

Form 990

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.

Open to Pu

Inspection

2017 Open to Public Inspection

<u>A</u>	For the	e 2017 calendar year, or tax year beginning and end	ding			
В	Check if	C Name of organization		D Employer is	dentification number	•
	applicabl	MICHIGAN SCHOOLS AND GOVERNMENT CREDIT				
Г	Addre	SS FILLOW				
F	Name			3	88-1629793	
Η	chang Initial				•	
늗	return Final	1 4 '	om/suite	E Telephone		
L	return termir	40400 GARFIELD RD		5	862638800	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	s 109,680	0,475.
	Amen return	CLINTON TOWNSHIP, MI 48038		H(a) Is this a g	roup return	
Г	Application	F Name and address of principal officer PETER GATES		for subord	· · —	s X No
	pendi	40400 GARFIELD RD, CLINTON TOWNSHIP, MI	480.	H(b) Are all subore		
	Tayay		527			
_		empt status 501(c)(3) X 501(c) (14) (insert no.) 4947(a)(1) or te: ► WWW • MSGCU • ORG	1 1 27		ttach a list. (see instru	
			•		emption number	
		organization: X Corporation	L Year o	of formation: 19	54 M State of legal o	iomicile: MI
LP	art I	Summary		·		
•	1	Briefly describe the organization's mission or most significant activities FOUNDE				
Governance		OF TEACHERS, PRINCIPALS AND OTHER SCHOOL EN	MPLOY	EES, MIC	CHIGAN SCHOO	OLS
Ē	2	Check this box If the organization discontinued its operations or disposed				
Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	11
္ပိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	11
						398
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	
ž	6	Total number of volunteers (estimate if necessary)			6	11
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year	Current	Year
	8	Contributions and grants (Part VIII, line 1h)			0.	<u> </u>
E e	9	Program service revenue (Part VIII, line 2g)		66,098,0		5,744.
Revenue	10	· · · · · · · · · · · · · · · · · · ·		9,156,2		0,070.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,130,2		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		FF 054 0	0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,254,2		5,814.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		123,1	25. 120	<u>6,685.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,024,9	11. 24,92	5,651.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	h	Total fundraising expenses (Part IX, column (D), line 25)				
Expenses	1,5			31,039,4	02 20 21	2,780.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line.25)		53,187,5		5,116.
	19	Revenue less expenses. Subtract line 18 from line 12 In NEGO		22,066,7	48. 21,180	0,698.
5	20 21 22	70 B	Beg	inning of Current	t Year End of	Year
Sets	20	Total assets (Part X, line 16)		16741857		33336.
Ass	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		14685730		08297.
i e	22	Net assets or fund balances. Subtract line 21 from line-20		05,612,7		
F	art II	Signature Block,		05,012,1	10. 231,02.	3,033.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an				belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l	nas any knowledge	e	
		/N 47th			, ,	
Sig	n	Signature of officer		Date		
Hei		► STEVE BREWER, CFO			4/30/18	
	•	Type or print name and title			/ /	
_			In	ate To	Check PTIN	
ъ.		Print/Type preparer's name Preparer's sinnature	ا ا	ة ا	, <u>U</u> I	2446
Paid		JOSEPH A. ZITO, CPA		1 -	self-employed P00648	
	parer	Firm's name DOEREN MAYHEW		Firm's E	IN ► 38-2492	2570
Use	Only	Firm's address 305 WEST BIG BEAVER ROAD				I
		TROY, MI 48084		Phone r	no.248-244-30	000
Mar				Phone r	no.248-244-30 X Yes	

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT 38-1629793 Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission WE ARE A CARING ORGANIZATION DEDICATED TO PROMOTING FINANCIAL SUCCESS FOR OUR MEMBERS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-FZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$ DURING 2017, THE CREDIT UNION SERVED OVER 6,000 PARTICIPANTS WITH OUR FINANCIAL EDUCATION WORKSHOPS, WHICH FEATURED TOPICS LIKE HOME BUYING, HOME EQUITY, WILLS AND TRUSTS, UNDERSTANDING CREDIT REPORTS AND CREDIT SCORES, SOCIAL SECURITY, AND RETIREMENT. WE OFFERED OVER 227 FINANCIAL EDUCATION WORKSHOPS IN OUR BRANCHES, LOCAL HIGH SCHOOLS, LIBRARIES AND OTHER LOCATIONS CONVENIENT TO THE PUBLIC AND OUR MEMBERS. (Code) (Expenses \$) (Revenue \$ including grants of \$ THE CREDIT UNION CONTINUED ITS SCHOLARSHIP PROGRAMS BY PROVIDING \$80,000 TO HIGH SCHOOL SENIORS WHO WILL ATTEND COLLEGE, CURRENT TEACHERS AND SCHOOL ADMINISTRATORS ENROLLED IN A CONTINUING EDUCATION PROGRAM, AS WELL TO FIRST RESPONDERS WHO WILL GRADUATE FROM THE FIRE AND POLICE ACADEMIES AT MACOMB COMMUNITY COLLEGE, OAKLAND COMMUNITY COLLEGE AND SCHOOLCRAFT COLLEGE. OVER THE YEARS WE HAVE BEEN RECOGNIZED FOR THE WORK WE DO FOR OUR MEMBERS, EMPLOYEES, AND THE COMMUNITY. THE DETROIT FREE PRESS SELECTED MSGCU AS A TOP WORKPLACE IN MICHIGAN FOR THE PAST FIVE YEARS IN A ROW. WE ARE ALSO PROUD OF A 97% OR HIGHER MEMBER SATISFACTION RATING FOR MORE THAN TEN YEARS AND ACHIEVING THE BAUER FINANCIAL HIGHEST POSSIBLE including grants of \$) (Revenue \$ THE CREDIT UNION ALSO CONTINUED ITS CLASSROOM GRANT PROGRAM WHICH PROVIDES FUNDS TO TEACHERS TO BE USED FOR OTHERWISE UNFUNDED CLASSROOM PROJECTS. IN 2017, MSGCU AWARDED 63 GRANTS TOTALING MORE THAN \$46,500 TO LOCAL EDUCATORS TO BE USED DURING THE 2017/2018 SCHOOL YEAR. ONCE AGAIN, MSGCU'S GIVING BACK PROGRAM RETURNED IN 2017. EACH BRANCH DESIGNATED A MONTH TO DONATE TIME AND \$1,000 WORTH OF RESOURCES TO HELP A NON-PROFIT GROUP OR ORGANIZATION WITHIN THEIR COMMUNITY. IN TOTAL

4d	Other program services (Describe in Sch	nedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
46	Total program service expenses			

MSGCU PROVIDED HUNDREDS OF VOLUNTEER HOURS AND MORE THAN \$14,000 IN

RESOURCES.

38-1629793 Page 3

Form,990 (2017) UNION
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ļ
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	,	х
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	l	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	X	L
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			!
	as applicable			1
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	Х	 -
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? /f "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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		<u>X</u> _
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			7,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		'	.
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠,٠		 -
	complete Schedule G. Part III	19		х
			990	(2017)

Form 990 (2017) UNION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes, " complete Schedule I, Parts I and III	22	Х	ł
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	'		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l ,		
	Schedule K. If "No", go to line 25a	24a		х
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			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
	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			1
	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	200		· · · · ·
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."]		
		26	х	
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-
C		28c		_x_
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-^- -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31	<u> </u>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32	_	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
	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	l	₹.	
0.5	Part V, line 1	34_	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	├─-
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		.	1
••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_	<u>X</u> _	├
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	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7,	ĺ
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
		Form	990	(2017)

Form 990 (2017) UNION
Part V Statements Regarding Other IRS Filings and Tax Compliance 38-1629793 Page 5

-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27870			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 398			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	ļ
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ļ	ļ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С				
	to file Form 8282?	7c		
	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		
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			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		-
a		0-	1	
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L	L	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
		Form	990	(2017)

38-1629793 Page 6

Form 990 (2017)

UNION

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	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 11			1			
	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 1b 11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х				
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	7-	x				
h	more members of the governing body? Are any governing decisions of the organization recorded to (or subject to convoyal by) members, stockholders, or	_7a_	Δ.				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-/-					
а	The governing body?	 8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
•	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
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	X	ļ			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c	X	 			
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?	l	X				
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>			
D	Other officers or key employees of the organization	15b					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			\			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		x			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a					
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			'			
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100		L			
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailable					
. •	for public inspection. Indicate how you made these available. Check all that apply		-				
	Own website Another's website X 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 interest policy, and	fınanc	ıal				
•	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	PETER GATES - 5862638800						
	40400 GARFIELD RD, CLINTON TOWNSHIP, MI 48038						

UNION 38-1629793

Form,990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

(A) (B)				(C				(D)	(E)	(F)
Name and Title	Average		not c	Posi heck r	more	than c		Reportable	Reportable	Estimated
	hours per week	box offi	unle: ceran	ss per id a di	son :	s both r/trust	an (ee)	compensation from	compensation from related	amount of other
	(list any	io						the	organizations	compensation
	hours for	ndividual trustee or director						organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			usate		(W-2/1099-MISC)	, ,	organization
	organizations	dtrus	nal tri		oyee	omp6				and related
	below	Ividua	Institutional trustee	Officer	фша.	Highest compensated employee	Former			organizations
	line)	pu	lns	₽	Key	He	For	·		
(1) WILLIAM CAYEN	1.00									_
CHAIRMAN	1 2 2	X		-				0.	0.	0
(2) MILO PERREAULT	1.00									_
VICE CHAIRMAN	 	X		_				0.	0.	0
(3) RICHARD MAIERLE	1.00	ļ								
SECRETARY		X						0.	0.	0.
(4) JAMES MCCANN	1.00								_	
TREASURER		X		Щ		ļ		0.	0.	0.
(5) ELIZABETH ARGIRI	1.00								_	
DIRECTOR		X				L		0.	0.	0.
(6) TERESA DIMARIA	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) EDWARD CALLAGHAN	1.00	ļ								_
DIRECTOR		X				Ш		0.	0.	0.
(8) RICHARD SHOEMAKER	1.00	ŀ		ŀ						_
DIRECTOR		X		Ш				0.	0.	0.
(9) DOUGLAS SMITH	1.00									_
DIRECTOR		X				L		0.	0.	0
(10) CHARLES THOMAS	1.00									
DIRECTOR		X						0.	0.	0
(11) STEPHEN THOMAS	1.00									
DIRECTOR		X				Ш		0.	0.	0 .
(12) PETER GATES	40.00					İ				
PRESIDENT/CEO				X				742,799.	0.	47,237
(13) STEVE BREWER	40.00									
CFO						Х		312,707.	0.	45,630
(14) PHILIP COOPER	40.00									
Cro						Х		279,644.	0.	40,044
(15) SCOTT TOWNSEND	40.00									
C10						Х		251,861.	0.	39,470
(16) DEBORAH FAHRNEY	40.00									
VP RETAIL SERVICES		L				x		229,159.	0.	38,377
(17) MICHAEL ZALEWSKI	40.00									
VP HR		l				x		212,158.	0.	35,315

Page 8

Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hig	ghes	t C	ompensated Employee	s (continued)			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest (A) (B) (C)							(D) (E)			(F)			
	Average	(do	not cl	Pos			ne.	Reportable	Reportable	,	Estimated		
	hours per	box	, unles	ss per	son ı	s both	an	compensation	compensation		amount of	:	
		week (list any	_				17003	Γ	from the	from related organization		other compensation	nn.
		hours for	director				9	Ì		(W-2/1099-MIS		from the	<i>)</i> (1
		related	tee or	trustee			ensate		(W-2/1099-MISC)	,		organizatio	n
		organizations	al frus	nal tr		oyee	e o	ļ			ļ	and related	
		below line)	Individual trustee or	Institutional t	Officer	E E	Highest compensated employee	Ja Gr			1	organization	ıs
		111107	Ĕ	Ĕ	ō	<u>\$</u>	돌등	윤					
								l			l		
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		L	L			<u> </u>	L_	L				246.05	
1b Sub								>	2,028,328.		0.	246,07	_
c Tota	l from continuation sheets to Part VI	l, Section A							0.		0.		<u>o.</u>
	al (add lines 1b and 1c)	-						<u> </u>	2,028,328.		0.	246,07	<u>s.</u>
	I number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	÷		10
com	pensation from the organization			_									<u>18</u> No
3 D.44	the organization list only forward officer			- 1		!_		1			Г	163	-
	the organization list any former officer,		ıste	э, ке	y en	npio	yee,	or i	nignest compensated er	nployee on			X
	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su			mno		+100	and	a+h	or componentian from t	no organization	ŀ	3	<u> </u>
	related organizations greater than \$150									ne organization	ŀ	~ ~ X	-
	any person listed on line 1a receive or a									tual for convices	ŀ	* *	
	ered to the organization? If "Yes." corr							iate	organization or marvic	tual for services		5	X
	3. Independent Contractors	piete Scrieduit		QI SU		76/3	UII.	_				<u> </u>	
1 Com	plete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100.000 of com	oensat	ion from	
	organization. Report compensation for	-	•										
	(A)								(B)			(C)	
	Name and business	address			_				Description of s	ervices	C	ompensation	
KASCO	, INC.								CONSTRUCTION				
226 E	AST HUDSON AVENUE, R	OYAL OA	Κ,	M	I	48	06	7]	SERVICES		6	<u>,659,08</u>	6.
FIS			-										
	IVERSID AVE, JACKSON							1	TECHNOLOGY P	RODUCTS	1	<u>,653,08</u>	<u>2.</u>
	SON MEDIA, 24416 CRO		UL	EV.	AR.	D,							
	ON TOWNSHIP, MI 4803								MARKETING			711,84	<u>3.</u>
	OM, 747 EAST WHITCOM	ib avenu	E,	M	AD	IS	ON	Ì		ì			_
	TS, MI 48071							_}	DOCUMENT SOL	UTIONS		<u>705,02</u>	<u>7.</u>
	HENRY AND ASSOCIATES							- {		Į			_
	X 609, MONETT, MO 65							_	SOFTWARE		 _	682,60	<u>8.</u>
	I number of independent contractors (ii	_	ot lır	nited	to '		_	ted	above) who received me	ore than	l		
\$100	0,000 of compensation from the organi	zation			_	3.	<u>′ </u>					Form 990 (20	
												Form 33U (2(11 Z1

Form 990 (2017)

UNION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue ons, Gifts, Grants Similar Amounts Federated campaigns Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 60,633,775. 60,633,775. INTEREST ON LOANS 522100 Program Service 522100 13,761,969. FEES, CHARGES AND OTHER 13,761,969. f All other program service revenue 74,395,744. q Total, Add lines 2a-2f Investment income (including dividends, interest, and 909,962. 9,824,480. 8,914,518, other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (iı) Other 7 a Gross amount from sales of (i) Securities 25,460,251. assets other than inventory b Less cost or other basis 25,134,661. and sales expenses 325,590. c Gain or (loss) 325,590. 325,590. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 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 Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

84,545,814.

83,635,852.

909,962.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2017) UNION
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	X
	Check if Schedule O contains a respon	(A)		(C)	(D) Fundraising
	not include amounts reported on lines 6b, 9b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	CAPCHISCS
•	and domestic governments. See Part IV, line 21	15,475.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	111,210.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	790,036.			<u></u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,962,835.		ļ	
8	Pension plan accruals and contributions (include	0 205 256			
	section 401(k) and 403(b) employer contributions)	2,385,350.			
9	Other employee benefits	3,441,417.			
10	Payroll taxes	1,346,013.		-	
11	Fees for services (non-employees)				
a	Management 			-	<u> </u>
b	Legal	171,220.			
C	Accounting	1/1,220.			
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,865,787.			
12	Advertising and promotion	2,175,238.			
13	Office expenses	2,722,039.			·
14	Information technology				
15	Royalties				
16	Occupancy	1,331,873.			
17	Travel	80,296.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98,842.			 _
20	Interest	10,674,955.	<u>~</u> _		<u>-</u>
21	Payments to affiliates	65,434.		-	
22	Depreciation, depletion, and amortization	2,846,481.			
23	Insurance	208,227.			<u> </u>
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.) PROVISION FOR LOAN LOSS	7,200,000.			
a	DEBIT/CREDIT CARD EXPEN	2,543,194.		 	
b	LOAN SERVICING EXPENSE	2,365,846.		 	
c d	SOFTWARE LICENSING AND	942,854.			
_	All other expenses SEE SCH O	3,020,494.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	63,365,116.		 	
<u>25</u> 26	Joint costs. Complete this line only if the organization	20,000,000	 	 	
-•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				1
	Check here If following SOP 98-2 (ASC 958-720)				

38-1629793 Page 11

² ar	<u> </u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,622,577.	1	7,214,556
	2	Savings and temporary cash investments	42,700,641.	2	26,101,902
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,137,006.	4	1,240,456
١	5	Loans and other receivables from current and former officers, directors,			
ı		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	1,732,428
	6	Loans and other receivables from other disqualified persons (as defined under			
١		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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	1245401085.	7	1451697818
	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
ļ	9	Prepaid expenses and deferred charges	1,586,939.	9	1,877,52
1	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 55,400,483.			
	b	Less accumulated depreciation 10b 12,228,059.	36,172,753.	10c	43,172,42
	11	Investments - publicly traded securities	304,769,778.	11	282,236,81
	12	Investments - other securities See Part IV, line 11	11,024,400.	12	11,024,40
1	13	Investments - program-related See Part IV, line 11		13	
١	14	Intangible assets		14	
١	15	Other assets See Part IV, line 11	22,770,588.	15	24,735,01
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1674185767.	16	185103333
	17	Accounts payable and accrued expenses	11,494,167.	17	7,949,83
	18	Grants payable		18	
١	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,020,616.	21	2,342,13
	22	Loans and other payables to current and former officers, directors, trustees,	:		
		key employees, highest compensated employees, and disqualified persons	a harm at the same of the		
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	20,000,00
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
1		Schedule D	1455058268.	25	158971632
_	26	Total liabilities. Add lines 17 through 25	1468573051.	26	162000829
		Organizations that follow SFAS 117 (ASC 958), check here and			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
1	30	Capital stock or trust principal, or current funds	0.	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
	32	Retained earnings, endowment, accumulated income, or other funds	205,612,716.	32	231,025,03
	33	Total net assets or fund balances	205,612,716.	33	231,025,03
	34	Total liabilities and net assets/fund balances	1674185767.	34	185103333

Part 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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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	
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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	
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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	
Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 231,025,039 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	<u>5.</u>
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 231,025,039 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 231,025,039 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990	
Check if Schedule O contains a response or note to any line in this Part XII 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	0.
Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes N 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	
Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990	Э.
1 Accounting method used to prepare the Form 990	
1 Accounting method used to prepare the Form 990	X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	No
	_
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	i
- · · · · · · · · · · · · · · · · · · ·	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both	1
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both	
Separate basis X 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 oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	_
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	χ̈́
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	
Form 990 (201	17)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

Open to Public Inspection

Name of the organization

UNION

Employer identification number 38-1629793

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6 (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Portor actions rather	(b) r dridd drid drief decertion
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	Lunting that the exects hold in donor advis	od funds
3	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor as	•	
Ū	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	donor advisor, or for any other purpose t	Yes No
Par		panization answered "Yes" on Form 990 J	
1	Purpose(s) of conservation easements held by the organization		urc10, 11110 /
•	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	orically important land area
	Protection of natural habitat	· 	tified historic structure
	Preservation of open space	Freservation of a cent	aned historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conseniation easement on the last
-	day of the tax year	led conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a	· •	
_	listed in the National Register	moi meno, and not on a materio structu	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the	<u> </u>
•	year ▶	sassa, extinguished, or terminated by the	organization doming the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	·	
-	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	>		,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	e 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 conservation	on easements in its revenue and expense	
-	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		•
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	· · · · · ·	
	relating to these items	,	.,
	(i) Revenue included on 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 trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	,	> \$
	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2017 UNION						<u> </u>		29793	Page 2		
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Simila	r Asset	S (continu	ed)		
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following that	are a si	gnificant i	use of its	collection if	ems		
	(check all that apply)											
а	Public exhibition	c	i 🔲	Loan or exc	hange progra	ams						
b	Scholarly research		• 🗀	Other								
С	c Preservation for future generations											
4	Provide a description of the organization's col	llections and explain	n how th	nev further th	ne organizatio	n's exer	not purpo	se in Par	XIII			
5	During the year, did the organization solicit or	=		•	-							
•	to be sold to raise funds rather than to be mai					Ji Sirrina	433013	Г	Yes	☐ No		
Par						"Voo" oo	Form 00/	Dort IV		110		
تـــــــــــــــــــــــــــــــــــــ	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21											
-1-			liani far				سمانيما مما					
ıa	Is the organization an agent, trustee, custodia	in or other intermed	nary for	contribution	s or other as:	sets not	incluaea		٦.,	X No		
	<u> </u>											
þ	b If "Yes," explain the arrangement in Part XIII and complete the following table											
	Amount											
C	Beginning balance						1c					
	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabil	lity?		Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanatic	n has been	provided on	Part XIII				X		
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10					
		(a) Current year	1	rior year	(c) Two yea		(d) Three	vears back	(e) Four v	ears back		
1a	Beginning of year balance	(4) 00.10.12.10.11	1 27.	noi you	(6) 1.00 300	. o baon	(4) (11100	Jouro Buo.	107.00.			
	Contributions				 				 			
				,	 				 			
	Net investment earnings, gains, and losses	-			 		-		╅┈──			
d	Grants or scholarships	- <u></u> -	 		├				+			
е	Other expenditures for facilities				1				1			
	and programs	-,	<u> </u>		i				 			
f	Administrative expenses				<u> </u>				<u> </u>			
g	End of year balance				<u> </u>							
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1ç	g, column (a)) heid as							
а	Board designated or quasi-endowment > _		_%									
b	Permanent endowment	%										
С	Temporarily restricted endowment	 %										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%										
За	Are there endowment funds not in the posses		ation tha	t are held ar	nd administer	ed for th	ne organiz	ation				
	by							u		es No		
	(i) unrelated organizations								3a(i)	100 100		
	(ii) related organizations									-		
			0	-l- 1 1 D0					3a(ii)			
	If "Yes" on line 3a(ii), are the related organizat	•			-				3b			
T Do	4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.											
Fai												
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a S	See Form 990	, Part X,	line 10.	 _				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book	value		
		basis (investr	ment)	basis	(other)	de	preciation					
1a	Land			11,05	4,247.			7:	1,054	,247.		
b	Buildings				3,289.	3,	797,3		26,505			
	Leasehold improvements		 -							······		
	Equipment	· · · - · · ·		14 04	2,947.	8.	430,6	63.	5,612	,284.		
	Other		-			<u> </u>			-,	<u>, </u>		
	. Add lines 1a through 1e. (Column (d) must ed		V		0-1	<u> </u>			13,172	424		
JUM	. Haa iiiles ta ulibuyii te. (Coll)mh (d) must ed	iuai rorm 990. Part	A. COIUN	nn (B). line 1	UC)					, = = = .		

Part VII Investments - Other Securities.	in Form 900 Port IV Jun	on 11h San Farm 000 Part V I	38-1029/93	Page
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market v	aiue
(1) Financial derivatives				
(2) Closely-held equity interests			······································	
(3) Other	·-			-
(A)_				
(B)				
(C)	 			
(D)				
(E)				
(F)				
(G)				
(H)			<u>. </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			•	_
Complete if the organization answered "Yes" o	n Form 990, Part IV, Iır	ne 11c See Form 990, Part X, In	ne 13	
(a) Description of investment	(b) Book value		Cost or end-of-year market v	alue
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
(5)				···
(6)	~~			
(7)		***		
(8)				
(9)		****		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11d See Form 990. Part X. I	ne 15.	
	Description		(b) Book va	alue
(1)	·s+		,,,	
(2)				
(3)				
(4)	····			
(5)				-
(6)				
(7)			-	
(8)			-	
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line	15)	*****		
Part X Other Liabilities.	15.)			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Pa	art X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) MEMBER SHARES		1589716329.		
(3)				
(4)	w vi			
(5)				
(6)				
(7)				
(8)				
(9)	-			
		1589716329.		
Total. (Column (b) must equal Form 990, Part X. col. (B) line 2	25.)	to the organization's financial s		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 UNION		38-1629793 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-
C.	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII) Add lines 2a through 2d	2d	2e
е 3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII)	4b]
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per l	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	_2b	4
c	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 40 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b	1
b	Add lines 4a and 4b	40	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
_	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part X, line 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi		
PAI	RT IV, LINE 2B:		
AS	A LOAN SERVICER, THE CREDIT UNION RECEIVES	PRINCIPAL, INTE	EREST, TAX AND
TAT	TIDANCE DAVIDAMC AND MILEN DEMING MUECE BINT	NO MUR ADDITO	תסדשה שומה
TIN	SURANCE PAYMENTS AND THEN REMITS THESE FUND	DS TO THE APPLICA	ADDE ILIKD
וגם	RTIES ON BEHALF OF THE BORROWERS.		
FAI	TILES ON BEHALF OF THE BORROWERS:		
		-	*
PA1	RT X, LINE 2:		
			
MS	CU IS EXEMPT, BY STATUTE, FROM FEDERAL AND	STATE INCOME TA	AXES. MSGCU IS
SU	BJECT TO UNRELATED BUSINESS INCOME TAX. MSC	CU'S WHOLLY OWN	ED
SU	SSIDIARIES, SOC REALE ESTATE, INC. AND 2059	95 LIVONIA LLC, A	ARE SUBJECT TO
FE	DERAL AND STATE INCOME TAXES. MANAGEMENT E	VALUATED MSGCU'S	S TAX
_			
<u>PO:</u>	SITIONS AND CONCLUDED THAT MSGCU HAD TAKEN	NO UNCERTAIN TAX	x POSITIONS
[F1 T T	AM DECUIDE ADTUGUESTO DO DUS COMOS TORMOS		DITTO MOCOTI
	AT REQUIRE ADJUSTMENT TO THE CONSOLIDATED I	INANCIAL STATEMI	
73205	1 10-09-17		Schedule D (Form 990) 2017

Schedule (D (Form 990) 2017		UNI	ON									<u> 38-16</u>	<u> 29793</u>	Page 5
Part XII	Supple	men	tal Info	rmation	ON Continue	d)										
							RGANIZ	ZATION	1 E	XEMPT	FRO	M	INCOME	TAX)	AND	
OTHER	FORMS	IN	THE	U.S.	FEDER	AL	JURIS	DICT	ON	AND	THE	ST.	ATE OF	MICH	IGAN.	
THE C	REDIT	UNI	ON'S	OPEN	AUDIT	PE	ER IOD	IS TH	IE	THREE	-YEA	ır :	PERIOD	ENDE	D	
DECEM	BER 31	, 20	017.										- 			
																
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SCHEDULE	i
(E 000)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Service

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

Name of the organization

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

UNION							38-16	29793
Part I General Information on Grants	and Assistance							<u> </u>
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on	
criteria used to award the grants or assi	stance?						X Yes	☐ No
2 Describe in Part IV the organization's pr	ocedures for monito	ring the use of grant	funds in the United	States				
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domesti	Governments, C	complete if the orga	anization answered "	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000 Part II can b	oe duplicated if addit	onal space is need	ed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
						CLASSROOM CASH		
UTICA COMMUNITY SCHOOLS						GRANT FOR		
11303 GREENDALE			ļ			CLASSROOM		
STERLING HEIGHTS, MI 48312	38-6002552		15,475.	0.		PROJECTS	GRANTS	
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			e line 1 table					0.

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

Schedule I (Form 990) (2017)

732101 11-01-17

Schedule	(Form 990) (2017) UNION					38-1629793	Page 2
Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answe	ered "Yes" on Form 9	990, Part IV, line 22		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
COLLEGE	SCHOLARSHIPS	26	80.000	0.		SCHOLARSHIP GRANTS	
CLASSRO	OM GRANTS	42	31,210.	0.		CLASSROOM GRANTS	
					ţ		
	,		 				
Part IV PART	Supplemental Information. Provide the information I, LINE 2:	required in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information		
AN AF	PLICATION IS REQUIRED FROM	THE TEACHER	APPLYING	FOR THE GR	ANT. GRANTS		
ARE F	AYABLE DIRECTLY TO THE SCHOOL	OL AND TEAC	HERS FILE	PAPERWORK	WITH THEIR		
SCHOO	L FOR REIMBURSEMENT OF CLAS	SROOM EXPEN	SES. WE H	HAVE A COMM	ITTEE THAT		
REVIE	WS APPLICATIONS AND AWARDS	SCHOLARSHIP	S TO SELEC	CTED INDIVI	DUALS.		
							
732102 11-0	01-17					Schedule I (Forr	n 990) (2017)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> UNION **Questions Regarding Compensation**

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

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

Employer identification number 38-1629793

OMB No 1545-0047

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the f	ollowing to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant in	formation regarding these items			
		Housing allowance or residence for personal use			
	X Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow	a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If	"No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allow	wing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding	the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to es	stablish the compensation of the organization's			!
	CEO/Executive Director Check all that apply Do not check any boxes	for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in I	Part III.	İ		
	X Compensation committee	Written employment contract			'
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A	, line 1a, with respect to the filing			
	organization or a related organization				
а	Receive a severance payment or change-of-control payment?		4a	Х	X
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
C	Participate in, or receive payment from, an equity-based compensation	n arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensation			
	contingent on the revenues of				
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes" on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensation	i		
	contingent on the net earnings of				
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the org	ganization provide any nonfixed payments	~	m	
	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued put	rsuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? if "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presur	mption procedure described in			
	Regulations section 53 /958-6/c/2		ام		

Schedule J (Form 990) 2017 UNION 38-1629793

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

38-1629793 Page 2

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 instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	i	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(a)((/(b)	reported as deferred on prior Form 990
(1) PETER GATES	(1)	639,644.	91,800.	11,355.	26,100.	21,137.	790,036.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVE BREWER	(1)	258,999.	49,626.	4,082.	26,100.	19,530.	358,337.	0.
CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILIP COOPER	(1)	235,189.	42,433.	2,022.	24,562.	15,482.	319,688.	0.
CLO	(n)	0.	0.	0.	0.	0.	0.	0.
(4) SCOTT TOWNSEND	(i)	208,672.	39,459.	3,730.	20,277.	19,193.	291,331.	0.
CIO	(n)	0.		0.	0.	0.	0.	0.
(5) DEBORAH FAHRNEY	(1)	193,436.	34,154.	1,569.	19,456.	18,921.	267,536.	0.
VP RETAIL SERVICES	(n)	0.	0.	0.	0.		0.	0.
(6) MICHAEL ZALEWSKI	(1)	178,425.	33,428.	305.	20,230.	15,085.	247,473.	0.
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Schedule J (Form 990) 2017

732112 10-17-17

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT Schedule J Form 980 2017 BY 18 | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information PART I, LINE 4B: THE CEO PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. HE RECEIVED NO PAY OUTS IN 2017.

732113 10-17-17

Schedule J (Form 990) 2017

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

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Part I	Excess Bene	fit Transact	-					c)(29) organizations						_
	Complete if the c	·					<u>5b, o</u>	or Form 990-EZ, Pa	rt V, lu	ne 40	<u>d</u>	1		
1 (a) Na	me of disqualified p	person (b)	Relationship bety person and or			ıfıed	(c) [Description of trans	saction	n				cted?
	•		person and or	garriza		.						Ye	98	No
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												<u> </u>		
	the amount of tax	incurred by the	organization man	agers	or disq	jualified persons d	uring	g the year under						
	on 4958 the amount of tax,	if any on line 2	abaya raimbura	ad by	the or	ranization				► \$ ► \$				
3 Enter	the amount of tax,	ii ariy, on line 2,	above, reimburs	eu by	uie oit	garrization				Ψ				
Part II	Loans to and	d/or From In	terested Pers	sons.										
	Complete if the	organization ans	wered "Yes" on I	Form 9	90-EZ	, Part V, line 38a o	r For	rm 990, Part IV, line	e 26, c	r if th	e orga	nızatıc	n	
	reported an amo	ount on Form 99	0, Part X, line 5, 6								TILL A.	proved		
	a) Name of	(b) Relationship with organization			an to or n the	(e) Original	(e) Original (f) Balance due (g) In default?				by bo) Approved by board or ommittee?		ritten ment?
inter	rested person	Willi Organization	Orioan		zation?	l ' '	`							No
ፈለደጥይ	BREWER	CFO	TO FUND	То	From	1,700,000	<u>.</u> h	732 428.	Yes	No X	Yes	No	Yes X	NO
<u> </u>	DKBWBK		TO TONE		 ^	1,700,000	艼	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				 -		1
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Total		1			<u> </u>	•	\$1	,732,428.						
Part III	Grants or As	sistance Be	nefiting Inter	este	d Per	sons.								
	Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27								
(a) N	Name of interested i	person	(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan			•) Purp		f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 UNION

38-1629793 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: STEVE BREWER (B) RELATIONSHIP WITH ORGANIZATION: CFO (C) PURPOSE OF LOAN: TO FUND LIFE INSURANCE POLICY (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 1,700,000. (F) BALANCE DUE \$ 1,732,428. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES

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.

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION

OMB No 1545-0047 Open to Public Inspection

Employer identification number 38-1629793

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND GOVERNMENT CREDIT UNION (MSGCU) HAS BEEN PROVIDING QUALITY
FINANCIAL SERVICES TO ITS MEMBERS FOR MORE THAN 60 YEARS. WHETHER IT IS
A CHECKING OR SAVINGS ACCOUNT, LOAN, IRA, CERTIFICATE OF DEPOSIT,
MORTGAGE OR CREDIT CARD, MSGCU WANTS TO HELP ITS 121,000 MEMBERS
ACHIEVE THEIR FINANCIAL SUCCESS.
WITH 14 OFFICES LOCATED THROUGHOUT MACOMB, OAKLAND, AND WAYNE COUNTIES,
PROVIDING FULL ONLINE BANKING AND MOBILE SERVICES, WITH \$1.9 BILLION IN
ASSETS, \$1.5 BILLION IN LOANS, AND A STAFF OF 330 EMPLOYEES, MSGCU IS A
VALUED RESOURCE FOR FINANCIAL WELLBEING FOR BOTH CONSUMERS AND
BUSINESSES. AT THE END OF 2017 OUR LENDING PORTFOLIO TOTALED
APPROXIMATELY \$1.5 BILLION. THE CONSUMER LENDING PORTION OF THE
PORTFOLIO WAS JUST OVER \$785 MILLION. THE MORTGAGE PORTFOLIO WAS JUST
OVER \$591 MILLION AND THE BUSINESS LOAN PORTFOLIO WAS ALMOST \$92
MILLION. MEMBER DEPOSITS TOTALED \$1.591 BILLION.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RATING OF FIVE STARS FOR THE PAST TWENTY YEARS. THESE ACCOMPLISHMENTS
CONFIRM THAT WE ARE MAKING A DIFFERENCE IN THE COMMUNITIES WE SERVE IN
SOUTHEAST MICHIGAN.
FORM 990, PART VI, SECTION A, LINE 6:
EACH INDIVIDUAL THAT HAS AN ACCOUNT WITH THE CREDIT UNION IS A MEMBER.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION	Employer identification number 38-1629793
MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE O	R MORE OF THE
ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR A	S VACANCIES ARISE
OR OTHERWISE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO VOTE FOR TH	E GOVERNING BODY'S
ELECTION AND/OR REMOVAL AS WELL AS OTHER MATTERS THAT ARE	SUBJECT TO THE
APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CEO, CFO AND ACCOUNTING MANAGER REVIEW THE COMPLETED	FORM 990 PRIOR TO
FILING.	<u> </u>
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF I	NTEREST
DISCLOSURE.	
FORM 990, PART VI, SECTION B, LINE 15:	
ON AN ANNUAL BASIS, CEO COMPENSATION IS RECOMMENDED BY TH	E PERSONNEL
COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRECTORS, AND	APPROVED BY THE
ENTIRE BOARD OF DIRECTORS. ON AN ANNUAL BASIS, ALL OTHER	EMPLOYEE
COMPENSATION IS SET BY THE CEO, EXECUTIVE TEAM, AND HUMAN	RESOURCES. WE
UTILIZE A THIRD PARTY COMPENSATION CONSULTANT IN JOB PRICE	ING.
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST. GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AV	AILABLE TO THE
PUBLIC.	
732212 09-07-17 Sch	nedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

Attach to Form 990.

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ■ Attach to Form 990.

■ Go to www.rs,gov/Form990 for instructions and the latest information.

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

UNION

Employer identification number 38-1629793

OMB No 1545-0047

(a)	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incon	Total income		assets	Direct controlling entity		
0595 LIVONIA LLC - 45-5324142 8366 FRANKLIN							MICHIGAN SC	HOOLS A	ND
COUTHFIELD, MI 48034	HOLDING COMPANY FOR LAND	MICHIGAN		0.	770	0,673.	GOVERNMENT	CREDIT	UNION
						_			
					<u> </u>		}		
Part II Identification of Related Tax-Exempt Or organizations during the tax year	ganizations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecaus	e it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) blic charity s (if section	Dire	(f) ect controlling entity	(g) Section 512(b)(1 controlled entity?	
		ioreign country)			01(c)(3))			Yes	No
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For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2017

732161 09-11-17 LHA

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT Schedule R (Form 990) 2017 UNION

SEE PART VII FOR CONTINUATIONS

732162 09-11-17

Schedule R (Form 990) 2017 UNIO	N	DD MID	GOVERNMEN	T CKEL	,							38-10	5297	93	Pε	ige 2
Part III Identification of Related Organizations treated as a pa			ership Complete	f the organiz	zation answe	red 'Ye	s" on Form	990, Pa	art IV, line	34, be	cause	t had one or r	nore rel	ated		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir (related, excluded fr	(e) nant income unrelated, om tax under is 512-514)	Share	(f) of total come	Sha end-	g) are of of-year sets	(h Dispropo allocal Yes	bons?	(i) Code V-UBI amount in bo 20 of Schedu K-1 (Form 106	X man	raior iging ner?	(k) Percen owner:	tage
																-
<u> </u>							i									
Part IV Identification of Related Organizations treated as a co	l ganizations Taxable rporation or trust dui	as a Corpo	l Pration or Trust. C Jear	omplete if t	he organizat	ion ansv	vered "Yes	on For	m 990, P	art IV, I	ine 34	I, because it ha	d one o	r mor	re relat	ed
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		Type of entity Share		Share	(f) re of total ncome		(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b) contro	Je CI
SOC REAL ESTATE, INC 38-2658390 40400 GARFIELD					MICHIGAN SCHOOLS A	D										110_
CLINTON TOWNSHIP, MI 48038		REAL ESTA	TE	MI	GOVERNMEN'	T	C CORP		-!	56,624	1.	3,297,829.	1	00%	х	
																
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732163 09-11-17

38-1629793 Page 3 UNION Schedule R (Form 990) 2017 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule No 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? Х a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a Х b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c Х d Loans or loan guarantees to or for related organization(s) 1d X Loans or loan guarantees by related organization(s) f Dividends from related organization(s) 1f Х g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1h Exchange of assets with related organization(s) 11 х J Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1k x Performance of services or membership or fundraising solicitations for related organization(s) Х m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Х o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses 1p х q Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) X s Other transfer of cash or property from related organization(s) 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 (a) Name of related organization (b) Transaction (c) Amount involved (d)
Method of determining amount involved type (a-s) 664,440. MARKET LEASE RATES PER SQ. FOO (1) SOC REAL ESTATE, INC. K 3,660. ACTUAL COST (2) SOC REAL ESTATE, INC. K (3) SOC REAL ESTATE, INC. 120,000. SALARY ALLOCATION

Schedule R (Form 990) 2017

UNION Schedule R (Form 990) 2017

38-1629793 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs ?	(f) Share of total	(g) Share of end-of-year	(h) Dispropertionate allocations	amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes No	ілсоте	assets	Yes No	(Form 1065)	Yes No	<u></u>
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Schedule R (Form 990) 2017

732164 09-11-17

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT 38-1629793 Page 5 Schedule R (Form 990) 2017 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: NAME OF RELATED ORGANIZATION: SOC REAL ESTATE, INC. DIRECT CONTROLLING ENTITY: MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION