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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010, and ending For the 2010 calendar year, or tax year beginning Jul 1 2011 C Name of organization MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL D Employer Identification Number Check if applicable 38-2038135 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change (517) 337-1757 PO BOX 23214 Initial return State ZIP code + 4 Terminated City, town or country LANSING ΜI 48909 Amended return **G** Gross receipts \$ 1, 180, 189 H(a) Is this a group return for affiliates? F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? MI 48910 marie Lwilderson 3645 E JOLLY ROAD LANSING If 'No,' attach a list (see instructions) 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 Tax-exempt status Website: ► N/A H(c) Group exemption number X Corporation L Year of Formation 1951 Form of organization M State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities: INFO AND SUPPORT SERVICES FOR RETIRED SCHOOL PERSONNEL Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 40 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 40 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 175 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 800. b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 1,047,7281,164,079. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,237. 6,571. 6,229.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,564. 11 1,063,194. 1,177,214. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 391,464 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 397,287. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 614,231 640,221. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,005,695. 1,037,508. Revenue less expenses. Subtract line 18 16 0 16 VED 57,499 139,706. **Beginning of Current Year End of Year** RS-OSC 2,330,348. Total assets (Part X, line 16) 2,534,728. OCT **31** 2011 21 Total liabilities (Part X, line 26) 1,171,093 1,235,767. 22 Net assets or fund balances. Subtract line 21-from-line 20 1,159,255 1,298,961. OGDEN Part II Signature Block Under penalties of perjuryal declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge gnature of officer Sign HAUL B. LERG 10/19/11 Here Type or print name and title Print/Type preparer's name DAVID E HADDRILL, self employed Paid Preparer ► DAVID E. HADDRILL, Use Only ►834 N CAPITOL Firm's address Firm's EIN ► LANSING Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form **990** (2010)

| | 990 (2010) MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL | 38-2 | 0381 | 35 | | Page 2 |
|------------|--|---------------------------------------|--------------------|--------------------|-----------|---------------|
| Par | <u></u> | | | | | _ |
| | Check if Schedule O contains a response to any question in this Part III | | | | | _ |
| 1 | Briefly describe the organization's mission | | | | | |
| | INFO AND SUPPORT SERVICES FOR RETIRED SCHOOL PERSONNEL | | | | - | |
| | | | | - - | - | |
| | | | | | - | |
| | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not I | isted on the prio | r | | _ | |
| | Form 990 or 990-EZ? | | | Yes | X | No |
| | If 'Yes,' describe these new services on Schedule O. | | _ | | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any prog | ram services? | | Yes | X | No |
| | If 'Yes,' describe these changes on Schedule O. | | | | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grexpenses, and revenue, if any, for each program service reported. | services by expe ants and allocati | enses. S ons to | Section others, | 501 (d | :)(3) otal |
| 4 a | (Code) (Expenses \$236,618. including grants of \$PUBLICATIONS: 6 ISSUES OF THE VANGUARD PER YEAR TO | | | | | 00.) |
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| 46 | (Code) (Expenses \$164,959. including grants of \$ | | | - - | | |
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| 4c | (Code) (Expenses \$104,672. including grants of \$LEGISLATIVE REPRESENTATION: MONITORING AND DISEMINATION OF INFORMATION REGARDING PRESENT & PENDING LEGISLATION &IT'S EFFECTS ON MEMBERS | 0.) (Revenue | \$ | | | 0.) |
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| | | - | | - | | |
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| | | | | | | |
| 4d | Other program services (Describe in Schedule O.) | 6 | _ | | | |
| <u> </u> | (Expenses \$ 300,402. including grants of \$ 0.) (Reve | iue ş | | 0. |) | |
| | Total program service expenses ► 806,651. | | | | - 005 | (0010) |
| BAA | TEEA0102 10/06/10 | | | Forr | n 990 | (2010) |

| ` | | | 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 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | X |
| 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 | | Х |
| 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 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | <u>x</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | <u>x</u> |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | <u> </u> |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | х | |
| Ė | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | <u> x</u> |
| c | c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | <u> </u> |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | X | |
| | 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 | 11 f | | <u>X</u> |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | х | |
| | o 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, XII, and XIII is optional | 12b | | <u>x</u> |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | - | <u>X</u> |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | <u>x</u> |
| | 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 | | <u>x</u> |
| | 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 | | <u>x</u> |
| 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 | _ | <u>x</u> |
| 2 0 a | aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | _X_ |
| b | If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20 b | | |

| | | | Yes | No |
|------|--|------|-------|------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 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 |
| 24 a | a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 | 24a | | x |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| C | I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | <u>x</u> |
| ł | 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 | | <u>x</u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | _ | _x_ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | <u>x</u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | , | |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | _ | <u>X</u> |
| Ł | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | <u> </u> |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | <u>x</u> _ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | _X_ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | <u>x</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | 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 Yes X No | | | |
| 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 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| AA | | Form | 990 (| 2010 |

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| <u>га</u> | Check if Schedule O contains a response to any question in this Part V | | | ſ |
|-----------|--|----------|-------------------|------------|
| | | | Yes | N |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | x | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | х | <u>L</u> . |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3b | Х | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| | b If 'Yes,' enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | , , | | |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | x | |
| ı | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6ь | х | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | ` , | |
| ; | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| 1 | o if 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | <u> </u> | | |
| | Form 8282? | 7с | | X |
| • | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | · | |
| • | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| (| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ı | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | ı İ | |
| ā | a Did the organization make any taxable distributions under section 4966? | 9a | | |
| i | Did the organization make a distribution to a donor, donor advisor, or related person? | 9Ь | | |
| | Section 501(c)(7) organizations. Enter | Ì | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter. | | | |
| | Gross income from members or shareholders | | | |
| | o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | . [| |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | . [| |
| ā | 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. | | . [| |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | | | |
| | Enter the amount of reserves on hand | | \longrightarrow | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If 'Yes' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in School'de O | 14a | \longrightarrow | _X |

| For | m 990 (2010) MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL 38-2038135 | | _ | 2000 6 | | | | |
|---|--|-------------------------|----------|-------------|--|--|--|--|
| | irt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics. | low, a | and i | Sage 6 | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | х | | | | |
| Sec | ction A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1 | a Enter the number of voting members of the governing body at the end of the tax year 1a 40 | <u> </u> | | | | | | |
| | b Enter the number of voting members included in line 1a, above, who are independent 1b 40 | 1 | | | | | | |
| 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 | | х | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | х | | | | |
| 4 | | 4 | | Х | | | | |
| | since the prior Form 990 was filed? | | | | | | | |
| 5 | 5 · · · · · · · · · · · · · · · · · · · | 5 | | X | | | | |
| 6 | | 6 | | _x_ | | | | |
| | a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | x | | | | |
| i | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| ; | a The governing body? | 8a | Х | | | | | |
| ١ | b Each committee with authority to act on behalf of the governing body? | | | | | | | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | x | | | | |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | | | Yes | No | | | | |
| 10 | a Does the organization have local chapters, branches, or affiliates? | 10 a | <u> </u> | | | | | |
| b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | | | | | | | |
| 11 a | a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | Ĺ | | , | | | | |
| | a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | <u> </u> | | | | | |
| | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | | | | | |
| • | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | 12c | х | | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | ` | | | | | |
| ā | a The organization's CEO, Executive Director, or top management official | 15a | X | | | | | |
| Ł | Other officers of key employees of the organization | 15 b | X | | | | | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) | | | | | | | |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | _x_ | | | | |
| t | o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► Michigan | - - - | | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request | | · | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polic statements available to the public | - | | ncial | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the orga KRISTA BELLER 3645 E JOLLY RD, LANSING MI 48910 (5 | nizatio <u>17) 4</u> | | <u>1757</u> | | | | |

BAA

| Form 990 (2010) | MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSON | JET. |
|------------------------|---|------|

38-2038135

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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

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

| Check this box if neither the organization (A) | (B) | - CIALE | <u>u ()1</u> | | <u>(241)</u> (2) | OII COI | ibe | (D) | (E) | (F) |
|---|---|----------------------------------|------------------|----------|---------------------|-------------------------------|------|--|--|---|
| Name and title | Average | Pos | ition | | | that app | ly) | Reportable | Reportable | (F) Estimated |
| Name and title | hours per week (describe hours for related organiza- tions in Schedule O) | advict of trustee or director | mshiring trustee | Officer | key employee | High est compensated employee | rome | compensation from the organization (W-2/1099-MISC) | reportable compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| _(1)_BONNIE_J_CARPENTER | | | | | | | | | | |
| EXEC DIR | 50.00 | | _ | | _ | Х | | 104,594. | 0. | 0. |
| (2) BOARD OF DIRECTORS | 1 00 | | | ١,, | | | | | | |
| PER LIST | 1.00 | <u> </u> | | Х | - | | ļ | 0. | 0. | 0. |
| _(3) | | | | | | | | | | |
| | | • | | | | | | | | |
| (5) | | | | | | | | | | |
| | | | | | | | | - | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (9) | | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | | |
| (11) | | | | | | | | | | |
| <u>(12)</u> | | - | | | | | | | | |
| (13) | | _ | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| BAA | | <u> </u> | EEA | <u> </u> | 12/ | 21/10 | · | | <u>l</u> | Form 990 (2010) |

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| Part VII Section A. Officers, Directors, Trus | | vey | EII | | | es, | an | | | | | |
|--|---|---------------------|-----------------------|---------------------|--------------------|----------------------------|----------|-------------------------------------|--|-------------|------------------------|-------------|
| (A) | (B) | D | | | c) | | | (D) | (E) | | (F) | • |
| Name and title | Average hours | | | | | | | compensation from | Reportable compensation from | amo | stimated unt of ol | ther |
| | (describe | ndivi | nstutu | Officer | (ey e | inghe mplo | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | 1 | npensati rom the | |
| | hours per week (describe hours for related organi zations in Sch O) | dual | Institutional trustee | " | Key employee | Highest compen employee | 막 | | | a | ganızatıd nd relate | ed |
| | zations | trust | al tru | | yee | mpe | | | | org | anızatıo | ns |
| | Sch O) | 8 | stee | | | 8 | | | | | | |
| | | | | i | | ted | | | | ĺ | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | _ |
| (22) | | | | | | | | | | | <u>-</u> | |
| (23) | | | | | | | | | | | | |
| (24) | | | | _ | | | | | | | | |
| (25) | | | | | | | | | | | | |
| (26) | | | | | | | | | | | | |
| (27) | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| (28) | | | | | | | | | | | | |
| (29) | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | • | 104,594. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section A | ١ | | | | | | ▶ | | | | - | |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 104,594. | 0. | | | 0. |
| 2 Total number of individuals (including but not limited | to thos | e lıs | ted | abo | ve) | who | rec | eived more than \$ | 100,000 in reportal | ole com | pensa | tion |
| from the organization 1 | | | | | | | | | ·· | | | |
| | | | | | | | | | | | Yes | No_ |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in: | or truste <i>dıvıdual</i> | e, k | ey e | mpl | oye | e, o | r hig | phest compensated | d employee | 3 | | х |
| 4 For any individual listed on line 1a, is the sum of rep | | | nan | catu | on s | and a | othe | r compansation fr | om | | | |
| the organization and related organizations greater th | an \$150 | ,000 |)? <i>If</i> | 'Ye | s' c | omp | lete | Schedule J for | OIII | 4 | | Х_ |
| 5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co | mpensa omplete | ition <i>Sch</i> | fror edu | m ar <i>le J</i> | ny u <i>for</i> | nrel such | atec | f organization or ii <i>rson</i> | ndıvıdual | 5 | | х |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest compensate compensation from the organization. | d indep | ende | ent c | conti | ract | ors 1 | that | received more that | an \$100,000 of | | | |
| (A) Name and business address | ; | | | | | | | (B) Description o | | ((Compe | C) nsatio | n |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | |
| | | | | - | | | | | | | | |
| 2 Total number of independent contractors (including b \$100,000 in compensation from the organization ► | ut not l | mite | d to | tho | se | liste | d ab | ove) who received | I more than | | | |
| | | | | | | | | | | | | |

| Pa | rt VIII Statement of Revenue | | | | |
|--|--|-----------------------------|--|--|---|
| • | · · · · · · · · · · · · · · · · · · · | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1a 1b 1,145,342. 1c 1d 1d | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f Business Code | 1,164,079. | | | |
| PROGRAM SERVICE REVENUE | 2a b c d e f All other program service revenue g Total. Add lines 2a-2f | | | | |
| | Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties | 6,571. | 0. | 0. | 6,571. |
| | (i) Real (ii) Personal 6a Gross Rents b Less' rental expenses c Rental income or (loss) d Net rental income or (loss) | \$ }, | , | all and a second a | |
| | 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) | | | | |
| OTHER REVENUE | 8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18 a 7,881. b Less: direct expenses b 2,975. c Net income or (loss) from fundraising events | 4,906. | ••• | 0. | 4,906. |
| | 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities | - | | ' | |
| | 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | | , , | | |
| | 11a ADVERTISING 511120 b MISCELLANEOUS c | 800. 858. | 0. 858. | 800. | 0. |
| | d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions | 1,658. | 858 | 800 | 11 477 |

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to individuals in the U.S. See Part IV, lines 15 and 15 4 Benefits paid for for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 1 (147, 219. 103, 053. 44, 166. 103, 103, 103, 103, 103, 103, 103, 103, | D) aising | and Fun | (C) Management and general expenses | (B) Program service expenses | (A) Total expenses | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Do 6b, |
|--|-------------------|---------|---------------------------------------|------------------------------|-----------------------|---|-----------|
| ## Bush See Part IV, line 22 | | | , , | | | and organizations in the U.S. See Part IV, | 1 |
| organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under officers) and the property of the propert | | | | | | | 2 |
| ## Elements paid to or for members | | 2 | , | | | organizations, and individuals outside the | 3 |
| trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(0)(1) and persons described in section 4958(0)(3)(8) Person plan contributions (include section 403(b) employer contributions) 9 Other employee benefits 66, 863.3 46, 804. 20, 059. 10 Payroll taxes 11, 775. 13, 843. 5, 932. 11 Fees for services (non-employees): 12 Advantagement 10, 648. 0. 10, 648. 10, 648. 0. 10, 648. 10, 648. 0. 10, 648. 10, 648. 0. 7, 300. 10, 648. 11, 648. 0. 10, 648. 12, 975. 29, 875. 0. 12, 975. 29, 875. 0. 13, 924. 13, 924. 0. 14, 623. 15 Fees for services (non-employees): 16 Loebying 17, 300. 1, 7, 300. 18 Loepal 10, 648. 1, 13, 924. 0. 19, 775. 1, 14, 623. 10, 648. 1, 10, 648. 1, 10, 648. 10, 10, 648. 1, 10, 648. 11, 648. 1, 10, 648. 1, 10, 648. 12, 97, 975. 29, 875. 0. 14, 648. 1, 10, 648. 1, 10, 648. 15 Fees for services (non-employees): 18 Amangement 19 Cordesional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrating services. See Part IV, line I7 or professional fundrational fundrati | | | | | | Benefits paid to or for members | 4 |
| disqualified persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(1) and persons described section 401(n) and section 403(n) employer contributions (include section 401(n) and section 403(n) employer contributions) 9 Other employee benefits 66,863,46,804,20,059, 10 Payroll taxes 27,973,19,581,8,392, 11 Fees for services (non-employees) 13 Management 15 Legal 10,648,0,10,648,0,10,648, 10,648,0,10,648,0,10,648, 10,648,0,10,648,0,10,648, 10,648,0,10,648,0,10,648, 10,648,0,10,648,0,10,648,0,10,648, 10,648,0,10, | 0. | 166. | 44,166. | 103,053. | 147,219. | | 5 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 66,863. 46,804. 20,059. 10 Payroll taxes 27,973. 19,581. 8,392. 11 Fees for services (non-employees) a Management b Legal 10,648. 0. 10,648. c Accounting 7,300. 0. 7,300. d Lobbying 29,875. 29,875. 0. e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other 13,924. 13,924. 0. 12 Advertising and promotion 13 Office expenses 144,643. 130,020. 14,623. 14 Information technology 34,683. 24,278. 10,405. 15 Royalties 16 Occupancy 92,250. 64,575. 27,675. 17 Travel Payrents of travel or entertainment expenses for any federal, state, or local public officials 2 Depreciation, depletion, and amortization 2 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Interest 1 Payments of travel expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 140,386. 140,386. 0. 6 DUES/SUBSCRIPTIONS 4,994. 3,496. 1,498. 6 e f All other expenses | | | | | | disqualified persons (as defined under section 4958(f)(1)) and persons described | 6 |
| section 401(k) and section 403(b) employer contributions 19,775. | 0. | 637. | 40,637. | 94,820. | 135,457. | Other salaries and wages | 7 |
| 9 Other employee benefits 10 Payroll taxes 27,973. 19,581. 8,392. 1 Fees for services (non-employees) a Management b Legal | 0. | 932. | 5,932. | 13,843. | 19,775. | section 401(k) and section 403(b) | 8 |
| 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 13, 924. 13, 924. 0. 12 Advertising and promotion 13 Office expenses 144, 643. 130, 020. 14, 623. 14 Information technology 15 Royalties 16 Occupancy 17, 373. 5, 511. 2, 362. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization covered above (List miscellaneous expenses in line 24f fline 24f amount exceeds 10% of line 25f, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER PROMOTION b DUES/SUBSCRIPTIONS 4, 1994. 3, 4994. 3, 4996. 1, 4988. c d All other expenses | 0. | | | 46,804. | | Other employee benefits | 9 |
| 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 13, 924. 13, 924. 0. 12 Advertusing and promotion 13 Office expenses 144, 643. 130, 020. 14, 623. 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25f, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER PROMOTION b DUES/SUBSCRIPTIONS 4, 994. 3, 496. 1, 498. c e f All other expenses | 0. | | | | | - | 10 |
| D Legal 10,648. 0. 10,648. | | | · | | | Fees for services (non-employees) | 11 |
| c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 13, 924, 13, 924, 0. 14, 623, 130, 020, 14, 623, 10, 405, 11 18 Formation technology 19 Conferences, conventions, and meetings public officials 19 Conferences, conventions, and meetings line rest provided for fine see in the expenses of above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule C.) a MEMBER PROMOTION b DUES/SUBSCRIPTIONS 4, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 | | | | | | a Management | a |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 144,643. 130,020. 14,623. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ir line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER PROMOTION b DUES/SUBSCRIPTIONS 4, 994. 3, 496. 1, 498. c | 0. | 648. | 10,648. | 0. | 10,648. | L egal | t |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 | 0. | 300. | 7,300. | 0. | | Accounting | • |
| f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 1 Information technology 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 2 MEMBER PROMOTION 2 Interest 2 Interest 2 Interest 2 Insurance 3 Other expenses ltemize expenses not covered above (List miscellaneous expenses in line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 3 MEMBER PROMOTION 4 Other expenses 4 Other expenses 5 Other expenses 6 Other expenses 7 Other expenses 7 Other expenses 9 Other expenses 9 Other expenses 10 Other expen | 0. | 0. | 0. | 29,875. | 29,875. | d Lobbying | C |
| g Other | _ | | | | | | |
| 12 Advertising and promotion 13 Office expenses 144,643. 130,020. 14,623. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses literrize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 2 MEMBER PROMOTION 2 b DUES/SUBSCRIPTIONS 4 c | 0. | 0. | 0 | 13,924. | 13,924. | _ | |
| 13 Office expenses | | | | 20,32 | 20,3211 | | _ |
| Information technology 34,683. 24,278. 10,405. | 0. | 623 | 14.623. | 130.020. | 144.643. | | |
| 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount, list line 24f expenses on Schedule O.) 2 MEMBER PROMOTION 2 MEMBER PROMOTION 3 MEMBER PROMOTION 4 MEMBER PROMOTION 5 DUES/SUBSCRIPTIONS 4 MINIMAL STATE OF THE PROMOTION AND STATE OF THE P | 0. | | | | | • | |
| 16 Occupancy | | | 20/1001 | | 3 17 3333 | | |
| 17 Travel 7,873. 5,511. 2,362. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | 675. | 27,675. | 64,575. | 92,250. | - | |
| Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER PROMOTION 4,994. 5,247. 2,248. 140,386. 0. b DUES/SUBSCRIPTIONS 4,994. 3,496. 1,498. | 0. | | | | | · · · | 17 |
| 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER PROMOTION b DUES/SUBSCRIPTIONS c d e f All other expenses | | | | | | expenses for any federal, state, or local | 18 |
| Payments to affiliates | 0. | 277. | 20,277. | 77,090. | 97,367. | | |
| 23 Insurance | | | | | | Payments to affiliates | 21 |
| 23 Insurance | 0. | 635. | 14,635. | 34,148. | 48,783. | · · | 22 |
| covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a MEMBER_PROMOTION 140,386. 140,386. 0. b DUES/SUBSCRIPTIONS 4,994. 3,496. 1,498. c | 0. | | | | 7,495. | | |
| b DUES/SUBSCRIPTIONS 4,994. 3,496. 1,498. c | | | | | | covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f. | 24 |
| c | 0. | 0. | 0. | 140,386. | 140,386. | | |
| de | 0. | 498. | 1,498. | 3,496. | 4,994. | DUES/SUBSCRIPTIONS | b |
| e | | | · · · · · · · · · · · · · · · · · · · | | | : | c |
| f All other expenses | | | | | | | d |
| | | | | | | | |
| 25 Total functional expanses Add lines 1 through 24f 1 1 037 509 1 906 651 1 220 957 | | | ··· | | | · · · · · · · · · · · · · · · · · · · | |
| | 0. | 857. | 230,857. | 806,651. | 1,037,508. | Total functional expenses. Add lines 1 through 24f | |
| 26 Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation BAA Form 99 | 990 (2010) | | | | | SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | |

| Pa | art X | Balance Sheet | | | | |
|-----------------------|-------|---|--|--------------------------|-------------|--|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 1,436,217. | 2 | 1,660,921. |
| | 3 | Pledges and grants receivable, net | | 3 | <u> </u> | |
| | 4 | Accounts receivable, net | . [| 12,990. | 4 | 2,021. |
| | 5 | Receivables from current and former officers, director and highest compensated employees. Complete Part | rs, trustees, key employees, Il of Schedule L | ٠, | 5 | |
| | 6 | Receivables from other disqualified persons (as definingersons described in section 4958(c)(3)(B), and contributions of section 501(c)(9) voluntal organizations (see instructions) | ed under section 4958(f)(1)), | | 6 | |
| A S E T S | 7 | Notes and loans receivable, net | | | 7 | |
| Ē | 8 | Inventories for sale or use | [| 1,488. | 8 | 981. |
| Š | 9 | Prepaid expenses and deferred charges | [| 149,916. | 9 | 155,367. |
| | 102 | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,417,025. | • | | |
| | l | Less accumulated depreciation. | 10b 701,587. | 729,737. | 10 c | 715,438. |
| | 11 | Investments – publicly traded securities | | · | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | Ī | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34) | 2,330,348. | 16 | 2,534,728. |
| | 17 | Accounts payable and accrued expenses | , | 45,060. | 17 | 71,679. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | Ī | 1,026,406. | 19 | 1,065,171. |
| Ļ | 20 | Tax-exempt bond liabilities | | | 20 | |
| Å | 21 | Escrow or custodial account liability. Complete Part I | V of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L | stees, key employees, sons. Complete Part II | | 22 | |
| Ė | 23 | Secured mortgages and notes payable to unrelated th | urd parties | | 23 | |
| • | 24 | Unsecured notes and loans payable to unrelated third | · | | 24 | ······································ |
| | 25 | Other liabilities. Complete Part X of Schedule D | Į. | 99,627. | 25 | 98,917. |
| | 26 | Total liabilities. Add lines 17 through 25 | į. | 1,171,093. | 26 | 1,235,767. |
| N | | Organizations that follow SFAS 117, check here | X and complete lines | 1/1/1/055. | | 1,233,707. |
| Ę | | 27 through 29 and lines 33 and 34. | E. and complete inte | | | |
| Ą | 27 | Unrestricted net assets | | 1,037,016. | 27 | 1,183,823. |
| ANNET-S | 28 | Temporarily restricted net assets | ŀ | 122,239. | 28 | 115,138. |
| Š | 29 | Permanently restricted net assets | <u> </u> | 122/233. | 29 | 113,130. |
| Q R | | Organizations that do not follow SFAS 117, check he | re ► and complete | | | |
| - 1 | | lines 30 through 34. | and complete | | | |
| F UND | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipm | ent fund | | 31 | |
| Ř. | 32 | Retained earnings, endowment, accumulated income, | | - ·· | 32 | |
| βļ | 33 | Total net assets or fund balances. | or other funds | 1,159,255. | 33 | 1 200 061 |
| BALANCES | 34 | Total liabilities and net assets/fund balances | | 2,330,348. | 34 | 1,298,961. |
| BAA | | Total habilities and net assets/fully palatices | | 2,330,346. | 34 <u>[</u> | 2,534,728. |

BAA

Form 990 (2010)

| orr | n 990 | (2010) | MICHIGAN | SOCIATION OF RETIRED SCHOOL PERSONNEL | _38 | 3-2038135 | | Pa | ge 12 |
|--------|--------------|----------------------|----------------------------------|---|--------------------------|--------------|-----|--------------|--------------|
| Pa | rt XI | Rec | onciliation | Net Assets | | | | | |
| | | Check | k if Schedule (| contains a response to any question in this Part XI | | | | _ | |
| 1 2 | Tota | al expens | ses (must equa | art VIII, column (A), line 12) Part IX, column (A), line 25) | | 2 | 1,0 | 77,2 37,5 | 508. |
| 3 | | | • | tract line 2 from line 1 | | 3 | | 39,7 | |
| 4 | | | | at beginning of year (must equal Part X, line 33, colum | ın (A)) | 4 | 1,1 | 59,2 | 255. |
| 5 | Oth | er chang | es in net asse | or fund balances (explain in Schedule O) | | 5 | | | |
| 6 | | assets o ımn (B)) | r fund balance | at end of year Combine lines 3, 4, and 5 (must equal | Part X, line 33, | 6 | 1,2 | 98,9 | 961. |
| Pa | rt XI | ∐ Fina | ncial State | ents and Reporting | | | | | |
| | | Checl | k if Schedule (| ontains a response to any question in this Part XII | | | | | |
| | | | | | _ | | | Yes | No |
| 1 | Acc | ounting r | method used to | repare the Form 990: 🔲 Cash 🛛 🗓 Accrual 📗 | Other | | | | |
| | | e organiz | | s method of accounting from a prior year or checked '6 | Other,' explain | | | | |
| 2 | a Wer | e the org | ganization's fin | cial statements compiled or reviewed by an independe | ent accountant? | | 2a | | X |
| ı | b Wer | e the org | anızatıon's fın | cial statements audited by an independent accountant | ? | | 2b | X | |
| • | | | | the organization have a committee that assumes respinancial statements and selection of an independent a | | the audit, | 2c | Х | |
| | If th | e organiz chedule | zation changed O | ither its oversight process or selection process during | the tax year, explain | | | , | |
| (| | arate bas | | k a box below to indicate whether the financial statements, or both. Consolidated basis Both consolidated and se | • | sued on a | · · | | |
| 3 | — aAsa | | of a federal aw d OMB Circula | ــــ I, was the organization required to undergo an audit or | | e Single | 3a | | <u>x</u> |
| ŀ | olf'Y | es,' did t | he organizatio | undergo the required audit or audits? If the organizatio | n did not undergo the re | quired audit | 3h | | |

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number

OMB No 1545-0047 2010

Open to Public

| MI | CHIGAN ASSOCIATION OF RETIRED | SCHOOL PERSONNEL | 38-2038135 |
|-----|---|--|---|
| Pa | rt I Organizations Maintaining Dono | r Advised Funds or Other Similar Fun | nds or Accounts. Complete if |
| | the organization answered 'Yes' t | o Form 990, Part IV, line 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and dor funds are the organization's property, subject | nor advisors in writing that the assets held in do to the organization's exclusive legal control? | onor advised Yes No |
| 6 | used only for charitable purposes and not for t purpose conferring impermissible private bene | | any other Yes No |
| Pa | rt II Conservation Easements. Compl | ete if the organization answered 'Yes' | to Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by | the organization (check all that apply) | |
| | Preservation of land for public use (e.g., re | ecreation or education) Preservation of | of an historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | - | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year. | on held a qualified conservation contribution in | the form of a conservation easement on the |
| | | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easer | nents | 2b |
| | Number of conservation easements on a certif | | 2c |
| | Number of conservation easements included in | , , | |
| • | structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, tax year ► | transferred, released, extinguished, or terminate | ed by the organization during the |
| 4 | Number of states where property subject to co | nservation easement is located ► | |
| 5 | Does the organization have a written policy regand enforcement of the conservation easemen | garding the periodic monitoring, inspection, han | ndling of violations, |
| 6 | Staff and volunteer hours devoted to monitorin | g, inspecting, and enforcing conservation ease | ments during the year |
| 7 | Amount of expenses incurred in monitoring, in \$ | specting, and enforcing conservation easement | ts during the year |
| 8 | Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Inne 2(d) above satisfy the requirements of sec | ction Yes No |
| 9 | In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements. | orts conservation easements in its revenue and o the organization's financial statements that de | d expense statement, and balance sheet, and escribes the organization's accounting for |
| Par | t III Organizations Maintaining Colle Complete if the organization answ | ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, Ime | r Other Similar Assets. 8. |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan | s held for public exhibition, education, or research | nue statement and balance sheet works of ch in furtherance of public service, provide, |
| Ŀ | If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items: | SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in | statement and balance sheet works of art, n furtherance of public service, provide the |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | ► \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| 2 | If the organization received or held works of ar amounts required to be reported under SFAS 1 | t, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items: | or financial gain, provide the following |
| а | Revenues included in Form 990, Part VIII, line | | ≻ \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| Schedule D (Form 990) 2010 MICHI Part III Organizations Mainta | | | | 38-203 Other Similar Ass | | Page 2 | | | |
|--|---|---------------------------------------|-------------------------------------|------------------------------|----------------------|-----------------------|--|--|--|
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection retems (check all that apply): | | | | | | | | | |
| a Public exhibition | | d 🔲 Loan | or exchange programs | | | | | | |
| b Scholarly research | b Scholarly research e Other | | | | | | | | |
| c Preservation for future gener | | | | | | | | | |
| 4 Provide a description of the orga Part XIV. | | | - | | e in | | | | |
| 5 During the year, did the organiza assets to be sold to raise funds r | ition solicit or recei | ve donations of ar | t, historical treasures, or | other similar | Yes | □No | | | |
| Part IV Escrow and Custodia 9, or reported an amo | l Arrangement | s. Complete if | organization answer | | | | | | |
| 1 a Is the organization an agent, trus included on Form 990, Part X? | stee, custodian, or | other intermediary | for contributions or other | r assets not | Yes | No | | | |
| b If 'Yes,' explain the arrangement | in Part XIV and co | mplete the follow | ng table | | | | | | |
| | | | | | Amount | | | | |
| c Beginning balance | | | | 1 c | | | | | |
| d Additions during the year | | | | 1 d | | | | | |
| e Distributions during the year | | | | 1 e | | | | | |
| f Ending balance | | | | 1f | | | | | |
| 2a Did the organization include an a | mount on Form 99 | 0, Part X, line 21? | • | | Yes | No | | | |
| b If 'Yes,' explain the arrangement | | | | | | | | | |
| Part V Endowment Funds. Co | 1 · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | (a) Current year | (b) Prior yea | r (c) Two years back | (d) Three years back | (e) Four ye | ars back | | | |
| 1a Beginning of year balance | | | | | , | | | | |
| b Contributions | | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | , | | | | | |
| d Grants or scholarships | | | | '. ' ' ' ' | . , | | | | |
| Other expenditures for facilities and programs | | | | | | | | | |
| f Administrative expenses | | | | | , | | | | |
| g End of year balance | | | | | - | | | | |
| Provide the estimated percentage | e of the year end b | alance held as: | | | | | | | |
| a Board designated or quasi-endov | vment ► | <u> </u> | | | | | | | |
| b Permanent endowment ► | | | | | | | | | |
| c Term endowment ► | 8 | | | | | | | | |
| 3a Are there endowment funds not i | n the possession o | f the organization | that are held and adminis | stered for the | | | | | |
| organization by. | · | - | | | Yes | No | | | |
| (i) unrelated organizations | | | | | 3a(i) | <u> </u> | | | |
| (ii) related organizations | | | | | 3a(ii) | | | | |
| b If 'Yes' to 3a(II), are the related of | _ | | | | 3b | | | | |
| 4 Describe in Part XIV the intended | | | | | _ | | | | |
| Part VI Land, Buildings, and | | | · · · · · · · · · · · · · · · · · · | () A | 405 | | | | |
| Description of investment | (a) C | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | value ——— | | | |
| 1a Land | | | 82,600. | | 82 | 2,600. | | | |
| b Buildings | | | 1,053,642. | 468,100. | 58 | 5,542. | | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | 264,129. | 228,352. | | 5 , 777. | | | |
| e Other | | | 16,654. | 5,135. | | 1,519. | | | |
| Total. Add lines 1a through 1e (Column | n (d) must equal Fo | orm 990, Part X, c | olumn (B), line 10(c)) | ► | | 5 , 438. | | | |
| BAA | | | | Sched | ule D (Form 9 | 3 90) 2010 | | | |

| Schedule D (Form 990) 2010 MICHIGAN ASSOCIATION (| OF RETIRED SCHOOL | PERSONNEL 38- | 2038135 Page |
|--|--|--|---------------------------------------|
| Part VII Investments-Other Securities. See For | | · · · · · · · · · · · · · · · · · · · | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v Cost or end-of-year | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | - | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (1) | | | |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12) | | | |
| Part VIII Investments-Program Related. (See Fo | orm 990. Part X. lir | ne 13) | · · · · · · |
| (a) Description of investment type | (b) Book value | (c) Method of va | aluation: |
| | (2) 2001. Tailab | Cost or end-of-year | market value |
| (1) | | | |
| (2) | | | |
| (3) | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Part IX Other Assets. (See Form 990, Part X, li | ne 15) | | |
| (a) Desc | ription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column(B), I | line 15) | | > |
| Part X Other Liabilities. (See Form 990, Part X | line 25) | | |
| (a) Description of liability | (b) Amount | | |
| (1) Federal income taxes | (b) Amount | - , | |
| (2) ACCRUED POST RETIREMENT BENEFIT OBLIGATION | N 98,917 | ┨ ' ' . | |
| (3) | 90,917 | ' | |
| (4) | | | |
| | | | · |
| (5) | | | |
| (6) | | | |
| (7) | | - | • |
| (8) | | - . | |
| (9) | <u> </u> | - | |
| (10) | | - | |
| (11) | | <u> </u> | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | 70/71/ | | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of organization's liability for uncertain tax positions under FIN 48 | the footnote to the orga (ASC 740). | inization's financial statements th | at reports the |

| | edule D (Form 990) 2010 MICHIGAN ASSOCIATION OF RETIRED SCHOOL F | | 38-203813 | 5 . Page 4 |
|------|--|---|--------------------------------------|-------------------|
| Pa | TXI Reconciliation of Change in Net Assets from Form 990 to Audited Finan | <u>cial Statements</u> | | |
| 1 | | | | 1,177,214. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | ļ | 1,037,508. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | - | 139,706. |
| 4 | Net unrealized gains (losses) on investments | | <u> </u> | |
| 5 | Donated services and use of facilities | | ļ | |
| 6 | Investment expenses | | \ | |
| 7 | Prior period adjustments | | | |
| 8 | Other (Describe in Part XIV) | | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | | |
| | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | | _ <u></u> | 139,706. |
| | t XII Reconciliation of Revenue per Audited Financial Statemen | its With Revenue pe | | |
| | Total revenue, gains, and other support per audited financial statements | | 1 | 1,177,214. |
| 2 | · | 1 - 1 | | |
| | Net unrealized gains on investments | | | |
| - | Donated services and use of facilities | 2b | | |
| | : Recoveries of prior year grants | 2c | | |
| | Other (Describe in Part XIV) | 2d | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | 1 1 | 3 | 1,177,214. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| ä | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| ŀ | Other (Describe in Part XIV.) | 4b | | |
| • | : Add lines 4a and 4b | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 1,177,214. |
| | t:XIII. Reconciliation of Expenses per Audited Financial Stateme | ents With Expenses | per Return | |
| | Total expenses and losses per audited financial statements | | 1 | 1,037,508. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| ā | Donated services and use of facilities | 2a | | |
| ŀ | Prior year adjustments | 2b | | ` |
| | Other losses | 2c | | |
| • | Other (Describe in Part XIV.) | 2d | | |
| • | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | 1 1 | 3 | 1,037,508. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIV.) | 4b | | |
| | Add lines 4a and 4b | | 4c | 1 007 500 |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 1,037,508. |
| | t XIV Supplemental Information | | | |
| Part | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin additional information | rt III, lines 1a and 4, Part nes 2d and 4b Also comp | IV, lines 1b an lete this part to | d 2b, provide |
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| BAA | TEEA3304 02/11/11 | | Schedule I | (Form 990) 2010 |

Schedule **D** (Form 990) 2010

| Schedule D | (Form 990) 2010 | MICHIGAN ASSOCI | ATION OF RETIRE | ED SCHOOL PERS | ONNEL | 38-2038135 | Page 5 |
|------------|-----------------|-----------------|-----------------|----------------|--------------------------|------------|---------------|
| Part XIV | Supplementa | MICHIGAN ASSOCI | tinued) | | | | |
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TEEA3305 07/16/10

Schedule **D** (Form 990) 2010

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | Employer identification number | | | | | |
|--|--------------------------------|--|--|--|--|--|
| MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL | 38-2038135 | | | | | |
| Pt VI-B, Line 11a 990 IS REVIEWED BY EXECDUTIVE DIRECTOR AND AT | | | | | | |
| LEAST ONE BOARD OFFICER BEFORE IT IS FILED | | | | | | |
| Pt VI-B, Line 12c ALL OFFICERS, DIRRECTORS AND KEY EMPLOYEES ANNUA | ALLY | | | | | |
| SIGN A STATEMENT THAT THERE IS NO CONFLICT OF | | | | | | |
| INTEREST OTHER THAN ANY DISCLOSED | | | | | | |
| Pt_VI-B, Line 15 EXECUTIVE DIRECTOR IS EVALUATED AND COMPENSATION | N | | | | | |
| SET_BY EXECUTIVE COMMITTEE, COMPENSATION FOR OTHER | HER | | | | | |
| STAFF_SET_BY_PAY_SCHEDULE_APPROVED_BY_BOARD_AND | | | | | | |
| IN BUDGET APPROVED BY BOARD | | | | | | |
| Pt VI-C, Line 19 NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC | | | | | | |
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

| Describe the exempt purpose achievements for each of the organization's other program |
|---|
| services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to |
| report the amount of grants and allocations to others, the total expenses, and revenue, if any, for |
| each program service reported. |

| Code: | Description: | VARIOUS INFORMATION: | REFERRALS AN | SUPPORT | SERVICES | FOR I | MEMBERS |
|-------------|--------------|----------------------|--------------|---------|----------|-------|---------|
| Expenses | 300,402. | | | | | | |
| Grants Of _ | 0. | | | | | | _ |
| Revenue | 0. | | · · · · | | | | |
| | - | | | _ | | | |
| | | | - | | | | |
| | | | | | | | |

MARSP BOARD OF DIRECTORS JULY 1, 2010 - JUNE 30, 2011

Telephone & Email Listing (See VANGUARD directory for mailing addresses)

VOTING MEMBERS

Updated 05/03/2011

Officers & Chairmen

President Marie L. Wilkerson
Vice-president Robert W. Wiles
Secretary Fayda J. Mills
Treasurer Paul B. Lerg
President-Elect Leslie E. Nixon
Building & Grounds G. Duane Davis
Ryland Gordon W. Draper

Bylaws Gordon W. Draper Finance Thomas A. Nyquist Legislative Charles E. Abshagen

Joseph L. Curtin

Membership Linda L. Hawley Foundation Charles W. Jones

Area Directors

Area 1 Ellen M. Burgess
Area 2 Donald O. Johnson
Area 3 Steve R. Gordon
Area 4 Arthur E. Mills

Area 5 Dawn Ann Humphreys
Area 6 Margaret E. Albert
Area 7 Carol J. Pratt

Area 8 VACANT

Area 9 Harriet J. Oliver

Area 10 VACANT

Area 11 Joan Hildinger
Area 12 James Mikus
Area 13 Lynda J. Manthey
Area 14 Anne L. Rossi

Area 15 Patricia H. McCollum Area 16 Louise G. Somerlot

Area 17

Area 18

Area 19

Area 20

Area 21

Area 21

Area 22

Area 23

Area 23

Area 24

Joan V. Mills

Edward D. Stone

Heston Bates

Douglas Shonk

Kenneth L. Kelley

Robert F. Kucera

Julie A. Olsen

H. Frank Green

Area 22 Robert F. Kucera
Area 23 Julie A. Olsen
Area 24 H. Frank Green
Area 25 Allan A. Edwards
Area 26 Erma W. Gaddis
Area 27 Lois J. Zilka

Area 28 David N. Babbage
Area 29 Clarence L. Miller
Area 30 Carol L. Pontious

NON-VOTING MEMBERS

Parliamentarian Etta Mae Chapman

VANGUARD Editor Ruth A. Hill

EX-OFFICIO

Fxecutive Director Bonnie J. Carpenter

ASSISTANT AREA DIRECTORS JULY 1, 2010 - JUNE 30, 2011

Area 1 Valerie Lind

Area 2 VACANT

Area 3 Rosemarie H. Krall

Area 4 VACANT

Area 5 Mila MacNaughton Area 6 Donald E. Maxwell Area 7 Sharon Flewelling

Area 8 VACANT Area 9 VACANT Area 10 VACANT

Area 11 Beverly J. Shelburg Area 12 Marilyn E. Schneider

Area 13 Jane Nally

Area 14 Mary (Kit) Rykse

Area 15 VACANT

Area 16 Sarah (Kathy) Foster
Area 17 Mary L. Boucher
Area 18 Joseph S. Jamerino
Area 19 Thomas D. Johnson

Area 20 VACANT

Area 21 Donald D. Allison Area 22 Tommy E. Stansifer

Area 23 Carol Read

Area 24 Bertha H. Booker

Area 25 Elizabeth (Betty) Coller

Area 26 Cheryl A. Harvey
Area 27 Larry E. McConnell
Area 28 Frances J. Babbage

Area 29 VACANT

Area 30 Clifford R. Cross

EXECUTIVE COMMITTEE JULY 1, 2010 - JUNE 30, 2011

Officers

President Marie L. Wilkerson Treasurer Paul B. Lerg
Vice-president Robert W. Wiles President-Elect Leslie E. Nixon
Secretary Fayda J. Mills Parliamentarian Etta Mae Chapman

Regional Director Representatives

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Eastern Kenneth L. Kelley Northern Donald O. Johnson
Heston Bates Southwestern Julie A. Olsen
Metro David N. Babbage Patricia H. McCollum

Allen A Februard

Allan A. Edwards

Ex-Officio

Executive Director Bonnie J. Carpenter