Form **990**

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 ?

De _l Inte	partment o ernal Reve	of the Treasury nue Service	► Go to w	ww.irs.gov/Forn	- 1990 for ins	tructions and	the late	st information.	14,06	Inspection
A	For the	e 2018 cale <u>n</u>	dar year, or tax year b	eginning	Jul 1	, 2018	, and er	iding Jι	n 30	, 20 1 9
В	Check it	f applicable	Name of organization MI	CHIGAN ASSOC	IATION C	F RETIRED	SCHOO	L PERSONNEL	D Employe	er identification number
	Address	s change	Doing business as	<i></i>					38-20	38135
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite									e number
	Initial return PO BOX 23214									337-1757
	Final retu	ım/terminated	City or town, state or prov	ince, country, and Z	IP or foreign	postal code				
	Amende	ed return	LANSING, MI 48	3909					G Gross re	ceipts \$ 1,098,695
	Applicat	tion pending F	Name and address of princ	cipal officer:				H(a) Is this a c		ubordinates? Yes No
					Y ROAD,	LANSING,	MI, 48			included? Tes No
ī	Tax-exe	mpt status:				4947(a)(1) or		7		list. (see instructions)
J	Website						17		exemption r	number >
K	Form of		Corporation Trust	Association []	Other ►	LY	ear of for	17		of legal domicile: MI
P	arti	Summa				ĺ			<u></u>	
	1		cribe the organization	's mission or m	ost signifi	cant activities	s: INFO	AND SUPPORT SEI	RVICES FOR	RETIRED SCHOOL PERSONNE
စ္ပ		•	•							
au										
Governance	2	Check this	box ▶□ if the organ	ization disconti	nued its o	perations or o	dispose	d of more than	25% of it	ts net assets.
Š	3		voting members of the				•		1 . 1	39
<u>«</u>	4		independent voting r	-		-	/I, line 1	b)	4	37
Activities &	5		per of individuals emp						5	7
Ξ	6		er of volunteers (esti	-	-		-		6	175
Act	7a		ated business revenu			C), line 12			7a	1,540.
	Ь		ed business taxable i		-	•			7b	-2,902.
	1							Prior Ye	ar	Current Year
40	8	Contributio	ons and grants (Part V	iil, line 1h).				1,126	,900.	1,068,752.
Ž	9		ervice revenue (Part V	·						
Revenue	10	-	income (Part VIII, col		, 4, and 7	d)		8	,662.	13,546.
Œ	ſ		nue (Part VIII, column	* *		•			,259.	16,397.
	1		ue-add lines 8 throug					1,140		1,098,695.
			similar amounts paid							
	14	Benefits pa	id to or for members	(Part IX, columi	n (A), line 4)				
ç			ner compensation, emp				5–10)	525	,739.	544,852.
ıse	16a									
Expenses	ь	Total fundra	aising expenses (Part	IX. column (D).	line 25) ▶	•	0.		jr	
ப	17	Other expe	nses (Part IX, column	(A), lines 11a-1	1d, 11f-2	1e)	- 17	-1 673	,638.	688,474.
	18	Total exper	ses. Add lines 13–17	(must equal Pa	rt İX, colu	nn (A) Tine 2	<u>5</u>)レ、	1,199	,377.	1,233,326.
	19	Revenue les	ss expenses. Subtrac	t line 18 from li	ne 12 .		.]?	-58	,556.	-134,631.
e s					189	EC 16 20	19	Beginning of Cui	rent Year	End of Year
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16) .			<u> </u>	. [6	2,266	,616.	2,139,725.
at Big	21	Total liabilit	ies (Part X, line 26) .		1.0	GDEN I	17	1,038		1,046,482.
윤	22	Net assets	or fund balances. Sub	tract line 21 fro		O.13 L.17, (1,227	,874.	1,093,243.
Pa	rt II	Signatur	e Block							
			I declare that I have examin							knowledge and belief, it is
true	, correct,	and complete	. Declaration of preparer (ot	her than officer) is b	ased on all in	formation of whi	ich prepa	rer has any knowle	dge.	
			Hubo Ball			•			11-20-	-19
Sig	n	Signature of officer				Date	•			
Her	e	HEST	ON BATES, TREA	SURER						
	ł	Type or	print name and title							
Pai	d	Print/Type p	oreparer's name	Prepare)'s	signature	- 1/ //	100	Date	Check	if PTIN
	u parer	DAVID E	E HADDRILL, CPA	In	7 P.	Vallad	CHA	11/13/2019		yed P01401559
	Only		DAVID E. H	ADDRILL, PC				Firm'	·	-2391700
		Firm's addr	ess ► 834 N CAPIT		G, MI	89065114				7)484-4200
Mav	the IRS		is return with the pre							. X Yes □ No

Form	990 (2018) Pa	ge 2
Par		_
1	Briefly describe the organization's mission:	
	INFO AND SUPPORT SERVICES FOR RETIRED SCHOOL PERSONNEL	
	·	
	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>
	prior Form 990 or 990-EZ?	lo
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	by ers
4a	(Code:) (Expenses \$ 211,388. including grants of \$ 0.) (Revenue \$ 1,540.)	
	PUBLICATIONS: 4 ISSUES OF THE VANGUARD PER YEAR TO	
	DISSEMINATE PERTINENT INFORMATION TO APPROXIMATELY 40,000 MEMBERS	
4b		
	MEETINGS: BOARD, COMMITTEES, WORKSHOPS, ANNUAL MEETING	
	PROVIDES INTERACTION BETWEEN MEMBERS TO PROVIDE EDUCATION TRAINING AND GOAL SETTING	
	INATIVING AND GOAD SETTING	
4c	(Code:) (Expenses \$ 109,130. including grants of \$ 0.) (Revenue \$ 0.)	_
	LEGISLATIVE REPRESENTATION: MONITORING AND DISEMINATION OF	
	INFORMATION REGARDING PRESENT & PENDING LEGISLATION &	
	IT'S EFFECTS ON MEMBERS	

4d	Other program services (Describe in Schedule O.)	-
	(Expenses \$ 386,715. including grants of \$ 0.) (Revenue \$ 0.)	_
4e	Total program service expenses ► 945, 630.	_

Part IV	\sim L	1-1: - 4	- 4 D		Schedule	
		JOCKHET	OT MOC	HILLOGA	SCHOOLIN	20
	U I	ICCKIISL	OI IICL	uncu	Juliedan	53

•			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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	+	T ×
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		† ^
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_×
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	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	- · · · · · · · · · · · · · · · · · · ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EVGRO/15 PROPIDE Schedule I, Parts I and II	21		×

Par	t IV Checklist of Required Schedules (continued)			
, OO			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<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		×	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b		24b	·	
·C	to defease any tax-exempt bonds?	24c	_	_
d 25a		24d		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
c 29	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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		×
30	Did the organization receive more than \$23,000 in non-cash contributions? If "res, complete scriedae in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	\vdash	$\frac{\cdot}{\times}$
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3		7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		_	_L_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		4	
3a		3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶		1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	1	
₄6a	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?	6a	×	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			\top
_	gifts were not tax deductible?	6b	×	ŀ
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	1	
_	and services provided to the payor?	7a		1-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		†
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	
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?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		†
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	.]		ĺ
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources	ļ		
	against amounts due or received from them.)			
12a	· · · · · · · · · · · · · · · · · · ·	12a		
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.			.
а	······································	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	j	
	the organization is licensed to issue qualified health plans	ĺ	1	- 1
С	Enter the amount of reserves on hand			
14a	<u>'</u>	14a		×
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		\neg	
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			7

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	•					
	Check if Schedule O contains a response or note to any line in this Part VI						
Sect	tion A. Governing Body and Management						
			Yes	. No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39	4					
	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.						
h	·						
ь 2		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		×			
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		×			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×			
6	Did the organization have members or stockholders?	6		×			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	70					
L	g g ,	7a	 	×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
_	the year by the following:			ſ			
а	The governing body?	8a	×	1			
b	Each committee with authority to act on behalf of the governing body?	8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>_×</u>			
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ие Со		·			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	×				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×				
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1				
	describe in Schedule O how this was done	12c	×				
13	Did the organization have a written whistleblower policy?	13	×				
14	Did the organization have a written document retention and destruction policy? ,	14	×				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	×				
b	• • • •	15b	X				
	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?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b					
Section	on C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed.						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T			71/~\			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,000	511 50	J 1 (C)			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicv.	and			
	financial statements available to the public during the tax year.	- 1-	71				
	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords 🕨	>				
	KRISTA BELLER, 3645 E JOLLY RD, , LANSING, MI 48910 (517)484-1757						

orm	990	(2018)	

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

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

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

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

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

				((C)					
(A)	(B)	ļ ,,, ,	4 -		sition			(D)	(E)	(F)
Name and Title	Average					e than ı ıs botl		Reportable	Reportable	Estimated
	hours per week (list an)	,——	7		$\overline{}$	or/trus		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL B LERG	10.00									
PRESIDENT		×		×						
(2) ROBERT F KUCERA VICE PRESIDENT	2.00	×		×						
(3) DARLENE BATES	2.00									
SECRETARY		×		×				ĺ		
(4) HESTON BATES	2.00									
TREASURER/FINANCE		×		×						
(5) G DUANE DAVIS BUILDING/GROUNDS	1.00	×								
(6) GORDON W DRAPER BYLAWS	1.00	×								
(7) CHARLES E ABSHAGEN LEGISLATIVE	2.00	×								
(8) JOSEPH L CURTIN LEGISLATIVE	2.00	×								
(9) VICTORIA L BARNES MEMBERSHIP	1.00	×								
(10) LILLIAN JONES-THOMAS MEMBERSHIP	1.00	×								
(11) MARIE L WILKERSON FOUNDATION	1.00	×								
(12) CATHERINE SPRING PAST PRESIDENT	2.00	×								
(13) S MARK GUASTELLA EXECUTIVE DIRECTOR	50.00					×		134,992.		24,800.
(14)										

,	(A) Name and title	(B)	(B) (do not chec Average box, unless p					one	(D) Reportable	(E) Reportable	,	(F) Estimated
-		hours per week (list any hours for - related organizations below dotted line)	offici Individua	er an	dac	lirect	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organizat (W-2/1099-	d ions	amount of other compensation from the organization and related organizations
(15)												
(16)			,									······································
(17)			,									
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												<u> </u>
(25)						1		_				
1b c d	Sub-total	VII, Section	ı A					•	134,992.			24,800.
2	Total number of individuals (including but reportable compensation from the organiz	not limited								re than \$1	00,000	
3	Did the organization list any former offi employee on line 1a? If "Yes," complete S	cer, direct						mpl	oyee, or highe	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations of individual											
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or ind	ividua	5 ×
Section 1	on B. Independent Contractors Complete this table for your five highest or compensation from the organization. Report year.											
	(A) Name and business addre	ess							(B) Description of ser	vices		(C) Compensation
								-	· -			
2	Total number of independent contractors received more than \$100,000 of compensat							tho	se listed abov	re) who		

Form	990 (20)18) -	-		-	-	-	Page
Pa	rt VIII	Statement of Rev	enue					
`	,	Check if Schedule	O contains a re	esponse or note	to any line in th	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants	1a	, adalated adilibation				revenue	° c	512–514
Ö	b				<u>-</u>		-	
fts,	C		ļ		-\			
<u>ي</u> ق	d				-}			•
Sin	e	Government grants (co		?	-			
	il "	and similar amounts not in	·		j			
			L		•			u.
Ğ G	g				1,068,752.	-		
0 6	i in	Total. Add lines 1a-	11	Business Code	1,000,732.			
Program Service Revenue	20							·
ě	2a			-	 			······································
8	b			•		<u> </u>		
Ξ	C			-		 		
တ္တ	d			-		 		
гащ	e	* II						
rog	T	All other program ser						
	9	Total. Add lines 2a-2 Investment income				 		
	3	and other similar amo			10.546		_ [40
	١.		•		13,546.	0.	0.	13,546.
	4	Income from investmen	it of tax-exempt i	bond proceeds				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal	<u> </u>			
	6a	Gross rents			_	1		
	b	Less: rental expenses		ļ	1			
	С	Rental income or (loss)	<u></u>					
	d	Net rental income or		<u> ▶</u>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	· <u> </u>			
		assets other than inventory			(
	b	Less: cost or other basis						ı
		and sales expenses .			1			
	С	Gain or (loss)			1			
	d	Net gain or (loss) .						
_								
Ž	8a	Gross income from fu	ndraising					
Š		events (not including \$		1			1	
æ		of contributions reporte	ed on line 1c).					
ē		See Part IV, line 18 .	\cdots a	1		,		i
Other Revenúe	b	Less: direct expenses	b					j
		Net income or (loss) fr		events . >				
		Gross income from ga						- 1
		See Part IV, line 19 .	· · · · a	,				
	b	Less: direct expenses	b	,			·	
		Net income or (loss) fr		ivities ►				
		Gross sales of inv						•
		returns and allowance			' '	·		·
i	h	Less: cost of goods so	-			, ° , ,		، بد
		Net income or (loss) from			<u> </u>			
}	~	Miscellaneous Re		Business Code				
ŀ	11a	ADVERTISING		511120	1,540.	0.	1,540.	- 0
İ				9999999	14,857.	14,857.		0.
		MISCELLANEOUS		222222	14,05/.	14,03/.	0.	<u> </u>
ļ	C	All other revenue .		 				
ļ	d		 1	L	16 307	\$	- 14 7 -	
		Total. Add lines 11a-1 Total revenue. See ins		🟲	16,397.	14.857	1.540	# 12.515
- 1	14	TOTAL LEVELING. DEE INS	อนนบบบทร		1. U98. h95 1	14.85/	1.54D	13 546

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).

0001	on our (c)(c) and our (c)(4) organizations must co				
<i>:</i> ·	Check if Schedule O contains a respo		line in this Part IX	<u></u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations - and domestic governments. See Part IV, line 21	-	E		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3 -	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.		ŧ,		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				SE-ROUGHT/SM
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
.8	Other salaries and wages	389,472.		116,842.	0.
9 ,	Other employee benefits	30,586. 96,808.	67,766.	9,176. 29,042.	0.
10 11 a	Payroll taxes	27,986.	19,590.	8,396.	0.
,b d	Legal	9,520. 24,000.	24,000.	9,520.	. 0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column . (A) amount, list line 11g expenses on Schedule O.)	59,082.	52,145.	6,937.	0.
12 13	Advertising and promotion	107,797.		17,183.	0.
14 15	Information technology	39,273.	27,491.	11,782.	0.
16 17	Occupancy	96,424. 9,129.	67,497. 7,887.	28,927. 1,242.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	102,645.	84,874.	17,771.	0.
22 23	Depreciation, depletion, and amortization Insurance	87,336. 12,519.	61,135. 8,763.	26,201. 3,756.	0.
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.)				
a b	MEMBER PROMOTION DUES/SUBSCRIPTIONS	137,678. 3,071.	137,678. 2,150.	0. 921.	0. 0.
c d e	All other expenses		-	-	-
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e 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)	1,233,326.	945,630.	287,696.	0.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
_		Check is defied the of contains a response of note to any line in this r a	rt X	$\overline{1}$	(B) End of year
_	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,262,210.		1,148,537.
.	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,948.		35,183.
	5	Loans and other receivables from current and former officers, directors,		1	30,200
	1	trustees, key employees, and highest compensated employees.			
	-	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Àssêts	7	Notes and loans receivable, net		7	-
ÀS	8	Inventories for sale or use	1,152.	8	844.
	9	Prepaid expenses and deferred charges	98,759.	9	118,417.
	10a		·		
	}	other basis. Complete Part VI of Schedule D 10a 1,754,632.		1 1	
	b	Less: accumulated depreciation 10b 917,888.	890,547.	10c	836,744.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,266,616.	16	2,139,725.
	17	Accounts payable and accrued expenses	57,816.	17	96,512.
	18	Grants payable		18	
	19	Deferred revenue	980,926.	19	949,970.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
,	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		i	
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,038,742.	26	1,046,482.
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	1,134,955.	27	987,687.
g R	28	Temporarily restricted net assets	92,919.	28	105,556.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	-
[]		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
5		complete lines 30 through 34.			
ဋ	30	Capital stock or trust principal, or current funds		30	
256	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
3	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	1,227,874.	33	1,093,243.
	34	Total liabilities and net assets/fund balances	2,266,616.	34	2,139,725.

•					
Form 9	990 (2018)	-		F	age 1
Pa⊩	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		98,	695
2	Total expenses (must equal Part IX, column (A), line 25)	2		233,	
3	Revenue less expenses. Subtract line 2 from line 1	3		L34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		227,	
-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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	93,	243
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>. C</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	<u> </u>		1
	Schedule O.			<u> </u>	<u> </u>
.2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			9

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form 990 (2018)

За

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection .

OMB No. 1545-0047

Name	of the organization		Employer identification number
MI	CHIGAN ASSOCIATION OF RETIRED SCHOOL		38-2038135
Pa	rt I Organizations Maintaining Donor Ad		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? · · · · · □ Yes □ No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · Yes 🗌 No
Pa	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register .		1 I
2	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extinguished, or tern	illiated by the organization during the
4	Number of states where property subject to conser	nyation easement is located >	
5	Does the organization have a written policy reg		pection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	>	g, variating or tretainers, and ornerents	, concervation casements dailing the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
	▶ \$	3 , 3	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Pari			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar		ication, or research in furtherance of
	public service, provide the following amounts relating		. .
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
^	(ii) Assets included in Form 990, Part X	historial Assessment of Africa 2000	> \$
2	If the organization received or held works of art, following amounts required to be reported under SF		
_			
a	Revenue included on Form 990, Part VIII, line 1 .		> \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	▶ \$

Schedule	D (Form	990) 2018	

.			•
ra	а	А	-

₋ Pa	rt III Organizations Maintainin	g Collections o	f Art, H	istorical	Treasure	s. or C	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition collection items (check all that apply	, accession, and o	other red	cords, che	ck any of	the follo	wing that are a	significant u	ise of it
а	☐ Public exhibition		d	☐ Loar	n or exchai	nge pro	grams		
b			е	☐ Othe	er		- 		
_ C									
. 4	Provide a description of the organize XIII.	ation's collections	and ex	plain how	they furthe	er the or	ganization's exer	npt purpose	e in Par
5	During the year, did the organization assets to be sold to raise funds rather	n solicit or receive er than to be maint	e donati tained a	ons of art, s part of th	historical ne organiza	treasure ation's c	es, or other simil	ar □ Yes	□ No
Par	Escrow and Custodial Arr	-	-" F		D = -4 0 / 15-	0			
	Complete if the organizatio 990, Part X, line 21.	n answered Tes	SONF	omi 990,	Part IV, III	ne 9, or	reported an an	nount on F	orm
1a	Is the organization an agent, trusted included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in F	Part XIII and comp	lete the	following t	able:	Γ.	Λ	mount	
_	Reginning belance							mount	
c d	Beginning balance							· · · · · · · · · · · · · · · · · · ·	
e	Additions during the year					10			
f	Distributions during the year Ending balance					16			
2a	Did the organization include an amou	on Form 990 F	ort V liv			ustodia		2 D Vaa	
	If "Yes," explain the arrangement in F								
	t V Endowment Funds.	art Alli. Offeck fiel	e II UIE	ехріапаці	ii iias beei	1 provid	eu on Part Alli .	· · · · · ·	<u> </u>
	Complete if the organization	n answered "Ves	" on Fo	rm 990 I	Part IV lin	10 م			
	Complete ii alle organization	(a) Current year		nor year	(c) Two year		(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance	(4, 56)	(-, :		(0) 11/0 /00	aro buon	(a) Theo years back	(c) rour yea	13 Dack
b	Contributions	<u> </u>			 			 	
c	Net investment earnings, gains, and							 	
	losses		ł		İ			,	
d	Grants or scholarships		-		 			 	
e	Other expenditures for facilities and				<u> </u>				
Ŭ	programs		}		1				
f	Administrative expenses							<u> </u>	
g	End of year balance	·						 	
2	Provide the estimated percentage of t	he current vear er	ı ıd balan	ce (line 1a	column (a	a)) held :	36.	<u> </u>	
а	Board designated or quasi-endowmen			00 (11110 19	, coluitin (c	2)) 11010 6	45.		
b	Permanent endowment ►	%	'0						
c	Temporarily restricted endowment ▶	%							
•	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in the			ization tha	at are held	and add	ministered for the	,	
	organization by:							Yes	s No
	(i) unrelated organizations							3a(i)	/ 110
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	+-
4	Describe in Part XIII the intended uses							0.0	
Part									
-	Complete if the organization		on Fo	m 990, P	art IV, line	e 11a. S	See Form 990, F	Part X. line	10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost or	other basis her)	(c) A	ccumulated preciation	(d) Book valu	
1a	Land		0.	8	32,600.			82,	600.
	Buildings			+	32,022.		708,555.	623,	
	Leasehold improvements				- :				
	Equipment	-		29	8,587.		195,275.	103,	312.
	Other				1,423.		14,058.		365.
otal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part			c.)		836,	
BAA			/ 11/12/18 P	_		· · · · · · ·		ule D (Form 99	

	Complete if the organization a				
	(a) Description of secunty or cate (including name of secunty)	egory)	(b) Book value		thod of valuation: d-of-year market value
• •	al derivatives				
	-held equity interests				
	- 				<u>.</u>
(B)					
(C)					
(D)					
(E)					
(F) (G)				·	
(G) (H)					
	(b) must equal Form 990, Part X, col. (B) line 12)	>			
Part VIII	Investments-Program Rela		l		
	Complete if the organization a	inswered "Yes" on Fo	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	t	(b) Book value		thod of valuation: -of-year market value
(1)					
(2)		<u> </u>		······································	·
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) must equal Form 990, Part X, col. (R) line 13.)	.			
(9) Total. (Column)	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	>			
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization a		m 990, Part IV, line 1	I1d. See Form	990, Part X, line 15.
(9) Total. (Column)	Other Assets.		m 990, Part IV, line 1	I1d. See Form	990, Part X, line 15.
(9) Total. (Column) Part IX	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column) Part IX (1) (2)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column Part IX (1) (2) (3)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column) Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column) Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column) Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	nswered "Yes" on For	m 990, Part IV, line 1	I1d. See Form	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	nswered "Yes" on For (a) Description			
(9) Total. (Column) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column)	Other Assets. Complete if the organization a	nswered "Yes" on For (a) Description		I1d. See Form	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization as mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (1) (Col	Other Assets. Complete if the organization and the complete if the organization and the complete if the organization are line 25.	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Part X	Other Assets. Complete if the organization and the complete if the organization and t	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
(9) Total. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (1) Part X	Other Assets. Complete if the organization and the complete if the organization and t	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
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(9) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3) (4) (4) (5)	Other Assets. Complete if the organization and the complete if the organization and t	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
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(9) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization and the complete if the organization and t	nswered "Yes" on For (a) Description col. (B) line 15.)		▶	(b) Book value
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BĀA

Schedule D (Form 990) 2018

Par		Retur	n.
 _	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 2 1	
1	Total revenue, gains, and other support per audited financial statements	1	1,098,695
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	4 - 1	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1 000 605
3	Subtract line 2e from line 1	3	1,098,695
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)		
. b	Add lines 4a and 4b	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1 000 605
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		1,098,695.
rare	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i nete	
1	Total expenses and losses per audited financial statements	1	1,233,326.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,233,320.
_ _a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,233,326.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1/233/320.
a .	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,233,326.
Part	Supplemental Information.		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormatic	on.

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Schedule D (For	m 990) 2018	Page
Part XIII	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MIC	CHIGAN ASSOCIATION OF RETIRED SCHOOL PERSO	NNEL	38-2038135	-		
Pari	Questions Regarding Compensation	· · · · · · · · · · · · · · · · · · ·				
	•	-			Yes	No
1a	Check the appropriate box(es) if the organization provided ar 990, Part VII, Section A, line 1a. Complete Part III to provide ar					
	☐ First-class or charter travel ☐ House	sing allowance or residence for	or personal use			
	☐ Travel for companions ☐ Payr	nents for business use of pers	sonal residence	1		
-		th or social club dues or initia	tion fees	İ		
	☐ Discretionary spending account ☐ Pers	onal services (such as maid, o	chauffeur, chef)			
b	,					
	or reimbursement or provision of all of the expenses of	described above? If "No," of	complete Part III to	l		
	explain			1b		_
2	Did the executes acquire authorities arise to act	abouting as allowing assess	!	-		
2	Did the organization require substantiation prior to reir directors, trustees, and officers, including the CEO/Execut					
	1a?	ve birector, regarding the ne	ins checked on line	2	×	
3	Indicate which, if any, of the following the filing organization	used to establish the comper	nsation of the			
•	organization's CEO/Executive Director. Check all that apply					
	related organization to establish compensation of the CEO/I					
	☐ Compensation committee ☐ Writte	en employment contract				
	☐ Independent compensation consultant ☐ Com	pensation survey or study			1	
	☐ Form 990 of other organizations ☐ Appr	oval by the board or compens	ation committee			
			s			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:	Section A, line 1a, with respe	ct to the filing			
а	Receive a severance payment or change-of-control paymen	t? <i>.</i>		4a		×
b	Participate in, or receive payment from, a supplemental non-			4b		×
С	Participate in, or receive payment from, an equity-based cor	•		4c	1	×
	If "Yes" to any of lines 4a-c, list the persons and provide the		item in Part III.			
					ŀ	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati				- 1	
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or ac	crue any			
	compensation contingent on the revenues of:					
a	The organization?			5a		×
b	Any related organization?			5b		<u>^</u>
	if tes on line sa or sb, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, o	did the organization pay or ac	crue any		ŀ	
•	compensation contingent on the net earnings of:	and the organization pay or ac-	,		İ	
а	The organization?			6a		×
b	Any related organization?			6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.					
		•	<u>.</u>		٠	
7	For persons listed on Form 990, Part VII, Section A, line			T	T	
	payments not described on lines 5 and 6? If "Yes," describe		_	7	_	×
8	Were any amounts reported on Form 990, Part VII, paid or ac			-	ŀ	
	to the initial contract exception described in Regulation					_
•	in Part III			8		×
9	If "Yes" on line 8, did the organization also follow the re	shuttable presumption proce	edure described in		-	

Regulations section 53.4958-6(c)?

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

000 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the (F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 0 (E) Total of columns (B)(I)+(D) 134,992 00 (D) Nontaxable benefits 00 (C) Retirement and other deferred compensation 00 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 00 (ii) Bonus & incentive compensation 134,992. (i) Base compensation EE € Ê EE ≘ ≘ EE ≘ ≘ EE EE EΞ EE € € EE **E E** 1 EXECUTIVE DIRECTOR S MARK GUASTELLA (A) Name and Title 4 13 14 9 O 9 F N က ເດ

Schedule J (Form 990) 2018

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL	38-2038	3135
Pt VI, Line 11b: 990 IS REVIEWED BY EXECUTIVE DIRECTOR AND AT	• •	
OFFICER BEFORE IT IS FILED		
Pt VI, Line 12c: ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES AN	NUALLY SIG	N A
STATEMENT THAT THERE IS NO CONFLICT OF INTEREST OTHER THAN ANY	DISCLOSED	·
Pt VI, Line 15a: EXECUTIVE DIRECTOR IS EVALUATED AND COMPENSAT	ION SET BY	EXECUTIVE
COMMITTEE		
Pt VI, Line 15b: COMPENSATION FOR STAFF SET BY PAY SCHEDULE AP	PROVED BY E	BOARD
AND IN BUDGET APPROVED BY BOARD		
Pt VI, Line 19: NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC		
Pt III, Line 4d:		
Expenses: \$386,715 including grants of: \$0 Revenue: \$0		
Description: VARIOUS INFORMATION, REFERRAL AND SUPPORT		
SERVICES FOR MEMBERS		
		•
·		·