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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

For the 2013 calendar year, or tax year beginning 2013, and ending D Employer Identification Number Check if applicable Name of organization MICHIGAN RECREATION & PARK ASSOCIATION Address change Doing Business As 38-2457661 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 2465 WOODLAKE CIRCLE 180 (517) 485-9888 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 993,626. Amended return OKEMOS ΙM 48864 H(a) Is this a group return for subordinates? F Name and address of principal officer XINo Application pending Yes Are all subordinates included?

If 'No,' attach a list (see instructions) DEREK SMITH 2465 WOODLAKE CIRCLE OKEMOS MI 48864 Tax-exempt status X 501(c)(3) 501(c) ( (insert no ) 4947(a)(1) or 527 Website: ► WWW.MRPAONLINE.ORG H(c) Group exemption number Form of organization Corporation Association Other > L Year of formation 1983 M State of legal domicile ΜI Part I Summary Briefly describe the organization's mission or most significant activities A MEMBER DRIVEN ORGANIZATION COMMITTED TO PROVIDING QUALITY PROFESSIONAL PARK AND RECREATION PROGRAMS AND SERVICES WITH FISCAL INTEGRITY AND PROGRESSIVE LEADERSHIP TO MICHIGAN'S RECREATION AND PARKS TRADE Check this box ► 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) . . . . . . Number of independent voting members of the governing body (Part VI, line 1b) . 4 7 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . 5 11 Total number of volunteers (estimate if necessary) . . . 6 125 7a Total unrelated business revenue from Part VIII, column (C), line 12 10,235. **b** Net unrelated business taxable income from Form 990-T, line 34 -1,120.**Current Year** Contributions and grants (Part VIII, line 1h) 146,850 265,521 Program service revenue (Part VIII, line 2g) . . . . . . . . 327,705 728,105. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,568 -983. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 24,163 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 1,500,286 992,643. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 333,233 260,584. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . . 0. b Total fundraising expenses (Rad IX, column (D), line 25) Other expenses (Part IX, column (A) (Ines 11a-11d, 11f-24e) 17 1,162,718. 698,620. Total expenses, Add-lines 1311 (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 12 1,495,951 959,204. 4,335 33,439. **End of Year Beginning of Current Year** Total assets (Part X) (ne 16). U 20 60,205 207,063 Total labilities (Part X, line 26) . . . . . 21 142,297 252,000. Net assets or fund balances Subtract line 21 from line 20 -82,092 -44,937Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 08/18/14 Sign Here ANN CONKLIN CHIEF OPERATING OFFICER ଚେ Type or print name and title CV) Print/Type preparer's name Check X if ြ ယ်Paid Susan E. Anderson self-employed P00435259 **∽**Preparer SE ANDERSON AND ASSOCIATES. Use Only Firm's address 32380 CAMPBELL RD Firm's EIN P 20-1031450 MADISON HEIGHTS МΤ 48071-1073 Phone no (248)544-4400 Yes

TEEA0101 11/08/13

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Form 990 (2013) MICHIGAN RECREATION & PARK ASSOCIATION	38-245766	1 Page 2
Part III		
Check if Schedule O contains a response or note to any line in this Part III		X
1 Briefly describe the organization's mission:		
A MEMBER DRIVEN ORGANIZATION COMMITTED TO PROVIDING	<b></b>	
QUALITY PROFESSIONAL PARK AND RECREATION PROGRAMS AND SERVICES	<u> WITH FISCAL</u>	
See Form 990, Page 2, Part III, Line 1 (continued)	<b>-</b>	<b></b>
2 Did the organization undertake any significant program services during the year which were not listed on		
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 program serv	vices?	Yes X No
If 'Yes,' describe these changes on Schedule O		
4 Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported	ces, as measured by ex count of grants and alloc	penses cations to
4a (Code ) (Expenses \$ 77,960. including grants of \$ 0.	) (Revenue \$	0.)
PROMOTING AWARENESS OF RECREATION PROGRAMS AND THE NEED/OPPORT		<u> </u>
FOR INVOLVEMENT IN COMMUNITY AND STATE RECREATION PROGRAMS AND		
SYSTEMS TO SENIOR CITIZENS IN THE STATE OF MICHIGAN.	<u> </u>	<del>-</del> -
SISTEMS TO SENTOR CITIZENS IN THE STATE OF MICHIGAN.		<del></del> -
Ab (Code \ \/Evpensor \ 2.00 0.75 \ \mathred \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	) (Revenue \$	0 1
		0.)
ANNUAL CONFERENCE TO PROMOTE AWARENESS AND PROVIDE EDUCATIONAL		
OPPORTUNITIES TO MEMBERS RELATED TO RECREATION AND PARK PROGRA	AMS.	
WORKSHOPS PROVIDED TO EDUCATE INDIVIDUALS ON VARIOUS PARK AND		
RECREATIONAL ACTIVITIES.		
15 105 maludus accepts 6	\	
	) (Revenue \$	0.)
SPECIAL PROJECTS AND RECREATIONAL ATHLETIC OPPORTUNITIES.		
PROVIDING RESOURCES AND SERVICES TO LOCAL PARK AND RECREATION		
ORGANIZATIONS.		
		- <b></b> -
		- <b>-</b>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	<b></b>	
4 d Other program services (Describe in Schedule O )		
(Expenses \$ 88,659. including grants of \$ 0.) (Revenue	\$	0.)
4 e Total program service expenses ► 548,021.		
BAA TEEA0102 07/02/13		Form <b>990</b> (2013)

MICHIGAN RECREATION & PARK ASSOCIATION 38-2457661 Page 3 Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . Х 3 Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes.' complete Schedule D. Х 6 . . . . . . . . . . . . . . . Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III . . . . . . 8 Х 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 Х 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 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 . . . Х 11 d . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Х 11 e 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII. . . . . . Х 12a 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 . . . . . . . . . . . . . . . . . 12 h Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a 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 Χ 14b 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 Х 15 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 ... Х 16 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) Х 17

Х

Х

Х

18

19

20

20 b

. . . . . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . .

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . .

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Χ

Form 990 (2013)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts l'and II . . . . . . . . . . 21 Х 22 Χ 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 Χ 23 Schedule J . . 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If 'Yes,' complete Schedule L, Part III 27 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) 1/4 a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV. Х 28b 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 Х . . . . . . . . . . . . . . . Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II Х 32 33 Х . . . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . 35a 35b Х 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? BAA

Note. All Form 990 filers are required to complete Schedule O . . . . . . . .

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Part V Statements Regarding Other IRS Filings and Tax Compliance			Г
Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		165	140
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			١.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
(gambling) winnings to prize winners?	1 c		************
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 2 a 11	£		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>ــــــــــــــــــــــــــــــــــــ</u>		ٽـــــــــــــــــــــــــــــــــــــ
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	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)?	4 a		х
<b>b</b> If 'Yes,' enter the name of the foreign country	4. à		*
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	₽		<u> </u>
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		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?	5 c		
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 as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	_	
7 Organizations that may receive deductible contributions under section 170(c).	, ~	41 4	, à
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?	7 a		<u> </u>
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	_	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
	*		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 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.			
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			•
a Initiation fees and capital contributions included on Part VIII, line 12	ľ	1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		2 -	<i>3</i> .
11 Section 501(c)(12) organizations. Enter	1	. *	
a Gross income from members or shareholders		, ", "	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	13 a		
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
h If 'Ves' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O	14 h		1 _

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 in Schedule O See instructions. Section 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 . . . 7 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 2 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 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? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? . . . 8 a Х **b** Each committee with authority to act on behalf of the governing body? . . . 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . . . . . . Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c 13 Х 13 Did the organization have a written whistleblower policy? . . . . 14 Х 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? Х a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . 15 a 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . Х 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 taken steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 2465\_WOODLAKE\_CIRCLE ANN CONKLIN OKEMOS Form 990 (2013) TEEA0106 07/02/13

MICHIGAN RECREATION & PARK ASSOCIATION Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** 

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

- 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 nor any related organization compensated any current officer, director, or trustee									
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) DEREK SMITH PRESIDENT	_1.00	Х		Х				0.	0.	0.	
(2) JASON JONES	1.00										
PRESIDENT ELECT  (3) JEANETTE WILLIAMS	1.00	Х	$\vdash$	Х				0.	0.	0.	
SECRETARY/TREASURER		Х		Х				0.	0.	0.	
(4) KYLE LANGLOIS BOARD MEMBER AT LARGE	1.00	Х						0.	0.	0.	
(5) CLAY SUMMERS BOARD MEMBER AT LARGE	1.00	Х						0,.	0.	0.	
(6) ARNOLD WEINFELD BOARD MEMBER	1.00	Х						0.	0.	0.	
(7) ABED_HOUSSARI DIRECTOR	1.00	Х						0.	0.	_ 0.	
(8) ANN CONKLIN	40.00			Х				59,769.	0.	0.	
(9) VIC CHIASSON PAST PRESIDENT	1.00	Х		X				0.	0.	0.	
(10)											
(11)											
(12)											
<u></u>							-				
(14)											

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Part VII Section A. Officers, Directors, Trus		Key	Em			es,	and	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	box	, unle	ss pe	ition more rson i	than o is both or/trust	вл ee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
(19)					<u> </u>	-				
(20)						-				
(21)				-	-					
(22)	<del> </del>									
(23)										
(24)						ļ				
(25)	<del> </del>			_					<del> </del>	
1 b Sub-total							<b>&gt;</b>	59,769.	0.	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	59,769.	0.	0
<ul> <li>Total number of individuals (including but not limited from the organization ►</li> <li>Did the organization list any former officer, director,</li> </ul>										Yes No
on line 1a? If 'Yes,' complete Schedule J for such inc  4 For any individual listed on line 1a, is the sum of repi the organization and related organizations greater th such individual	<i>dividual</i> ortable co an \$150,	 ompe 000?	nsat	tion ⁄es'	 and com	othe	r co Scl	mpensation from hedule J for		. 3 X
5 Did any person listed on line 1a receive or accrue co										. <b>5</b> X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d indepe	nden	t co	ntra	ctors	s that	rec	eived more than \$	100,000 of	
compensation from the organization Report compensation (A)		r the	cale	nda	r ye	ar en	ding	(B)		(C)
Name and business addre	ss 					_		Description of	or services	Compensation
Total number of independent contractors (including to \$100,000 of compensation from the organization.)	out not lin	nited	to th	ose	liste	ed ab	ove	e) who received mo	re than	
BAA		TEEA	0108	11/1	1/13					Form <b>990</b> (2013

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . (B) (C) (D) (A) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns . . . . . 1 a CONTRIBUTIONS, GIFTS, GRANTS
AND OTHER SIMILAR AMOUNTS 1 b b Membership dues . . 151,597 1 c c Fundraising events . . . . . . 1 d d Related organizations . . . . 3,110 e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. 110,814 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f . . . . . . PROGRAM SERVICE REVENUE **Business Code** 2a ANNUAL CONFERENCE & WORKSHOPS 728,105 0 10,235 f All other program service revenue g Total. Add lines 2a-2f . . . . . . . . . . . . . 728,105 Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds . . . Royalties . . . . . . . . . . . . (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) . d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 0 **b** Less cost or other basis and sales expenses . 983 c Gain or (loss) -983 d Net gain or (loss)...... -983 0 0 -983 8 a Gross income from fundraising events **OTHER REVENUE** (not including. \$ of contributions reported on line 1c) See Part IV, line 18. . . **b** Less direct expenses . . . . . . . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19. . . . . . . . . . . **b** Less direct expenses . . . . . . . c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . . . **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue. . e Total. Add lines 11a-11d . . . Total revenue. See instructions . . . 0 992 643 10,235 716,887

# Part IX | Statement of Functional Expenses

	not include amounts reported on lines 7b, 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 governments and organizations in the United States See Part IV, line 21				,
2	Grants and other assistance to individuals in the United States See Part IV, line 22			,	> 4
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			" « » · «	*
5	Compensation of current officers, directors, trustees, and key employees	50.760	0.	50 760	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	59,769.	0.	59,769.	0.
7	Other salaries and wages	163,335.	0.	163,335.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,136.	0.	12,136.	0.
9	Other employee benefits	9,336.	0.	9,336.	0.
10	Payroll taxes	16,008.	0.	16,008.	0.
11	Fees for services (non-employees)	207000		10,000	<u>.                                    </u>
а	Management				
t	Legal	12,162.	0.	12,162.	0.
	Accounting	10,1001	-	12/1020	<u> </u>
c	Lobbying				
e	Professional fundraising services See Part IV, line 17			,	
f	Investment management fees	_			
_	Other (If line 11g aml exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,723.	0.	19,723.	0.
12	Advertising and promotion	11,355.	0.	11,355.	0.
13	Office expenses	24,330.	0.	24,330.	0.
14	Information technology	25,254.	0.	25,254.	0.
15	Royalties				_
16	Occupancy	34,306.	0.	34,306.	0.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,820.	0.	1,820.	0.
19	Conferences, conventions, and meetings				
20	Interest	13,093.	0.	13,093.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,470.	0.	3,470.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	5,086.	0.	5,086.	0.
a	CONFERENCES & WORKSHOPS	366.275.	366,275.	0.	0.
	PAWARDS/COMMUNITY_SERVICE	14.819.	14,819.	0.	0.
	EVENTS	77,960.	77,960.	0.	0.
	ATHLETICS	15.127.	15,127.	0.	0.
	All other expenses	73,840.	73,840.	0.	0.
25	'	959,204.	548,021.	411,183.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . (A) (B) Beginning of year End of year Cash - non-interest-bearing . 98 59,885. 2 Savings and temporary cash investments . 46.877 2 1,710. 3 3 Pledges and grants receivable, net . . . 4 401 6,170 141 Loans and other receivables from current and former officers, directors, a). trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . 6 Notes and loans receivable, net . . . . . 7 8 Prepaid expenses and deferred charges . . 9 2,257 10 a the shirt 10 a 60,373 **b** Less accumulated depreciation . 10 b 55,468 9,358 10 c 4,905. Investments - publicly traded securities . 11 11 -4,555 -838. Investments - other securities See Part IV, line 11 . . . . . 12 12 Investments - program-related See Part IV, line 11. 13 13 14 14 Other assets See Part IV, line 11 . . . . 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 60,205 207,063. 17 17 46,796 250. 18 18 Deferred revenue . . . . . . . . . . . . . . . . . 19 95,501 19 183, 328 Tax-exempt bond liabilities . . . . . 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  $\,$ . 25 25 68,422 Total liabilities. Add lines 17 through 25... 26 26 142,297 252,000 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 27 -85,560 -44,937 28 28 3.468 0. 29 29 é Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. . . . . 32

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33

34

207,063. Form **990** (2013)

-44,937

-82,092

60,205

33

34

Form 990 (2013) MICHIGAN RECREATION & PARK ASSOCIATION	38-	2457661	F	Page 12
Part XI Reconciliation of Net Assets		_		
Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	X
1 Total revenue (must equal Part VIII, column (A), line 12)		1	992,	643.
2 Total expenses (must equal Part IX, column (A), line 25)		2	959,	204.
3 Revenue less expenses Subtract line 2 from line 1		3	33,	439.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		092.
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 in Schedule O)		9	3,	716.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	-44.	937.
Part XII. Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
Check it Scriedule O contains a response of note to any line in this Part XII			Yes	s No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?.			2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both	reviewed on a			
Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on	a separate		Special in	
basis, consolidated basis, or both			* *	
Separate basis Consolidated basis Both consolidated and separate basis				الظالنا إذ
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over- review, or compilation of its financial statements and selection of an independent accountant?	sight of the audi	t, 	2 c	
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O	aın			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?			3 a	Х
b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo	the required at	ıdıt		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3 Ь	
BAA			Form 990	(2013)

# **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

MICE	iIC	AN RECREATION	& PARK ASSOC	CIATION					38-24	57661	<u>l</u>		
Part	1	Reason for Publ	ic Charity Status	s (All organizations i	must co	mplet	e this p	art.) S	ee inst	ruction	s		
The o	gan	nization is not a private	foundation because i	t is (For lines 1 through	11, check	conly or	ne box.)						
1		A church, convention of	of churches or associa	ation of churches describ	ed in <b>se</b> d	ction 17	0(b)(1)( <i>A</i>	۸)(i).					
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)									
3		A hospital or a cooper	ative hospital service	ive hospital service organization described in section 170(b)(1)(A)(iii).									
4	П	A medical research or	ganızatıon operated ır	n conjunction with a hosp	ital desci	ribed in :	section	170(b)(1	l)(A)(iii)	Enter th	ie hospital's		
	name, city, and state												
5		An organization opera 170(b)(1)(A)(iv). (Cor	ited for the benefit of a mplete Part II)	a college or university ow	ned or o	perated	by a gov	ernmen	tal unit de	escribed	in section		
6	П	A federal, state, or loc	al government or gov	ernmental unit described	ın sectio	on 170(b	)(1)(A)(v	/).					
7		An organization that n in section 170(b)(1)(A	ormally receives a sul A)(vi). (Complete Par	bstantial part of its suppo t II)	rt from a	governr	mental ur	nit or fro	m the ge	neral pu	iblic describi	ed	
8	$\sqcup$	A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9		from activities related	to its exempt function d unrelated business	more than 33-1/3% of its s — subject to certain exc taxable income (less sec nplete Part III)	ceptions,	and (2)	no more	than 33	3-1/3% of	its supp	ort from gro	SS	
10		An organization organ	ized and operated ex	clusively to test for public	safety S	See <b>sec</b>	tion 509	(a)(4).					
11	ш	more publicly supporte	ed organizations desc	clusively for the benefit o ribed in section 509(a)(1) in and complete lines 116	or section	on 509(a	functions a)(2). See	of, or c e sectio	arry out ( n 509(a)	the purpe (3). Che	oses of one ck the box t	or nat	
		a Type I b	Type II o	: Type III - Function	ally integ	grated	c	ı 🔲 1	Гуре III -	- Non-fu	nctionally in	tegrat	ed
е		By checking this box, other than foundation section 509(a)(2)	I certify that the organ managers and other t	ization is not controlled of han one or more publicly	directly or supporte	r indirect ed orgar	ly by one	e or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f				nination from the IRS that		e I, Type	e II or Ty	pe III su	pporting	organiza	ation,		. 🗌
g		Since August 17, 2006	6, has the organization	n accepted any gift or co	ntribution	n from a	ny of the	followin	ig persor	15?			
												Yes	No
		`´ below, the gove	rning body of the supp	ntrols, either alone or togo ported organization?	•						. 11 g (i)		
		(ii) A family member	er of a person describe	ed in (i) above?							. 11 g (ii)		
		(iii) A 35% controlle	d entity of a person de	escribed in (i) or (ii) above	e?						· 11 g (iii)		
h				supported organization(s									l
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organiza column (i) your go docur	ation in Listed in	(v) Did you the organic column (i) suppo	zation in of your	(vi) Is organiza colum organized U S	ation in in (i)	(vii) Amount sup		etary
					Yes	No	Yes	No	Yes	No			
(A)		-								•			
(B)					<u> </u>	<u> </u>	<del> </del>						
(C)													
(D)													
(E)													
Total													

Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

			- /
(Complete only r	f 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	s to qualify under the tests listed	below, please complete Part III.)	

Sec	tion A. Public Support				<del></del>				
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')								
2	Tax revenues levied for the organization'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	<b>Total.</b> 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)	, d, 5, 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,	, p 4 40						
6	Public support. Subtract line 5 from line 4	3 . 1, 1 2	** ** **			1577			
Sec	tion B. Total Support				, ,				
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4		_						
8	Gross income from interest, dividends, payments received on 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 IV)								
11	Total support. Add lines 7 through 10	* * *							
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s						▶		
	tion C. Computation of Pu								
	Public support percentage for 201								
15	Public support percentage from 20	)12 Schedule A, P	art II, line 14			15	%		
16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the facts-a	eets the 'facts-and	-circumstances' tes	t, check this box	and stop here. Exp	lain in Part IV how	▶ []		
	b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	ation did not chec	k a box on line 13, 1	16a, 16b, 17a, or	17b, check this box	and see instruction	s ▶ <u></u>		
BAA				_	Sch	edule A (Form 990	or 990-EZ) 2013		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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 )

Sect	tion A. Public Support							
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions and membership fees							
	received (Do not include							
_	any 'unusual grants ').	189,634.	171,567.	154,878.	146,850.	275 <b>,</b> 75	56.	938,685.
2	Gross receipts from admissions, merchandise sold or							
	services performed, or facilities							
	furnished in any activity that is							
	related to the organization's tax-exempt purpose	1 175 007	1 055 405	1 120 120	1 046 400		ا م	4 406 020
3	Gross receipts from activities	1,1/3,907.	1,033,493.	1,128,138.	1,046,480.		0.	4,406,020.
Ū	that are not an unrelated trade or business under section 513.				304,845.	716,88	37.	1,021,732.
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.							
6	Total. Add lines 1 through 5	1,365,541.	1,227,062.	1,283,016.	1,498,175.	992,64	13.	6,366,437.
	Amounts included on lines 1,					,,,,,		
	2, and 3 received from							
	disqualified persons					<del> </del>		
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							
_	Add lines 7a and 7b							
_			Co. The Co. of the Co.					
0	Public support (Subtract line 7c from line 6)	200	a sur est		* * * * * * *			6,366,437.
Sec	tion B. Total Support	The state of the s		- Principle and Conference and Confe				<u> </u>
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	Amounts from line 6			1,283,016.	<u>```</u>	992,64		6,366,437.
	Gross income from interest,	1,303,341.	1,227,002.	1,203,010.	1,400,170.	JJ2,0-	• • •	0,300,437.
	dividends, payments received							
	on securities loans, rents, royalties and income from							
	similar sources	4,826.	2,519.	825.	1,568.		0.	9,738.
b	Unrelated business taxable	.,,,,,	2,022					
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	4,826.	2,519.	825.	1,568.		ō.	9,738.
	Net income from unrelated business	1,0201	2,013.	0201	1,000.		<u> </u>	377301
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income Do not include							
12	gain or loss from the sale of						ļ	
	capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)	1 370 367	1 220 581	1 283 841	1 /00 7/3	992,64	12	6,376,175.
	First five years. If the Form 990 is						10.1	0,370,173.
1-4	organization, check this box and s	top here						▶ 🗌
	tion C. Computation of Pu							
15	Public support percentage for 201	3 (line 8, column (f	) divided by line 13	3, column (f))			15	99.85 %
	Public support percentage from 20						16	99.86 %
	tion D. Computation of Inv		. <u> </u>	•				
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided by	line 13, column (f	))		17	0.15 %
18	Investment income percentage fro	m 2012 Schedule	A, Part III, line 17				18	0.14 %
19 a	33-1/3% support tests - 2013. If	the organization d	id not check the be	ox on line 14, and	line 15 is more than	n 33-1/3%, an	d line	e 17 _ □
L	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
0	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	rganization qualifie	s as a publicly sup	ported organi	- 1/3% zatior	o, anu n ▶ □
20	Private foundation. If the organiz							
	·							<del></del>

Schedule A	(Form 990 or 990-E2) 2013 MICHIGAN RECREATION & PARK ASSOCIATION 38-245/661	Page 4
Partily !!	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		- <b></b>
		- <b></b> -
	·	- <del></del> -
	·	
	·	
	·	
	·	
	·	
	·	

# **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

මානාල වැනිල් මානුවෙන්න Employer identification number

MIC	CHIGAN RECREATION & PARK ASSOCIATION		38-2457661					
	予修 Organizations Maintaining Donor Advised Funds or Other	Similar Funds or Ac						
	Complete if the organization answered 'Yes' to Form 990, Part	IV, line 6.						
	(a) Donor advised fund	s (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	4 Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the assets h are the organization's property, subject to the organization's exclusive legal control?	eld in donor advised funds	S Yes No					
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?							
Par	t'il® Conservation Easements.							
	Complete 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., recreation or education)	Preservation of an historica	ally important land area					
	Protection of natural habitat	Preservation of a certified h	historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribulant day of the tax year	oution in the form of a cons	servation easement on the					
	last day of the tax year		Held at the End of the Tax Year					
	a Total number of conservation easements	***************************************	Tield at the Lind of the Tax Tear					
	o Total acreage restricted by conservation easements	_ = = 1	<del></del>					
	Number of conservation easements on a certified historic structure included in (a)	<del></del>						
	`,							
•	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, released, extinguished, or tax year ▶	terminated by the organiz	ation during the					
4	Number of states where property subject to conservation easement is located ▶							
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-						
•			Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserval	tion easements during the	year					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	easements dunng the year						
8	Does each conservation easement reported on line 2(d) above satisfy the requireme and section 170(h)(4)(B)(ii)?		)(ı) · · · · .					
9	In Part XIII, describe how the organization reports conservation easements in its revinclude, if applicable, the text of the footnote to the organization's financial statement conservation easements	ts that describes the organ	nization's accounting for					
Par	Organizations Maintaining Collections of Art, Historical Tre Complete if the organization answered 'Yes' to Form 990, Part	easures, or Other Si IV, line 8.	milar Assets.					
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in art, historical treasures, or other similar assets held for public exhibition, education, on Part XIII, the text of the footnote to its financial statements that describes these ite	or research in furtherance i	d balance sheet works of of public service, provide,					
t	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its historical treasures, or other similar assets held for public exhibition, education, or re following amounts relating to these items	revenue statement and bal search in furtherance of pi	lance sheet works of art, ublic 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 art, historical treasures, or other similar amounts required to be reported under SFAS 116 (ASC 958) relating to these items	assets for financial gain, p	rovide the following					
	a Revenues included in Form 990, Part VIII, line 1							
t	b Assets included in Form 990, Part X		▶\$					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment	60,373.		55,468.	4,905.
e Other				
otal. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, colun	nn (B), line 10(c) )		4,905.

BAA

Schedule **D** (Form 990) 2013

		Other Securities.	Ves' to Form 990	Part IV line 11h See	Form 990, Part X, line 12.
		gory (including name of security)	(b) Book value		tion Cost or end-of-year market value
	derivatives .		-		
	eld equity interests		·		
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
<u>(F)</u>					
<u>(G)</u>					
<u>(H)</u>					
<u>(I)</u>				* * *	
Total (Column (	(b) must equal Form 99	70, Part X, column (B) line 12)	]	/ * ~ • • · ·	
Part VIII	nvestments — Complete if the	Program Related.	Yes' to Form 990	Part IV line 11c See	Form 990, Part X, line 13.
	(a) Description of i		(b) Book value		n. Cost or end-of-year market value
(1)	(4)		(4) - 2 - 11 - 12 - 12 - 12 - 12 - 12 - 12	(-)	
(2)				<del></del>	· -·
(3)	-				
(4)		······································			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13) . ►		* * *	***
Part IX *	Other Assets.		V!+- F 000	Dowl IV line 44d Con	Form 000 Dort V line 15
	complete ii the		scription	Part IV, line I Iu. See	Form 990, Part X, line 15.  (b) Book value
(1)		(u) <u>50</u>	Sonption		(D) Dock Value
(2)					
(3)					
(4)					
(5)					
(6)			<del></del>		
(7) (8)					
(9)					
(10)					
	nn (b) must equal	Form 990, Part X, column (B),	line 15 )	<del></del>	
	Other Liabilitie			<u> </u>	<u> </u>
(	Complete if the org	anization answered 'Yes' to F	orm 990, Part IV, line 1	l1e or 11f See Form 990, l	Part X, line 25
		ion of liability	(b) Book value	<u> </u>	
	I income taxes				
	- MRPA FOUI	NDATION	40,0		
	OF CREDIT		25,0		
(4) LOAN (5)	- Phr		3,4	22.	
(6)					
(7)					
(8)	· · -	-	<u> </u>		
(9)					
(10)					
(11)					
Total (Column)	(b) must equal Form 9	90, Part X, column (B) line 25)	▶ 68,4	22.	
Total (Column)	1 · / · · · · · · · · · · · · · · · · ·	(-)			

Schedule D (Form 990) 2013 MICHIGAN RECREATION & PARK ASSOCIATION	38-2457661	Page 5
Schedule D (Form 990) 2013 MICHIGAN RECREATION & PARK ASSOCIATION  Part XIII Supplemental Information (continued)		
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## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

38-2457661 MICHIGAN RECREATION & PARK ASSOCIATION LINE 9 - RECONCILIAION OF CHANGES - OTHER NET GAIN FROM SUBSIDIARY \$3716 Pt VI, Line 12c ENFORCEMENT OF CONFLICTS POLICY - THERE IS ALWAYS A Pt VI, Line 12c LINE OF COMMUNICATION OPEN BETWEEN THE BOARD OF DIRECTORS Pt\_VI, Line 12c AND THE EMPLOYEES OF THE ASSOCIATION. IF ANY CONFLICT ARISE, THE EMPLOYEES ARE Pt VI, Line 12c REQUIRED TO REPORT IT TO THE BOARD. Pt VI, Line 15a COMPENSATION PROCESS FOR TOP OFFICIAL - THE COMPENSATION Pt VI, Line 15a OF THE CHIEF OPERATING OFFICER (COO) WAS APPROVED BY THE Pt VI, Line 15a BOARD OF DIRECTORS. Pt\_VI, Line 19 \_\_ GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - GOVERNING Pt\_VI, Line 19 \_ DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST. Pt VI, Line 11b ORGANIZATION'S PROCESS TO REVIEW FORM 990 - FORM 990 Pt VI, Line 11b IS REVIEWED BY THE CHIEF OPERATING OFFICER BEFORE FILING AND PRESENTED Pt VI, Line 11b TO THE BOARD OF DIRECTORS ANNUALLY. Pt VI, Line 4 THE SIZE OF THE BOARD WAS REDUCED FROM 13 TO 7 MEMBERS.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

kOpen to Publication

Employer Identification number 38-2457661

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

**限范拟幽 Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. MICHIGAN RECREATION & PARK ASSOCIATION

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	itrolling ty
( <u>1)</u>	· · · · · · · · · · · · · · · · · · ·						
( <u>2</u> )							
(3)						i	
Partills Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during t	inizations Complete is during the tax year.	s Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had the tax year.	nswered 'Yes' o	n Form 990, Par	t IV, line 34 becar	use it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
						Yes	s No
(1) MICHIGAN RECREATION & PARK FOUNDATION  - 2465 WOODLAKE CIRCLE OKEMOS, MI 48864	GRANTS	Ι	50103	<u></u>	A/N		×
[2]							
(3)							
[4]							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	s for Form 990.		TEEA5001 06/26/13		Schec	Schedule R (Form 990) 2013	990) 2013

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

(a) Name, address, and EIN of related organization	Primary activity dc (s) (s) (s) (c) (c)	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	legara ⊢	Percentage ownership	rlage rship
	3	(fundamental and a second		(Line)				Yes	o Z		Yes		
	i												
F Relate	I I I I I I I I I I I I I I I I I I I	zations   related	<b>Faxable as</b> organizati		n or Trust a corporation	Complete i	if the orgar during the	l nzation ans tax year.	wered	'Yes' on For	m 990, Pa	۲ . ۲ ⊢	
related o	(a) Name, address, and EIN of related organization	Primar	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp,		(f) Share of total income	Shar	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	(13) entity?
				country)	CHURY	5	det)					Yes	No
TS_INC		SALES		MI		U		3,716		3,978.	100.00		×
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38-2457661

Schedule <b>R</b> (Form 990) 2013	MICHIGAN RECREATION & PARK ASSOCIATION	38-2
Part V Transactions With Related	With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.	r 36.

90) 201	Schedule K (Form 990) 2013	Schedule		<b>BAA</b> TEEA5003 06/27/13
60				
				(5)
				(4)
				(3)
		40,000.	ш	(2) MICHIGAN RECREATION & PARK FOUNDATION
		3,422.	ഥ	(1) LEISURE PURSUITS, INC.
srmining	Method of determining amount involved	Amount involved Mei	Transaction type (a-s)	Name of related organization
	5	Ī	ered relationships and tra	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×	18			s Other transfer of cash or property from related organization(s)
×	11			r Other transfer of cash or property to related organization(s)
<u>* </u>	19			q Reimbursement paid by related organization(s) for expenses.
×	1 D			p Reimbursement paid to related organization(s) for expenses
	,			Champing of membranes are until protected constraints of the constrain
×	-			n Shanna of facilities, equipment, mailing lists, or other assets with related organization(s)
×	£			m Performance of services or membership or fundraising solicitations by related organization(s)
×	=			ъ
× 	+ +			k Lease of facilities. equipment, or other assets from related organization(s)
×	1 j			j Lease of facilities, equipment, or other assets to related organization(s)
×	1 i			i Exchange of assets with related organization(s)
X	1 h			h Purchase of assets from related organization(s)
×	19			g Sale of assets to related organization(s)
×	11	:		f Dividends from related organization(s)
<	2	· · · · · · · · · · · · · · · · · · ·		e Loans of loan guarantees by related organization(s)
>	4			
×	14			d Loans or loan guarantees to or for related organization(s)
×	10			c Gift, grant, or capital contribution from related organization(s)
×	1 p			<b>b</b> Gift, grant, or capital contribution to related organization(s)
×	1a			a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity
			listed in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes   No	<u> </u>			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

38-2457661

5. •

# Paristic Unrelated Organizations Taxable as a Partnership Complete of the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	3		(7)	. [3		(5)	4	(1)	(9)	(4)
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related unre-	Are all partners section	Share of total income	(g) Share of end-of-year	Disproportionate	Code	General or managing	Percentage ownership
			lated, excluded from tax under	organizations?						
			section 512-514)	Yes No			Yes No	,	Yes No	
(t)										
	_									
								,		
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Schedule R	(Form 990) 2013	MICHIGAN RE	ECREATION &	PARK ASSOCI	ATION	38-2457661	Page 5
Part <sub>≹</sub> VII	Supplementa Provide addıti	I Information onal information	for responses	to questions on	Schedule R (se	e instructions).	,
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