue (Part VIII, line 2g)		328,787.	433,605.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d		19,082.	35,683.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,781.	3,217.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		898,883.	978,962.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		9,736.	10,661.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		382,538.	408,504.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
ę	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 4,085	; <u> </u>		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		506,018.	613,747.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		898,292.	1,032,912.
	19	Revenue less	expenses. Subtract line 18 from line 12		591.	-53,950.
Assets or d Balances				Beç	ginning of Current Year	End of Year
sets	20	Total assets (I			1,187,313.	1,105,983.
t As	21		(Part X, line 26)		363,890.	336,510.
Func	22		fund balances. Subtract line 21 from line 20		823,423.	769,473.
	art II	Signature				
			I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	ı preparer l	has any knowledge.	

Sign	Signature of officer	Date										
-	DEBORAH E. MIKULA, EXECUT											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN						
Paid	BRANDY L. MIKULA, CPA	BRANDY L.	MIKULA,	CP 04/04	•	P00645694						
Preparer	Firm's name MANER COSTERISAN	PC			Firm's EIN 38-	2157642						
Use Only	Firm's address 2425 E. GRAND RIV	ER, SUITE	1									
	LANSING, MI 48912	-3291			Phone no. 517 -	323-7500						
May the IF	RS discuss this return with the preparer shown abo	ve? See instruction	s			X Yes No						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)											

	990 (2023) MICHIGAN LIBRARY ASSOCIATION	38-1404517	Page 2
Par	t III Statement of Program Service Accomplishments		T 7
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: <u>TO ENCOURAGE AND IMPLEMENT EDUCATIONAL AND LITERARY GOAL</u> <u>USE OF LITERARY INFORMATION RESOURCES.</u> ENGAGE IN ACTIVIT		3
	TO ENSURE THAT EVERY PERSON IN MICHIGAN HAS UNFETTERED A	CCESS TO	
	LIBRARIES AND RELATED EDUCATION ENHANCING RESOURCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		d
4a	(Code:) (Expenses \$507,787. including grants of \$10,661.) (Reven	nue \$ 108,0) 80.
	CONTINUING EDUCATION PROGRAMS DESIGNED TO ENCOURAGE AND		
	EDUCATIONAL AND CHARITABLE GOALS THROUGH THE USE OF INFO	RMATIONAL	
	RESOURCES. 998 ATTENDED.		
	G		
41.	(Code:) (Expenses \$ 226,999. including grants of \$) (Reven	6 3	391.)
4b	(Code:) (Expenses \$ 226,999. including grants of \$) (Reven ADVOCACY AND RELATED SERVICES.	nue\$6,3)
	ADVOCACI AND RELATED SERVICES.		
	V		
	V		
4c	(Code:) (Expenses \$84 , 602 . including grants of \$) (Reven)34.)
	ANNUAL CONFERENCE: FURTHERS EDUCATIONAL AND LITERARY GOA	LS OF THE	
	ASSOCIATION THROUGH SHARED EXPERIENCES WITH MEMBER LIBRA	RY	
	PROFRESSIONALS. 464 ATTENDED.		
4.4	Othat program convinces (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.)	5,100.)	
	(Expenses \$ 51,005. including grants of \$) (Revenue \$ Total program service expenses 870,393.	J,IUU •)	
4e	Total program service expenses 870,393.		00 /
		Form 9	90 (2023)
332002	2 12-21-23 3		

Form 990 (2023)			ASSOCIATION								
Part IV Checklist	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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11				
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X. line 12, that is 5% or more of its total			- 23
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
332003	12-21-23	Form	990	(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
02		32		x
22	Schedule N, Part II	52		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
332004	↓ 12-21-23	Form	990	(2023)
	5			

09480404 755817 701410

Form	990 (2023) MICHIGAN LIBRARY ASSOCIATION t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	38-1404	1517	P	age 5						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No						
	filed for the calendar year ending with or within the year covered by this return	2a 6	;								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х							
3a											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
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)?										
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 A	ccounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter tax she		<u>5b</u>		<u> </u>						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			х						
h	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).		00								
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	1.2								
-	to file Form 8282?		7c		х						
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 co	ontract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х						
g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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?										
9	9 Sponsoring organizations maintaining donor advised funds.										
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-								
11	Section 501(c)(12) organizations. Enter	ا مد ا									
a L	Gross income from members or shareholders	11a	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	116									
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12d								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
a	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
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	13b									
с	Enter the amount of reserves on hand	13c									
14a			14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X						
-	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
000	If "Yes," complete Form 6069.		Form	990	(2023)						
332005	12-21-23		FOLU	1000	(2023)						

09480404 755817 701410

Form 99	0 (2023)
---------	----------

38-1404517 Page 6

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

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	2		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	N
0-	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		- 23
D		10b		
10	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
				- 23
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10.	х	
•	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	~	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBORAH MIKULA - 517-394-2774			
	PO BOX 27337, LANSING, MI 48909		_	
	3 12-21-23	Form	990	(20)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Estimated				
	hours per	box	, unle	ss per	rson is both an lirector/trustee)			compensation	compensation	amount of			
	week				Tecio			from	from related	other			
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related			
	below	Individual trustee or director	Institutional trustee	ž	Key employee	est co oyee	er			organizations			
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former	0		C C			
(1) DEBORAH E. MIKULA	40.00						•	S S					
EXECUTIVE DIRECTOR		1		X				109,208.	0.	20,015.			
(2) MICHELE HOWARD	5.00												
MEMBER		х						0.	Ο.	0.			
(3) SHAUNNA MARTZ	5.00				\square								
MEMBER		X						0.	0.	Ο.			
(4) JENNY MARR	5.00			C									
MEMBER		X	0					0.	0.	Ο.			
(5) MARY HIGGINBOTTOM JOHNSON	5.00												
MEMBER		X						0.	0.	Ο.			
(6) SOPHIA WARD BREWER	5.00												
MEMBER		X						0.	0.	Ο.			
(7) CHRISTINE PEELE	5.00												
MEMBER	D	X						0.	0.	Ο.			
(8) CATHY RUSS	5.00												
MEMBER		Х						0.	0.	0.			
(9) ANNE HEIDEMANN	5.00												
MEMBER		Х						0.	0.	0.			
(10) ANGELA BADKE	5.00												
MEMBER		Х						0.	0.	0.			
(11) LISA WASKIN	5.00												
TREASURER/SECRETARY		Х		Х				0.	0.	0.			
(12) TASHIA MILLER	5.00												
ALA COUNCILOR		Х		Х				0.	0.	0.			
(13) DILLON GESHEL	5.00												
PRESIDENT		Х		Х				0.	0.	0.			
332007 12-21-23										Form 990 (2023)			

8

332007 12-21-23

Form 990 (2023)

09480404 755817 701410

											<u> 38-1404517 Ра</u>					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Co							ompensated Employee	s (continued)								
(A)	(C)					(D)	(E)		(F)							
Name and title	tle Average				า		Reportable	Reportable				d				
	hours per		not check unless pe				compensation	compensatio		am	ount d	of				
	week		er and a o				from	from related			other					
	(list any	ctor					the	organization	s	comp	ensat	tion				
	hours for	r dire			ed		organization	(W-2/1099-MIS	3C/	fro	m the	Э				
	related	tee o	ustee		ensat		(W-2/1099-MISC/	1099-NEC)		orga	nizati	on				
	organizations	Itrus	nal tr	oyee	duo		1099-NEC)			and	relate	ed				
	below	Individual trustee or director	Institutional trustee Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons				
	line)	Indi	In stitut Officer	Key	Higlemp	Fon										
								1								
								3								
					+				-+							
									$ \longrightarrow $							
					C											
1b Subtotal							109,208.		0.	20	,01	L5.				
c Total from continuation sheets to Pa	art VII, Section A						0.		0.	0.						
d Total (add lines 1b and 1c)				<u></u>			109,208.		0.	20	,01	L5.				
2 Total number of individuals (including	but not limited to the	ose li	isted a	bove	e) wh	o re	eceived more than \$100,	000 of reportable	3							
compensation from the organization												1				
											Yes	No				
3 Did the organization list any former of	ficer, director, truste	e, ke	ey emp	love	e, or	hig	hest compensated emp	oyee on	[
line 1a? If "Yes," complete Schedule J			•	-		-		•		3		Х				
4 For any individual listed on line 1a, is t																
and related organizations greater than										4		Х				
5 Did any person listed on line 1a receiv																
rendered to the organization? If "Yes,"	-			-			-			5		Х				
Section B. Independent Contractors	complete Schedule	<u> </u>	I SUCH	pers	<u> </u>				·····							
1 Complete this table for your five highe	st componented ind	0000	dont o	ontr	actor	o th	ant received more than \$	100 000 of comr		ion fro	 n					
the organization. Report compensation									Jensai							
			iung v							(0)						
(A) Name and busi		NO	NF				(B) Description of s	ervices	С	(C) ompen		h				
		110								empen	outor	·				
2 Total number of independent contract	ors (including but no	ot lim	ited to		-	ted	above) who received mo	ore than								
\$100,000 of compensation from the o	rganization			(0											

Form **990** (2023)

332008 12-21-23

Form 990 (2023) MICHIGAN LIBRARY ASSOCIATION 38-14045						517 Page 9	
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response or	r note to any lin		(B)	(C)	
				(A) Total revenue	(D) Related or exempt	Unrelated	(D) Revenue excluded
				i otal i ovolido	function revenue	business revenue	from tax under
							sections 512 - 514
nts nts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		· · · · · · · · · · · · · · · · · · ·	31,801.				
ts, (Am		c Fundraising events 1c					
Gifi Iar		d Related organizations 1d	0 0 0 0 0				
ini,		e Government grants (contributions) 1e	27,950.				
er S		f All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	46,706.				
utro D D D		g Noncash contributions included in lines 1a-1f					
a C		h Total. Add lines 1a-1f		506,457.			
			Business Code				
e	2		519200	314,034.	314,034.		
e vi		b INSTITUTE AND ACADEMY	519200	108,080.	108,080.		
Senu		c JOBLINE	519200	6,391.	6,391.		
am eve		d VARIOUS	900099	5,100.	5,100.		
Program Service Revenue		e				P	
Ъ		f All other program service revenue			()		
		g Total. Add lines 2a-2f		433,605.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		35,683,			35,683.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties		2,276.			2,276.
		(i) Real	(ii) Personal				
	6	a Gross rents 6a		~			
		b Less: rental expenses 6b		\mathbf{O}^{-}			
		c Rental income or (loss) 6c	C				
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis	\checkmark				
ne		and sales expenses 7b	•				
		c Gain or (loss)					
Ř		d Net gain or (loss)					
Other		a Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a	941.				
		b Less: cost of goods sold 10b	0.				
		c Net income or (loss) from sales of inventory		941.			941.
<i>(</i> 0			Business Code				
sno	11	a [
ane		b					
Sells		c					
Miscellaneous Revenue		d All other revenue					
-		e Total. Add lines 11a-11d				-	
	12	Total revenue. See instructions		978,962.	433,605.	0.	38,900.
33200	9 12-2	-21-23					Form 990 (2023)

332009 12-21-23

MICHIGAN LIBRARY ASSOCIATION Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	10.551	10.551		
	individuals. See Part IV, line 22	10,661.	10,661.		
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,	153,461.	123,905.	28,021.	1 535
~	trustees, and key employees	155,401.	125,905.	20,021.	1,535.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	200,545.	142,445.	56,094.	2,006.
7 8	Pension plan accruals and contributions (include	200,343.	<u> </u>		2,000.
0	section 401(k) and 403(b) employer contributions)	9,731.	7,299.	2,335.	97.
9	Other employee benefits	20,953.	14,868.	5,876.	<u>97.</u> 209.
10	Payroll taxes	23,814.	17,861.	5,715.	238.
11	Fees for services (nonemployees):			0,,201	
a	Management				
b	Legal	10,255.	9,089.	1,166.	
	Accounting	32,161.	28,505.	3,656.	
d	Lobbying	51,000.	45,202.	5,798.	
e	Professional fundraising services. See Part IV, line 17)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	19,950.	17,682.	2,268.	
12	Advertising and promotion	7,345.	6,510.	835.	
13	Office expenses	27,175.	24,086.	3,089.	
14	Information technology	31,034.	27,506.	3,528.	
15	Royalties	5			
16	Occupancy	35,308.	31,294.	4,014.	
17	Travel	13,015.	11,536.	1,479.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,618.	6,752.	866.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.001	0.004	220	
23	Insurance	2,961.	2,624.	337.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	140 000	125,877.	16,145.	
a L	ANNUAL CONFERENCE AFFINITY PROGRAMS	142,022. 82,500.	82,500.	10,143.	
b	THINK SPACE	72,638.	64,380.	8,258.	
C اہر	SPRING INSTITUTE	38,988.	34,556.	4,432.	
d		39,777.	35,255.	4,432.	
	All other expenses	1,032,912.	870,393.	158,434.	4,085.
25 26	Joint costs. Complete this line only if the organization	±,052,7±2•		10,131	Ŧ,00J.
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

11 2023.05070 MICHIGAN LIBRARY ASSOCIAT 701410_1

Form 990 (2023)

09480404 755817 701410

33

Total liabilities and net assets/fund balances

1,187,313.

33

1,105,983.

Form 990 (2023)

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

MICHIGAN LIBRARY ASSOCIATION

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		194,290.	1	237,825.
	2	Savings and temporary cash investments		81,845.	2	81,653.
	3	Pledges and grants receivable, net		01/0100	3	01,0001
	4	Accounts receivable, net		100,332.	4	59,841.
	5	Loans and other receivables from any current or		10075520	-	5570110
Assets		trustee, key employee, creator or founder, substa	, ,			
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi			5	
		under section 4958(f)(1)), and persons described			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	–		17,924.	9	46,128.
		Land, buildings, and equipment: cost or other				10,1200
	100	basis. Complete Part VI of Schedule D	10a 0.			
	Ь	Less: accumulated depreciation	0	0.	10c	0.
	11	Investments - publicly traded securities	769,664.	11	680,536.	
	12	Investments - other securities. See Part IV, line 1		12	,	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets	\mathbf{U}	14		
	15	Other assets. See Part IV, line 11	23,258.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa		1,187,313.	16	1,105,983.
	17	Accounts payable and accrued expenses		39,109.	17	47,638.
	18	Grants payable			18	
	19	Deferred revenue		301,169.	19	288,872.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
s	22	Loans and other payables to any current or form	er officer, director,			
litie		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of these		22		
	23	Secured mortgages and notes payable to unrelat	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		23,612.	25	0.
	26	Total liabilities. Add lines 17 through 25		363,890.	26	336,510.
		Organizations that follow FASB ASC 958, chec	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27			816,739.	27	762,789.
Ba	28	Net assets with donor restrictions		6,684.	28	6,684.
pun		Organizations that do not follow FASB ASC 95	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
tso	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equ			30	
ťÅ	31	Retained earnings, endowment, accumulated inc		000 400	31	
Re	32	Total net assets or fund balances		823,423.	32	769,473.
	33	Total liabilities and not accets/fund balances			22	

Form 990 (2023)

Form	1990 (2023) MICHIGAN LIBRARY ASSOCIATION	38-	-1404517	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,032		
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	823	3,4	23.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	769),4	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-	х	
	review, or compilation of its financial statements and selection of an independent accountant?			<u></u>	
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	equie O	·-		
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	eu auu	3b		
	or addits, explain why on Schedule O and describe any steps taken to undergo such addits			990	(2023)
			Form		(2023)
	PUDIC				
	X				
	▼				

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ame of the organization Employer identification number									
				RY ASSOCIATIO					8-1404517	
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-		\sim			
9		An agricultural research org								
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	and state of	the college	e or	
	v	university:				_				
10	Δ	An organization that norma						•	•	
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	π er June 30, 1975.	
44		See section 509(a)(2). (Con		valu to toot for public of		nantian E(O(a)(A)			
11 12		An organization organized a An organization organized a						rny out tho	purposes of one or	
12		more publicly supported or								
		lines 12a through 12d that								
а		Type I. A supporting orga							aivina	
u	L	the supported organizatio								
		organization. You must c			indjointy o				sporting	
b		Type II. A supporting org			tion with its	s sunnorte	d organizatio	n(s) by hay	vina	
		control or management o								
		organization(s). You mus	· · · · · · · · · · · · · · · · · · ·					ge the earpr		
с] Type III functionally inte			in connect	ion with, a	nd functional	ly integrate	ed with,	
		its supported organization						, 0	,	
d] Type III non-functionally						ted organiz	zation(s)	
		that is not functionally int								
		requirement (see instructi								
е		Check this box if the orga						II, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tota	1									
	-								1	

Schedule	A (Form 990)) 2023
Part II	Suppor	t Sc

38-1404517 Page 2

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1	0.			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		•				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	te organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	33 1/3% support test - 2022. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	rganization		
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;
						Schedule A	(Form 990) 2023

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

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 481,235 432,771. 856,465. 548,233. 506,457. 2825161. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 140,332. 221,538. 330,108. 434,546. 281,469. 1407993. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 762,704 573,103. 1078003 878 341 941,003. 4233154. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 4233154. Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2020 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (c) 2021 (e) 2023 (f) Total 762,704 573,103 941,003. 9 Amounts from line 6 1078003. 878,341 4233154. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 17, 081 3,930 2,550. 20,542. 37,959. 82,062. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 17,081 3,930. 2,550. 20,542. 37,959. 82,062. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10t whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 577,033. 1080553. 898,883. 779,785. 978,962. 4315216. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.10 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 98.66 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.90 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 1.34 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notΧ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

16

09480404 755817 701410

^{2023.05070} MICHIGAN LIBRARY ASSOCIAT 701410_1

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IBS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

	V	
	Yes	NO
1		
-		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		

| 10b | | Schedule A (Form 990) 2023

17

Sche	edule A (Form 990) 2023 MICHIGAN LIBRARY ASSOCIATION 38-1	40451	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>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 officers, directors, or trustees were allocated among the supported organization had more than one supported organization.</i>		Yes	No
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
	Ň		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, 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 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.*

		•
С	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).

18

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

Sche	edule A (Form 990) 2023 MICHIGAN LIBRARY ASSOCIA			38-1404517 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	complet	e Sections A through E.	1
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0		
	(explain in detail in Part VI):	1C		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

_		ARY ASSOCIATION		38-1404517 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	(,		Pre-2023	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023		202	
а	From 2018			
	From 2019			
с	From 2020	C		
d	From 2021	N.		
е	From 2022			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years	S		
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,	S		
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

<u>Schedu</u> le A	(Form 990) 2023			ASSOCIATION	38-1404517 Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4b, 4 xtion D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9 art IV, Section E, li	c, 11a, 11b, and 11c; Part I ⁾ nes 1c, 2a, 2b, 3a, and 3b;); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, (See instructions.)	6, and 8; and Part V, S	ection E, lines 2, 5	5, and 6. Also complete this	part for any additional information.
					~~,
					.0.
				N.	
				<u> </u>	
			(
			·S	0	
			$\overline{\mathbf{O}}$		
		• (
			<u> </u>		
		0			
		X			
32028 12-21-2	3				Schedule A (Form 990) 202
				21	. ,

323451 12-26-23

LHA

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

38 - 1404517

,	
epartment of the Treasurv	

Internal Revenue Service

Name of the organization

MICHIGAN LIBRARY ASSOCIATION 38-1404517					
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation)			
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule	SUI				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules	is.				
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F , line 1. Complete Parts I and II.	I that received from any one			
contributor, during literary, or educatio	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than $1,000 exclusively$ for religious, charitable, sci onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er) instead of the contributor name and address), II, and III.	entific,			
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious mplete any of the parts unless the General Rule applies to this organization because it re e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>			
answer "No" on Part IV, line	religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.



Schedule B (Form 990)

De

Schedule B (Form 990) (2023) Name of organization

Part I

(a)

No.

MICHIGAN LIBRARY ASSOCIATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** V D - ----

1		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u> </u>	\$ <u>5,519.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>Public</u>	\$7,038.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$7,038.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-26		\$ <u>5,519.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

Page 2

38-1404517

Name of o	rganization		Employer identification number
MICHI	GAN LIBRARY ASSOCIATION		38-1404517
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$ COR)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of nonçash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

24

323453 12-26-23

Schedule B (Form 990) (2023)

09480404 755817 701410

2023.05070 MICHIGAN LIBRARY ASSOCIAT 701410_1

Schedule B (Form 990) (2023) Name of organization

Schedule	B (Form 990) (2023)			Page 4
Name of c	organization			Employer identification number
MICHI	GAN LIBRARY ASSOCIATION			38-1404517
Part III	,, _,, _	ons to organizations described in se	ction 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info.	once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_(<u> </u>	
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
		<u> </u>		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dos	cription of how gift is held
Part I				
		<u></u>		
		() Turn ((((
	\sim	(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			<u> </u>	
		e) Transfer of gif	l	
	Transforacio nomo oddroco o	nd 7 ID ± 4	Belationship of the	anoforor to transforoo
	Transferee's name, address, a			ansferor to transferee
323454 12-20	6-23			Schedule B (Form 990) (2023)

09480404 755817 701410

4a Was a correction made? Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$	Department of the Treasury Internal Revenue Service	-	o to www.irs.gov/Form990 for in			-62.	Inspec	
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "ves" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3), or (8) organizations: Complete Part III. Name of organization answered "ves" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then: Section 501(c)(4), (5), or (8) organizations: Complete Part III. Name of organization MICHIGAN LIBRARY ASSOCIATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is direct and indirect political campaign activities in Part IV. Political campaign activities Section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955 Section 501(c)(3). I Enter the amount of any excise tax incurred by the organization nanagers under section 4955 Section 501(c)(3). I Enter the amount of any excise tax incurred by the organization organization studies S Section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 527 exempt function activities Total e	If the organization answ	wered "Yes" on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, Iir	ne 46 (Political Camp	aign Activ	ities), then:	
 Section 527 organizations: Complete Part IA only. If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: Section 501(c)(3) organizations that ave NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), then: Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization MICHIGAN LIBRARY ASSOCIATION Benployer identification number 38 - 1404517 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Section 4955 Enter the amount of any excise tax incurred by the organization under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 501(c)(a). I Enter the amount of any excise tax incurred by organization inder section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization for section 527 exempt function activities If the organization incurred a section 4955 tax, did if file Form 4720 for this year? We have a correction made? If the the manuent of the filing organization is exempt under section 527 exempt function activities Enter the amount of file filing organization is contributed to othe organizations for section 527 exempt function	 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.				
If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:	 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Pa	rt I-B.		
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instruction is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization number section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization for section 527 exempt function activities \$ I that the anount directly expended by th	 Section 527 organization 	ations: Complete	e Part I-A only.					
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions is exempt under section 501(c)(3). Part I-B Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by the organization for section 527 exempt function activities \$ Enter the amount of the filing organization is funds	If the organization answ	wered "Yes" on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Act	vities), the	en:	
If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see section 501(c) (or is a section 527 organization. 1 Part I-B Complete if the organization is exempt under section 501(c)(3). Inter the amount of any excise tax incurred by organization margers under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization under section 501(c), except section 501(c)(3). Inter the amount of the ling organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the ling organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the ling organization is exempt under section 527 exempt function activities \$ </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see settion 501(c) or is a section 527 organization.	 Section 501(c)(3) or 	anizations that h	have NOT filed Form 5768 (electio	n under section 501(h)): Complete Part II-E	B. Do not co	omplete Part II	-A.
Tax) (see separate instructions), then: • Section 501(c)(d), (5), or (6) organizations: Complete Part III. Name of organization Employer identification numb 38 – 1404517 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3) \$ 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this yea? Yes Yes 4 Was a correction made? Yes Yes \$ 2 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). \$ 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other								
Name of organization Employer identification number 38 - 1404517 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 ax, did if file Form 4720 for this year? 4 Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2 Enter the amount of the filing organization is funds contributed to other organization for section 527 political organizations funds. Also enter the amount of political organization is funds a separate segregated fund or a political action committee (PAC). It additional space is needed, provide inform the filing organization, such as a sep	-						,	
MICHIGAN LIBRARY ASSOCIATION 38-1404517 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization managers under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this yea? 4 Was a correction made? bif "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5	 Section 501(c)(4), (5) 	, or (6) organizat	tions: Complete Part III.					
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3). \$ 1 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes N 4 Was a correction made? Yes Yes N b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function activities \$	Name of organization					Employe	r identificatio	n number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3). \$ 1 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes N 4 Was a correction made? Yes Yes N bif "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$		MICHIGA	N LIBRARY ASSOCIA	TION			8-14045	517
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 4955 2 Enter the amount of any excise tax incurred by the organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section, 527 exempt function activities 2 Enter the amount of the filing organization is exempt under section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter the amount of the filing organization is under contributed to other organization size other the amount of political organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer techtifue and on Form 1120-POL, line 17b. 5 Enter the namount of part 20 for this year? 5 Enter the namount of part 20 for this year? 6 If "Yes," I describe in Part IV. (a) Name (b) Address (c) EIN (c) EIN (d) Amount paid from filing organization ins received an expanze political organization's funds. If none, enter 0 (e) Amount of political contributions received an expanze political organization's funds. If none, enter 0 (a) Name (b) Address (c) EIN (d) Amount paid from political contributions received an expanze political organization in Part IV. (e) Amount of political contributions received an expanze political organization's funds. If none, enter 0 (a) Name (b) Address <	Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 5	27 organ	nization.	
1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ 4a Was a correction made? Yes Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for (this year? \$ 5 Enter the names, addresses, and employer trentification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, after the amount paid from the filing organization, stuch as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds: If none, enter -0. <t< th=""><th>3 Volunteer hours for</th><th>political campai</th><th>gn activities</th><th></th><th>COX</th><th>\$</th><th></th><th></th></t<>	3 Volunteer hours for	political campai	gn activities		COX	\$		
Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Ves Yes Yes Yes Yes Yes Yes Yes If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b S Total exempt function file Form 1120-POL for this year? S Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, onter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds contributions received ar promptly and directly delivered to a separate political organization's funds. If none, enter -0								
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization organization separate political organization's funds. If none, enter -0 political organization <td></td> <td>•</td> <td>, ,</td> <td></td> <td></td> <td>····· ·</td> <td></td> <td></td>		•	, ,			····· ·		
4a Was a correction made? Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$						\$		
b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$	-						Yes	
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$							Yes	No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? \$ 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds. If none, enter -0 (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0				504(1)		F04(-)(0)		
 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. 							-	
 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. 		• •				\$		
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received to a separate political organization's funds. If none, enter -0 	2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for s	ection 527			
line 17b \$	•					\$		
 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received as a separate political organization's funds. If none, enter -0 	3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL	-,			
 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. 	line 17b							
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. (f) Address (c) EIN (c)	4 Did the filing organi	zation file Form	1120-POL for this year?				Yes	No
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization.	5 Enter the names, a	ddresses, and er	mployer identification number (EIN	l) of all section 527 p	olitical organizations t	o which the	e filing organiz	ation
political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.		•		•••			•	
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.						eparate se	gregated fund	or a
filing organization's funds. If none, enter -0 political organization. funds. If none, enter -0	political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part	IV.			
	(a) Name		(b) Address	(c) EIN	filing organizati	on's co ter -0	ntributions rec promptly and delivered to a s political organ	ceived and directly separate nization.

Political Campaign and Lobbying Activities

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

agnization is described below. Attach to Fe 000 57 000

LHA 332041 11-06-23

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023

SCHEDULE C	
(Form 990)	

Schedule C (Form 990) 2023	MICHIGAN LI.	BRARY ASSOCI	IATION	<u> 38-1</u>	404517 Page 2
Part II-A Complete if the org section 501(h)).	janization is exen	npt under section	501(c)(3) and file	a Form 5768 (ele	ction under
	tion bolongs to an affil	liated group (and list in	Part IV each affiliated	aroup mombor's pame	
	re of excess lobbying e		Fait IV each anniateu	group member s name	, address, Elin,
	, .	nd "limited control" pro	visions apply		
Limi	ts on Lobbying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen-	ditures" means amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative bod	ly (direct lobbying)		51,000.	
c Total lobbying expenditures (add li	nes 1a and 1b)			51,000.	
d Other exempt purpose expenditure				981,912.	
e Total exempt purpose expenditure				1,032,912.	
f Lobbying nontaxable amount. Ente				178,291.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable amo	ount is:		
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000	<u> </u>	0 plus 15% of the exce	· · · · · · · · · · · · · · · · · · ·		
over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
over \$1,500,000 but not over \$17,		00 plus 5% of the exces	<u>s over \$1,500,000.</u>		
over \$17,000,000,	\$1,000,0	000.			
g Grassroots nontaxable amount (er	/			44,573.	
h Subtract line 1g from line 1a. If zer				0.	
Eubtract line 1f from line 1e lf zer	a or loss optor 0				
i Subtract line 1f from line 1c. If zero	,			0.	
j If there is an amount other than ze	ro on either line 1h or l				
	ro on either line 1h or l year?				Yes No
j If there is an amount other than ze	ro on either line 1h or l year? 4-Year Ave hat made a section 50	eraging Period Under 01(h) election do not h	Section 501(h) lave to complete all c	[
j If there is an amount other than ze reporting section 4911 tax for this	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not f ate instructions for lin	Section 501(h) nave to complete all c es 2a through 2f.)	[
j If there is an amount other than ze reporting section 4911 tax for this	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not h	Section 501(h) nave to complete all c es 2a through 2f.)	[
j If there is an amount other than ze reporting section 4911 tax for this	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not f ate instructions for lin	Section 501(h) nave to complete all c es 2a through 2f.)	[
j If there is an amount other than zer reporting section 4911 tax for this (Some organizations t	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea	Section 501(h) lave to complete all c es 2a through 2f.) r Averaging Period	of the five columns be	ilow.
j If there is an amount other than zer reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in)	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea (b) 2021	Section 501(h) ave to complete all c es 2a through 2f.) r Averaging Period (c) 2022	f the five columns be (d) 2023	low. (e) Total
 j If there is an amount other than zereporting section 4911 tax for this (Some organizations the companization of the companizatio	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea (b) 2021	Section 501(h) ave to complete all c es 2a through 2f.) r Averaging Period (c) 2022	f the five columns be (d) 2023	low. (e) Total 617,982.
 j If there is an amount other than zere reporting section 4911 tax for this (Some organizations the constraints) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount 	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2020 1111,074	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea (b) 2021 168,873.	Section 501(h) lave to complete all c es 2a through 2f.) r Averaging Period (c) 2022 159,744.	(d) 2023	low. (e) ⊺otal 617,982. 926,973.
 j If there is an amount other than zere reporting section 4911 tax for this (Some organizations the constraints) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures 	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2020 1111,074 48,750.	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea (b) 2021 168,873. 49,500.	Section 501(h) ave to complete all c es 2a through 2f.) r Averaging Period (c) 2022 159,744. 46,125.	(d) 2023 178,291. 51,000.	low. (e) Total 617,982. 926,973. 195,375.
 j If there is an amount other than zere reporting section 4911 tax for this (Some organizations the constraints) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount 	ro on either line 1h or l year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2020 1111,074 48,750.	eraging Period Under D1(h) election do not h ate instructions for lin nditures During 4 Yea (b) 2021 168,873. 49,500.	Section 501(h) ave to complete all c es 2a through 2f.) r Averaging Period (c) 2022 159,744. 46,125.	of the five columns be (d) 2023 178 , 291 . 51 , 000 . 44 , 573 .	(e) Total 617,982. 926,973. 195,375. 154,496.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	bobying activity.	Yes	No	Amo	ount
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?	\mathbf{OT}			
	If "Yes," enter the amount of any tax incurred under section 4912	X I			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio	e prior year?	<u>3</u>	tion	
. u.	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
~	expenditures next year?				
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
			line - 4	n al 0 /	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
Instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE C, PART I-A, LINE 1

MICHIGAN LIBRARY ASSOCIATION DID NOT ENGAGE IN DIRECT OR INDIRECT

POLITICAL CAMPAIGN ACTIVITIES.

Schedule C (Form 990) 2023

SCH	EDU	LE D
-----	-----	------

(Form	990)
-------	------

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Employer identification number

38-1404517

Name of the organization

Department of the Treasury

Internal Revenue Service

MICHIGAN LIBRARY ASSOCIATION

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
_			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par		contraction on overand "Voo" on Form 000	
1	·		Part IV, line 7.
	Purpose(s) of conservation easements held by the organizati		to historically important land area
	Preservation of land for public use (for example, recreation Protection of natural habitat		t a historically important land area f a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
0	Number of conservation easements on a certified historic str	ucture included on line 23	
d	Number of conservation easements included on line 2c acqu		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ū	year	leased, extinguished, or terminated by the	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	-	
Ŭ	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
		5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu	, ,	
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		^
•			
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A	•	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s tor form 990.	Schedule D (Form 990) 2023
332051	09-28-23	29	

Sche		N LIBRARY Z					38-14			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Othe	r Similaı	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of th	ne following that	t make si	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	d 📃 Loan or e	exchange progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tr	easures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizat	ion answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi						_	_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					-		
								Amoun	t	
С	Beginning balance									
d	Additions during the year					. <u>1d</u>				
е	Distributions during the year					. <u>1e</u>				
f	Ending balance					. <u>1f</u>		7		
	Did the organization include an amount on F					ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>				
Fai	TV Endowment Funds Complete if	, <u> </u>			· ·		vara baak		vooro	book
		(a) Current year	(b) Prior year	(c) Two yea	IS DACK	(d) Three y	TEALS DACK	(e) Four	years	DACK
	Beginning of year balance									
b	Contributions			\sim						
C.	Net investment earnings, gains, and losses									
d	Grants or scholarships		6							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	- C		(-)) -						
2	Provide the estimated percentage of the cur	-	(line 1g, column	(a)) neid as:						
a	Board designated or quasi-endowment		%							
D	Permanent endowment	<u> </u>								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho									
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	rea for th	ie		ſ	Yes	No
	organization by:							20(1)	103	
	(i) Unrelated organizations?(ii) Related organizations?							3a(i)		
h	If "Yes" on line 3a(ii), are the related organizations?	tiona listad as requir						3a(ii) 3b		
1	Describe in Part XIII the intended uses of the			11				50		·
Par	t VI Land, Buildings, and Equipm		wittent funds.							
	Complete if the organization answere). Part IV. line 11a	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or c		ost or other		ccumulate	a l		k volu	
	Description of property	basis (investr	. ,	sis (other)		preciation		(d) Boo	x valu	
19	Land			()		,				
la b	Land									
	Buildings Leasehold improvements									
	Equipment									
	Other		<u> </u>		I					0.
rota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>equal Form 990, Part</u>	<u>x, line 10c, colun</u>	nn (B))			<u> </u>	_ /_		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MICHIGAN LI	BRARY ASSOCIA	TION	38-1404517 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			•
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	C		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11d. See Form 990. Part X. lin	e 15.
	Description		(b) Book value
(1)			
(2)			
(3)	$\overline{\mathbf{V}}$		
(4)			
(5))		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ы. (В))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, cd 2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde			

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 MICHIGAN LIBRARY ASSOCIATION				38-1404517 Page 4			
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	978,962.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1		3	978,962.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_				
b	Other (Describe in Part XIII.)	4b					
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	978,962.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	Return	1			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 0 2 0 0 1 0			
1	Total expenses and losses per audited financial statements		1	1,032,912.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	_				
b	Prior year adjustments	2b	_				
С	Other losses	2c	_				
d	Other (Describe in Part XIII.)	2d		0			
е	Add lines 2a through 2d	0	2e				
3	Subtract line 2e from line 1		3	1,032,912.			
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.)	4b		0			
_			4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Vine 18.) rt XIII Supplemental Information		5	1,032,912.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part I		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 addit	ional information.					
	X						

332054 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047		
			ete if the organization					2023		
Department of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organizat		LTBRARY AS	SSOCIATION					Employer identification number 38-1404517		
Part I General II	nformation on Grants a									
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 										
	award the grants or assis									
2 Describe in Part	IV the organization's pro									
	d Other Assistance to I hat received more than \$					anization answered "Y	′es" on Form 990, Par	IV, line 21, for any		
.,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
					Jre					
				<u> </u>	2					
				jise						
			iolic							
		Q								

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

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Part III

SCHOLARSHIPS AND AWARDS	14	10,661.	٥.		
				X'	
			C	N	
			S.		
			5		
		\mathbf{v}			
		· CON			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:		×			
THE ORGANIZATION REGULARLY REVIEWS	PARTICIP	ANTS FOR Q	UALIFICATI	ONS AND	
MAINTAINS RECORDS TO SUBSTANTIATE 1	HE ADHER	ENCE TO SE	LECTION CR	ITERIA.	

(d) Amount of non-

cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

MICHIGAN LIBRARY ASSOCIATION Schedule I (Form 990) 2023

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

(c) Amount of

cash grant

332102 11-01-23

38-1404517

(f) Description of noncash assistance

Page 2

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection
Name of the organization Employer identification number MICHIGAN LIBRARY ASSOCIATION 38-1404517
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS PUBLICATIONS INTENDED TO ENHANCE THE DEVELOPMENT AND
IMPLEMENTATION OF EDUCATIONAL PROGRAMS, DEVELOP INTELLECTUAL FREEDOM TO
ENHANCE EDUCATION OF ALL PEOPLE, AND DEVELOP GRASSROOTS LIBRARY
PROGRAMS.
EXPENSES \$ 51,005. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,100.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
S.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY.
C
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
STAFF WILL REVIEW THE 990, THEN DELIVER A COPY TO THE BOARD OF DIRECTORS
FOR REVIEW PRIOR TO THE BOARD MEETING WHERE THE DOCUMENT IS PRESENTED.
FOR REVIEW FRICK TO THE BOARD MEETING WHERE THE DOCOMENT IS FRESENTED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS REVIEWED WITH THE DIRECTORS AND KEY EMPLOYEES ANNUALLY. EACH
DIRECTOR SIGNS A COPY OF THE POLICY ANNUALLY. THE ORIGINAL SIGNED COPIES
ARE STORED ELECTRONICALLY IN THE ASSOCIATION'S ELECTRONIC FILES.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization MICHIGAN LIBRARY ASSOCIATION	Employer identification number $38 - 1404517$
THE PRESIDENT WILL GATHER COMPLETE A WRITTEN EVALUATION OF	THE EXECUTIVE
DIRECTOR WITH A SALARY RECOMMENDATION. THE EVALUATION WILL	BE PRESENTED TO,
REVIEWED AND DISCUSSED BY THE EXECUTIVE COMMITTEE FOR RECO	MMENDATION IN THE
ANNUAL BUDGET. THE BUDGET IS THEN APPROVED BY THE FULL BOA	RD IN JUNE OF
EACH YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIALS ARE STOR	ED ON THE
ASSOCIATION'S WEBSITE.	
S	
• 5	
332212 11-14-23 36	Schedule O (Form 990) 2023

09480404 755817 701410