## CANNED MAY 0 4 2021

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Form 99

(Rev January 2020)

EXTENDED TO NOVEMBER 16, 2020

### **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.

2019
Open to Public Inspection

		f the Treasury nue Service	Go to www.irs.gov	•	t information.		Inspection					
			ar year, or tax year beginning	ending	· momano		• - •					
<b>B</b> c	heck if	C Name o	organization IGAN SCHOOLS AND GO	OVERNMENT CREDIT		D Employer ide	ntificati	on number				
	Addres change	UNIO	N									
	Name change	Doing b	usiness as			38-162	<u>9793</u>					
	Initial return Final return/	1 4040	and street (or P.O. box if mail is not del O GARFIELD RD	vered to street address)	Room/suite	E Telephone number 5862638800						
	termin- ated	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1	06,192,339.				
	Ameno return	CLIN		18038		H(a) Is this a gro	up retur					
	Application pendin		nd address of principal officer PET GARFIELD RD, CLINT		480	for subordinates? Yes X No H(b) Are all subordinates included? Yes No						
		empt status [	501(c)(3) X 501(c)( 14)		or 52	<b>-</b>		(see instructions)				
_	_		MSGCU.ORG		1			umber ▶ 1359				
			X Corporation Trust As	sociation Other	L Year	r of formation 195	4 M St	tate of legal domicile, MI				
Pa	art I	Summary	<del></del>	EOIDI	DED TA	7 1054 DV	A CM	ATT CROTTE				
e,	1	Briefly describ	e the organization's mission or most HERS, PRINCIPALS AN	Significant activities FOUNI	EMDIO.	VEEC MICE	H SM	ALL GROUP				
Activities & Governance			<del></del>									
E.			x \( \bigs\) \( \left\) if the organization discorting members of the governing body		sea oi mori	e than 25% of its he	3	9				
ģ			lependent voting members of the gov	•			4	9				
95			of individuals employed in calendar y	• • • • • • • • • • • • • • • • • • • •			5	409				
ties			of volunteers (estimate if necessary)	ear 2019 (Fart V, mie 2a)			6	9				
ξ			d business revenue from Part VIII, co	umn (C) line 12			7a	0.				
¥			business taxable income from Form				7b	0.				
	Ť					Prior Year		Current Year				
_	8	Contributions	and grants (Part VIII, line 1h)				0.	0.				
Ę.			ce revenue (Part VIII, line 2g)			81,967,07	5.	92,187,460.				
Revenue		•	come (Part VIII, column (A), lines 3, 4,	and 7d)		11,143,38	6.	13,208,900.				
ď			e (Part VIII, column (A), lines 5, 6d, 8c			4,854,51		0.				
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		97,964,97	5. 1	.05,396,360.				
	13	Grants and si	milar amounts paid (Part IX, column (		149,33	6.	155,875.					
	14	Benefits paid	to or for members (Part IX, column (A	), line 4)	L		0.	0.				
Ø	15	Salaries, othe	r compensation, employee benefits (F	Part IX, column (A), lines 5-10)	<u> </u>	<u>25,853,04</u>	_	27,615,221.				
Expenses	16a	Professional f	undraising fees (Part IX, column (A), I	ne 11e)	_		0.					
хb	ь	Total fundrais	ing expenses (Part IX, column (D), line	25) 🕨	<u>0.                                    </u>	<del></del>	_					
ú	1 17	Other expens	es (Part IX, column (A), lines 11a-11d,	11f-24e)		41,229,09		55,147,690.				
	18	Total expense	s Add lines 13-17 (must equal Part I	(columned 中语的VED	- 1⊢	67,231,47		82,918,786.				
	19	Revenue less	expenses Subtract line 18 from line	12	الي⊢	30,733,49		22,477,574.				
Assets or				S JUL 1 5 2020	RS-OS	eginning of Current Y 204023649		End of Year / 2375421675.				
Sset	20	· · · ·	Part X, line 16)	5 JUL 1 5 2020		178208303		2087149681.				
et	•		(Part X, line 26)			$\frac{178208303}{258,153,46}$		288,271,994.				
	22 art II	Signatur	fund balances Subtract line 21 from	"P <sup>e 20</sup> OGDEN, UT		230,133,40	<u> </u>	100,211,354.				
		<u> </u>	I declare that have mined this return,	including accompanying scheduler	c and staten	nents and to the hest	of my kn	owledge and helief it is				
	-		. Declaration of neparer (other than office				or my Kin	owicage and belief, it is				
ti uc,	, 601166	A, and complete	Bootale Control than once	i ) is based on an intermation of wi	non propuro	indo any kilowicago	7/.	8/2020				
Sign	n	Signatur	e of officer			Date	<del>-/-</del>	/				
Her		STEV	E BREWER, CFO									
,	•		orint name and title			<del></del>		<del></del>				
		Print/Type pre	parer's name	Prepar		Date Che	ck	PTIN				
Paid	j		A. ZITO, CPA	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8	7/6/2020 If self-	-employed	P00648440				
	parer	Firm's name	DOEREN MAYHEW			Firm's Elf		3-2492570				
	Only	Firm's address		Phone no. 248-244-3000								
A 4 -	, #h = 17	DC discours *'		us? (see instructions)	<del></del>	I Priorie no	.440	X Yes No				
			s return with the preparer shown abo		nne	<u> </u>		Form <b>990</b> (2019)				
9320	01 01-2	u-20 LNA	For Paperwork Reduction Act Notic	e, see uie separate iiistructit	J113.			(2013)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		<u>-1629793                                   </u>	Page 2
[Pa	rtillij Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_			
1	Briefly describe the organization's mission	אד פוופפפפ	
	WE ARE A CARING ORGANIZATION DEDICATED TO PROMOTING FINANCIA	TT SOCCES	<u> </u>
	FOR OUR MEMBERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	-	
-		□ Voc	X No
	prior Form 990 or 990-EZ?	165	22 140
	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?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		nd
		iotal experience, an	
	revenue, if any, for each program service reported		<del></del>
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$)		,
	DURING 2019, THE CREDIT UNION SERVED OVER 9,600 PARTICIPANTS		
	FINANCIAL EDUCATION WORKSHOPS, WHICH FEATURED TOPICS LIKE HO	<u>)ME BUYIN</u>	<u>G,                                    </u>
	HOME EQUITY, WILLS AND TRUSTS, UNDERSTANDING CREDIT REPORTS	AND CRED	ΙT
	SCORES, SOCIAL SECURITY, AND RETIREMENT. WE OFFERED OVER 3		
	EDUCATION WORKSHOPS IN OUR BRANCHES, LOCAL HIGH SCHOOLS, LI		
		WWITE W	<u> </u>
	OTHER LOCATIONS CONVENIENT TO THE PUBLIC AND OUR MEMBERS.		
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		—— <sup>)</sup>
	THE CREDIT UNION CONTINUED ITS SCHOLARSHIP PROGRAMS BY PROVI		
	1-0100000000000000000000000000000000000	RRENT	
	TEACHERS AND SCHOOL ADMINISTRATORS ENROLLED IN A CONTINUING	EDUCATION	<u>N</u>
	PROGRAM, AS WELL TO FIRST RESPONDERS WHO WILL GRADUATE FROM	THE FIRE	
	AND POLICE ACADEMIES AT MACOMB COMMUNITY COLLEGE, OAKLAND CO	MMUNITY	
	COLLEGE AND SCHOOLCRAFT COLLEGE.		
	0022101 12.2 20.10020111 1 0022011		
	OVER THE YEARS WE HAVE BEEN RECOGNIZED FOR THE WORK WE DO FO	OR OUR	
			<u> </u>
	MEMBERS, EMPLOYEES, AND THE COMMUNITY. THE DETROIT FREE PRE		
	MSGCU AS A TOP WORKPLACE IN MICHIGAN FOR THE PAST SEVEN YEAR		<u> </u>
	WE ARE ALSO PROUD OF A 97% OR HIGHER MEMBER SATISFACTION RAY		
	MORE THAN TEN YEARS AND ACHIEVING THE BAUER FINANCIAL HIGHE	ST POSSIB	LE
4c	(Code) (Expenses \$		)
-	THE CREDIT UNION ALSO CONTINUED ITS CLASSROOM GRANT PROGRAM	WHICH	
	PROVIDES FUNDS TO TEACHERS TO BE USED FOR OTHERWISE UNFUNDED		OM
	PROJECTS. IN 2019, MSGCU AWARDED 71 GRANTS TOTALING MORE TO		
			<del>, ,</del>
	TO LOCAL EDUCATORS TO BE USED DURING THE 2019/2020 SCHOOL Y	SAR.	
	MSGCU'S GIVING BACK PROGRAM RETURNED IN 2019. EACH BRANCH	DESIGNATE	D A
	MONTH TO DONATE TIME AND \$1,000 WORTH OF RESOURCES TO HELP		
	GROUP OR ORGANIZATION WITHIN THEIR COMMUNITY. IN TOTAL, MS		
	BACK THOUSANDS OF VOLUNTEER HOURS AND MORE THAN \$15,000 IN		
	DITCK THOODAIDD OF VOHORIBER HOURD FROM HORE THAN \$15,000 IN		<del>-</del>
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses		
	· M. Transfer of the second of		

UNION

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Form 990 (2019) 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)?		8	
	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			7.7
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b>.</b>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in 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, VIII, 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,		х	
	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	446		х
	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	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
a		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	х	<del>                                     </del>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<del> </del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
h	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			1
	complete Schedule G, Part III	19		Х
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		
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	Х	L

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Form 990 (2019) UNION

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 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 X 24a Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25h Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 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 X 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 42346 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? Form **990** (2019)

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						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	' (° 1	****
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	409	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	المناسطة المناسطة	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		L	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				11/1/2	All Page
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Į	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		L	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		nty over, a	1			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	Ļ	4a		X
b	If "Yes," enter the name of the foreign country				r"   1   1	نيکونٽو مائيک	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (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 transa	ction?	•		5b		<u> X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solici	ıt			
	any contributions that were not tax deductible as charitable contributions?			Į.	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gıfts				
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				15, ~ / 5 H	1,1,1,6	11
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the p	payor?	7a		
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 w	as req	uired	ĺ			
	to file Form 8282?	_		į	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				و درسه مخصصت	~1. T
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 109	8-C2 [	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne		1 1/14 /	1/2 / 1/2	
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.				, n', 1%	*, <u>, ,                                </u>	, 5 gm
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				Za	13 T-3	,
а	initiation fees and capital contributions included on Part VIII, line 12	10a			12	1337	77 (37.5)
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u>.l</u>		رخر ' '' الله الله الله الله الله الله الله الله	1 7	Trans
11	Section 501(c)(12) organizations. Enter					1.1	
а	Gross income from members or shareholders	11a			المراد الرواد	3.5	1 7
b	Gross income from other sources (Do not net amounts due or paid to other sources against		İ			7 66 0	
	amounts due or received from them )	11b			170.11		1 - 1775 1 - 1775 1 - 1775
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?		12a		ļ
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.	i-		-	lame.	, ,	1
а	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				1. 5	Links.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		141	7, 7, 3,	411 / - 22
	organization is licensed to issue qualified health plans	13b	·		X	75.75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Enter the amount of reserves on hand	130	<u>:                                    </u>		Lingley Lingley	1, 1,	F. Sal
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or				
	excess parachute payment(s) during the year?				15		X
	If "Yes," see instructions and file Form 4720, Schedule N				4 ; 		ر آر مرا استشماعت
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?		16		X
	If "Yes," complete Form 4720, Schedule O				, , , , , , , , , , , , , , , , , , ,		- 16 1
					Form	gan.	(2019)

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

	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 29	110 7 c 1	13.1	
-	If there are material differences in voting rights among members of the governing body, or if the governing	1:1	41 year "	17
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1,53	*, ik 1812_	111 1/2
b	Enter the number of voting members included on line 1a, above, who are independent  1b	25.5	30 3	22
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		, k	
2		2		X
_	officer, director, trustee, or key employee?	<del></del>		<del>  ^</del> -
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_	l	X
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	<u> </u>
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	l _	₩.	
	more members of the governing body?	7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	١,,	
	persons other than the governing body?	7b	<b>X</b>	29%
8	Did the organization contemporaneously document the meetings held or written, actions undertaken during the year by the following:	2321-4		17
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			١,,
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	<u> </u>	7.7
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	24 .V	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, ("b / _		, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		,,	
	in 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	X	1.4
15	Did the process for determining compensation of the following persons include a review and approval by independent	****** -	-3 -3	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ت برار سسدلنانسند	and activities	-45 ·
а	The organization's CEO, Executive Director, or top management official	15a	X	<b></b>
b	Other officers or key employees of the organization	15b	X	h. 201
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	, 5g , ,	rial.	1.27 4 1.77 4 1.56 4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	تسلطست	- Lucianana	ساللساء أسا
	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	1 - 14	مُ لُورِتُهُ	r 1 6 5 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		<u>"( '</u>	ند ا
	exempt status with respect to such arrangements?	16b	<u></u>	
Sec	tion C. Disclosure			
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	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			

Form 990 (2019) UNION 38-1629793 Page 7

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Posi heck r ss per	more son i	than c s both	an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	or e e e e e e e e e e e e e e e e e e e	Officer B P		Highest compensated	Fоrmer (өө	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM CAYEN	1.00									
CHAIRMAN		Х	_					0.	0.	0.
(2) RICHARD MAIERLE	1.00									
SECRETARY	1 00	X	<u> </u>			Щ		3,999.	0.	0.
(3) JAMES MCCANN	1.00	l								
TREASURER	1 00	X	<u> </u>			Н		0.	0.	0.
(4) TERESA DIMARIA	1.00	١.,								•
DIRECTOR	1 00	X	┝			Н		0.	0.	0.
(5) EDWARD CALLAGHAN	1.00	x						1 006	0.	•
DIRECTOR (6) RICHARD SHOEMAKER	1 00	^		-	<u> </u>	$\vdash$		1,906.	0.	0.
DIRECTOR	1.00	x			ĺ			0.	0.	0.
(7) DOUGLAS SMITH	1.00	┢≏	_			$\vdash$		· ·		<del></del>
DIRECTOR	1.00	X						3,820.	0.	0.
(8) CHARLES THOMAS	1.00	^				$\vdash$		3,020.		
VICE CHAIRMAN	1.00	x						832.	0.	0.
(9) ELIZABETH ARGIRI	1.00				_	-		0321		
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(10) PETER GATES	40.00	† <del></del>			_					
PRESIDENT/CEO		1		х				774,796.	0.	49,805.
(11) STEVE BREWER	40.00					T	-			
CFO		1				x		324,951.	0.	48,390.
(12) PHILIP COOPER	40.00									,
CLO		1				Х		293,509.	0.	43,376.
(13) SCOTT TOWNSEND	40.00							Ì		
CIO		L	L			X	L	191,714.	0.	23, <u>077</u> .
(14) DEBORAH FAHRNEY	40.00									-
VP RETAIL SERVICES			L			Х		261,916.	0.	44,712.
(15) KAREN HANELINE	40.00									
VP HR		$oxed{oxed}$				Х		163,597.	0.	34,384.
<del></del>										
		<u> </u>				Ш				
		1			1					
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UNTON

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (controlled)   Average   Name and title	Point 990 (2019) 0141014										023	<u>, , , , , , , , , , , , , , , , , , , </u>	ı ay	
Name and title    Average week   Name and title   Nours per week   Name and title   Nours per week   Name and title   Nours per week   Name and title   Nours for related   Nours for rela	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employed	s (continued)		<del></del>		_
the Subtotal comparation from the organization for mite organization from the organizat	(A)	(B)			_	-			(D)	(E)		ĺ	(F)	
The Subtotal  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1c Total aromer of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the organization from the line 1s 1s 1s 4s sum of reportable compensation from the organization from the la is the sum of reportable compensation from the organization is and related organization from the la is the sum of reportable compensation from the organization from th	Name and title	· ·	(do					one	Reportable	Reportable	<b>;</b>	Est	imated	
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organizations below line)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization sheet sheet or line 1a? If *Yes, * complete Schedule J for such individuals*  3 Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organization or limited to the organization organization or limited to the organization o			$\overline{}$	cer ar	10 8 0	recto	Trus	(66)	-	1				
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1b Subtotal  C Total from continuation sheets to Part VII, Section A  D 1 Total from continuation sheets to Part VII, Section A  Total fadd lines 1b and 1cl  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, frustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual  For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual  To be deep in the deep interview of the sum of reportable compensation and other compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  Complete the stable for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization stax year.  (A)  Name and business address  CONSTRUCTION  SERVICES  3,333,584.  FIS  SOIL RIVERSID AVE, JACKSONVILLE, FL 32204  DOXIM INC./IDS.COM, 747 EAST WHITCOMB			ruste	l trus		9,	ngu		(***271033*****100)			_		
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the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  CONSTRUCTION  226 E HUDSON AVE, ROYAL OAK, MI 48067  FIS  601 RIVERSID AVE, JACKSONVILLE, FL 32204  DOXIM INC./IDS.COM, 747 EAST WHITCOMB	<del></del>	mnensated ind	lene	nde	nt co	ntra	acto	re th	nat received more than 9	\$100,000 of com	nenca	tion fro	m	
(A) (B) (C) Compensation  KASCO INC  226 E HUDSON AVE, ROYAL OAK, MI 48067  FIS  601 RIVERSID AVE, JACKSONVILLE, FL 32204  DOXIM INC./IDS.COM, 747 EAST WHITCOMB	· · · · · · · · · · · · · · · · · · ·	•	-								perisa	11011 1101		
KASCO INC  226 E HUDSON AVE, ROYAL OAK, MI 48067  FIS  601 RIVERSID AVE, JACKSONVILLE, FL 32204  DOXIM INC./IDS.COM, 747 EAST WHITCOMB  CONSTRUCTION SERVICES  3,333,584.  TECHNOLOGY PRODUCTS 1,416,032.									*			(C	)	
226 E HUDSON AVE, ROYAL OAK, MI 48067 SERVICES 3,333,584.  FIS 601 RIVERSID AVE, JACKSONVILLE, FL 32204 TECHNOLOGY PRODUCTS 1,416,032.  DOXIM INC./IDS.COM, 747 EAST WHITCOMB		address						_	•	<del></del>		ompen	sation	
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DOXIM INC./IDS.COM, 747 EAST WHITCOMB		T/TT.T.T	म्य	2	22	<b>N A</b>		ļ	TECHNOLOGY P	<b>ア</b> のひびつから	1	A16	. na	2
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601 RIVERSID AVE, JACKSONVILLE, FL 32204	TECHNOLOGY PRODUCTS	1,416,032.
DOXIM INC./IDS.COM, 747 EAST WHITCOMB		
AVENUE, MADISON HEIGHTS, MI 48071	DOCUMENT SOLUTIONS	902,054.
HARRISON MEDIA, 24416 CROCKER BOULEVARD,	,	
CLINTON TOWNSHIP, MI 48036	MARKETING	847,254.
HOLZMAN CORKERY PLLC	=	
28366 FRANKLIN RD, SOUTHFIELD, MI 48034	LEGAL SERVICES	492,606.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 43		

Form 990 (2019)

Form 990 (2019) \*Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Revenue excluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Federated campaigns 1a 1b Membership dues c Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g|\$ Total. Add lines 1a-1f **Business Code** INTEREST ON LOANS 522100 77,140,386. 77,140,386 Program Service FEES, CHARGES AND OTHER 522100 15,047,074. 15,047,074. All other program service revenue Total. Add lines 2a-2f 92,187,460. Investment income (including dividends, interest, and 12,756,950. other similar amounts) 13,123,625. 366,675. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a **b** Less rental expenses <u>6</u>b Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of 881,254, assets other than inventory 7a ,b Less cost or other basis 795,979 Other Revenue and sales expenses 7b 85,275. c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not 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 9ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d 105,396,360. 105,029,685. Total revenue. See instructions 366,675.

Form 990 (2019)

38-1629793 Page 10 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)  $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to domestic organizations 51,375 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 104,500 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 835,158. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 19,372,824. Other salaries and wages Pension plan accruals and contributions (include 1,630,563. section 401(k) and 403(b) employer contributions) 4,170,888. Other employee benefits 1,605,788. 10 Payroll taxes Fees for services (nonemployees) Management Legal 211,471 Accounting d Lobbying - 13 / 17 - - 5 / 17 e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 2,039,020. column (A) amount, list line 11g expenses on Sch O.) 2,572,729. 12 Advertising and promotion 2,651,750. 13 Office expenses 14 Information technology 15 Royalties 1,411,240. 16 Occupancy 95,185. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 91,192. Conferences, conventions, and meetings 19 26,303,318. 20 75,203. Payments to affiliates 21 225,567. Depreciation, depletion, and amortization 22 370,540. 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROVISION FOR LOAN LOSS 6,000,000. b LOAN SERVICING EXPENSE 2,757,752. 2,744,471. c DEBIT/CREDIT CARD EXPEN d SOFTWARE LICENSING AND 1,442,812. 3,155,440. SEE SCH O All other expenses 82,918,786. Total functional expenses. Add lines 1 through 24e 25 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)

38-1629793 Page 11

₹ <b>Pa</b> i	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this P	art X			
		·		(A)		(B)
	т			Beginning of year	<b>↓</b>	End of year
	1	Cash - non-interest-bearing		7,079,357.	1	5,881,419.
	2	Savings and temporary cash investments		48,600,104.	2	45,074,421.
	3	Pledges and grants receivable, net		100 500	3	,
	4	Accounts receivable, net		2,192,503.	4	2,253,060.
	5	Loans and other receivables from any current or former officer, direct			7.79	
		trustee, key employee, creator or founder, substantial contributor, or	35%	10,317,707.	5	13,339,239.
	_	controlled entity or family member of any of these persons				13,339,239
	6	Loans and other receivables from other disqualified persons (as defin	222	<u></u>		
Assets	١,,	under section 4958(f)(1)), and persons described in section 4958(c)(3	)(D)	1646516638.	7	1885743050.
	7	Notes and loans receivable, net Inventories for sale or use		10403100301	8	1003/13030.
Ass	8	Prepaid expenses and deferred charges		1,785,256.	9	1,806,407.
•	9	Land buildings and equipment cost or other	Total State of the	, ii x [4	A STEEL TO STEEL	
	104	basis Complete Part VI of Schedule D 10a 63, 19	9,817.		-7-	
	Ь	Less accumulated depreciation 10b 17, 23	4,419.	43,024,982.	10c	45,965,398.
	11	Investments - publicly traded securities	242,785,001.	11	333,423,548.	
	12	Investments - other securities See Part IV, line 11	11,361,800.	12	11,755,800.	
	13	Investments - program-related See Part IV, line 11	, .	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		26,573,151.	15	30,179,333.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2040236499.	16	2375421675.
	17	Accounts payable and accrued expenses		6,201,315.	17	7,225,409.
	18	Grants payable		18		
	19	Deferred revenue		295,972.	19	257,296.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule I	)	2,525,480.	21	3,109,469.
Sa ,	22	Loans and other payables to any current or former officer, director,			, 1 <sup>3</sup> (21 ) 1. , 1887)	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	35%	200 1 1 2 1 1 1 2 2 1 1 2 2 2 1 1 2 2 2 2		The state of the s
jab		controlled entity or family member of any of these persons		40 000 000	22	60 000 000
	23	Secured mortgages and notes payable to unrelated third parties		40,000,000.	23	60,000,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir				
		parties, and other liabilities not included on lines 17-24). Complete Particle D.	art X	1733060263.	25	2016557507.
	26	of Schedule D Total liabilities. Add lines 17 through 25		1782083030.	26	2087149681.
	20	Organizations that follow FASB ASC 958, check here	<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	<b>注:"等,""等",</b> 海路沙
S		and complete lines 27, 28, 32, and 33.			1.	
Š	27	Net assets without donor restrictions		aliela comittación de al relibertos e reliberarios de actuarios en la	27	. L'immedia vik 'missasemine TP' 'saladian cidic' k
3ala	28	Net assets with donor restrictions			28	
Ē	-	Organizations that do not follow FASB ASC 958, check here	X	Section of the sectio	1113	
Ē		and complete lines 29 through 33.			25, 3	
ō	29	Capital stock or trust principal, or current funds		0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		0.	30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	5	258,153,469.		288,271,994.
Net Assets or Fund Balances	32	Total net assets or fund balances		258,153,469.	32	288,271,994.
_	33	Total liabilities and net assets/fund balances		2040236499.	33	2375421675.

	11201120121 D0110020 1210 001212111 0112021					
	990 (2019) UNION	<u> 38-</u>	<u>-16297</u>	<u> 193</u>	Pag	ge 12
<u>.</u> Pai	rt XI, Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,			
2,	Total expenses (must equal Part IX, column (A), line 25)	2		,918		
3	Revenue less expenses Subtract line 2 from line 1	3		, 477		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258,			
5	Net unrealized gains (losses) on investments	5	<u> </u>	<u>, 640</u>	),9!	<u>51.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	288,	<u>, 271</u>	L,99	<u>94.</u>
-Pai	Tt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			, ,		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				170.54	\$5.50°.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>O</b>			; 	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ŀ			7
	separate basis, consolidated basis, or both				ייי איני דייינע	
	Separate basis Consolidated basis Both consolidated and separate basis		<u>,                                    </u>	100	,,,,,	3, 5
b	Were the organization's financial statements audited by an independent accountant?		-  -	2b	Х	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		77	1.	25,3"
	consolidated basis, or both		ľ	, 15~ 		
	Separate basis X Consolidated basis Both consolidated and separate basis		-		أستنا	i
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				l
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche		**	., ., ., .,	101	ات نے
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	tit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	nt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (	(2019)

### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION

**Employer identification number** 38-1629793

Par			ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		1 4	b) Funds and other accounts
		(a) Donor advised funds	ı,	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	<del></del>	-	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		<del></del>	
5	Did the organization inform all donors and donor advisors in	=	ivised fund	
	are the organization's property, subject to the organization's	<del>-</del>		Yes No
6	Did the organization inform all grantees, donors, and donor a	• •		· ·
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	se conferri	
<u> </u>	impermissible private benefit?			Yes No
Par	<del></del>	<del>-</del>	00, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea	· <del>_</del>		rically important land area
	Protection of natural habitat	Preservation	n of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the fo	rm of a cor	servation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	ıcture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organiz	zation during the tax
	year <b>&gt;</b>		_	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of .	
	violations, and enforcement of the conservation easements in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation	n easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(	i)
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and exper	nse statem	ent and
	balance sheet, and include, if applicable, the text of the footi	•		
	organization's accounting for conservation easements			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue stateme	nt and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
h	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public	•		
	•	e exhibition, education, or research in the	41410141100	or public dervice,
	provide the following amounts relating to these items  (i) Revenue included on Form 990. Part VIII. line 1			<b>\$</b>
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
_	(ii) Assets included in Form 990, Part X	and the second s	sol ==::	
2	If the organization received or held works of art, historical tre		iciai gain, p	provide
	the following amounts required to be reported under FASB A	ADU 908 relating to these items		•
<b>a</b>	Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

	dule D (Form 990) 2019 UNION								29793		ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	<u>orical Tre</u>	asures, o	r Othe	r Simila	ar Asset	S (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply)										
а	Public exhibition		d 🛄	Loan or excl	hange progra	am					
b	Scholarly research	•	е 🗌	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	e organizatio	n's exer	npt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the <u>orga</u> r	uzation's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		lete if the	organizatio	n answered '	"Yes" on	Form 99	0, Part IV	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributions	or other as:	sets not	ıncluded				
	on Form 990, Part X?		-						Yes	X	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
		•	J						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		-		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	stodial acco	unt liabil	lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII						•			X	ĺ
Par							10				
	-	(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years l	oack
1a	Beginning of year balance		1								
b	Contributions						_				
С	Net investment earnings, gains, and losses										
d	Grants or scholarships	- "						-			
е	Other expenditures for facilities	-									
	and programs		!		,						
f	Administrative expenses		•								
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	a, column (a)	) held as						
а	Board designated or quasi-endowment	•	%	. , ,	•						
b	Permanent endowment	%									
С	Term endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	red for th	ne organiz	zation			
	by	J					•		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ted	(d) Boo	k value	,
	, , , , , , , , , , , , , , , , , , ,	basis (investi		1	(other)		preciatio	l l			
1a	Land		· · · · · ·	13,19	4,353.				13,19	4,35	<u>.</u>
	Buildings				5,248.	5,	843,8		29,17		
	Leasehold improvements			<u>,                                     </u>			- , -	1		•	
d	Equipment			14.99	0,216.	11.	390,6	00.	3,59	9,61	6.
	Other		-	, <u> </u>	,					•	
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Post	Y colum	on (R) Jano 1	Oc 1	·	_		45,96	5,39	8 -

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNION		38	-1629793 <sub>Page</sub> 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			<u>.                                    </u>
(B)			
(C)			
(D)			
(E)			
(G)			<del></del>
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)		8 T T	一, 生, 学, 完美
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1)			
(2)		<u></u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	_		20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Part IX: Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	_		
(5)	_	<u>.</u>	
(6)			
(7)			
(8)			_
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
	5 000 D- + IV I	11. · 116.0 . E. · 000 B AV I . 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	Tie or Tit See Form 990, Part X, line 25	(b) Book value
······································			(b) BOOK Value
(1) Federal income taxes	<del></del>	<del></del>	2016557507
(2) MEMBER DEPOSITS			2016557507.
(3)			<del></del>
	<u></u>		<del>.</del>
(5)	<del></del>	-	
(6)			
(7)		-	
(8)			·
(9)		· ·	20165555
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	▶	2016557507.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

▶ 201655750

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 UNION		30-1049/93 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat		e per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a	<del></del>
1 Total revenue, gains, and other support per audited financial statements		1
<ul> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12</li> <li>Net unrealized gains (losses) on investments</li> </ul>	2a	[
a Net unrealized gains (losses) on investments     b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	, , , ,
	2d	
d Other (Describe in Part XIII )  e Add lines 2a through 2d	<u> </u>	2e
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	- <del>"</del> ,
b Other (Describe in Part XIII )	4b	\$ A -
c Add lines 4a and 4b	<u> </u>	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1	5
Part XIII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		, ,
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	idi <sup>li</sup> Jin Ž
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		es et
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII )	_4b	ع أن . الله 10 من <del>اسب الله </del>
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18	8.)	5
Part XIII Supplemental Information.	<del></del>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		art V, line 4, Part X, line 2, Part XI,
PART IV, LINE 2B:		
AS A LOAN SERVICEP, THE CREDIT UNION RECE	IVES PRINCIPAL	, INTEREST, TAX AND
INSURANCE PAYMENTS AND THEN REMITS THESE I	FUNDS TO THE A	PPLICABLE THIRD
PARTIES ON BEHALF OF THE BORROWERS.		
PARTIES ON BEHALF OF THE BORROWERS.	<u> </u>	
PART X, LINE 2:		
MSGCU IS EXEMPT, BY STATUTE, FROM FEDERAL	AND STATE INC	OME TAXES. MSGCU
IS SUBJECT TO UNRELATED BUSINESS INCOME TO	AX. MSGCU'S WHO	OLLY OWNED
SUBSIDIARIES, SOCRE AND 20595 LIVONIA LLC	, ARE SUBJECT '	TO FEDERAL AND
STATE INCOME TAXES.		
		/A

MANAGEMENT EVALUATED MSGCU'S TAX POSITIONS AND CONCLUDED THAT MSGCU HAD

### MICHIGAN SCHOOLS AND GOVERNMENT CREDIT 38-1629793 Page 5 Schedule D (Form 990) 2019 Part XIII | Supplemental Information (continued) TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. MSGCU FILES IRS FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) AND OTHER FORMS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF MICHIGAN. THE CREDIT UNION'S OPEN AUDIT PERIOD IS THE THREE-YEAR PERIOD ENDED DECEMBER 31, 2019.

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

Name of the organization

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.

2019

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

38-1629793

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

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

2 \_ Schedule I (Form 990) (2019) LASSROOM CASH GRANT FOR (h) Purpose of grant or assistance LASSROOM PROJECTS X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ó (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 17,500 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 38-6002552 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MI 48312 or government UTICA COMMUNITY SCHOOLS STERLING HEIGHTS, 11303 GREENDALE Part II

38-1629793

Page 2

UNION

Schedule I (-orm 990) (2019)

(f) Description of noncash assistance SCHOLARSHIP GRANTS (e) Method of valuation (book, FMV, appraisal, other) GRANTS Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed GRANT O. CASH (d) Amount of non-cash assistance THE IS REQUIRED FROM THE TEACHER APPLYING FOR 104,500. (c) Amount of cash grant (b) Number of recipients 45 (a) Type of grant or assistance AN APPLICATION COLLEGE SCHOLARSHIPS PART I, LINE Part III

PART III:

WE HAVE A COMMITTEE THAT REVIEWS APPLICATIONS AND AWARDS SCHOLARSHIPS

ARE PAYABLE DIRECTLY TO THE SCHOOL AND TEACHERS FILE PAPERWORK WITH THEIR

SCHOOL FOR REIMBURSEMENT OF CLASSROOM EXPENSES

TO SELECTED INDIVIDUALS.

### **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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION

Employer identification number 38-1629793

**Questions Regarding Compensation** Part I

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		177	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	47.5	(1,1,7)	
	First-class or charter travel Housing allowance or residence for personal use		لائة ' يَّ دَوْع و - الْمُقاتِين	
	Travel for companions Payments for business use of personal residence	7 2.15		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	22, 1	(1 '47'	
		rleg and la	ri. Aži	4
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			71 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	, j ,	; yš	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
		, ,	ر - ا	"," iš , '   '\$' wa'!
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	**************************************	1 - 43 43	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1-15		
	establish compensation of the CEO/Executive Director, but explain in Part III	15.7	Ji , **	.; -, 1
	X Compensation committee X Written employment contract	ر مانوار دارو	₹َن. تر	"
	Independent compensation consultant   X   Compensation survey or study	American de la companya de la compan		
	Form 990 of other organizations  X Approval by the board or compensation committee			<b>2.35</b> 分工 :
		7.7°	)	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	200		4 7 mg
	organization or a related organization	, z., r	\$1 5°	10 E
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	7 314 - 1 7 100 - 1	- d - "	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	7 n 4	1,50	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	*35* .c.	: (15-1	
	contingent on the revenues of	3 , 1m;	اي دري ال الكيانية	
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III	1 4 11/5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	" / ' ' ' '	1. "	2.5
	contingent on the net earnings of			7 21.
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III	35.5	- 25 - 73 - 12 - 12 /	τρΕ.,
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	149 .17 . 2
	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 pursuant to a contract that was subject to the	3 1 A3	', ' '- - <del>'   1   '</del>	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		ļ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4	<u>.:</u>	,
	Regulations section 53 4958-6(c)?	9	<u> </u>	

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

Schedule J (Form 990) 2019

38-1629793

ICHIGAN SCHOOLS A

Page 2

Schedule J (Form 990) 2019 UNION

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

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-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) PETER GATES	Ξ	.689,753.	73,693.	11,350.	27,400.	22,405.	824,601.	0
PRESIDENT/CEO	<u>(E</u>	0	0	0	• 0	0.	* 0	0.
(2) STEVE BREWER	Θ	282,675	35,943.	6,333.	27,400	20,990.	373,341.	0
CFO	€	0	0	0	• 0	0	0	0.
(3) PHILIP COOPER	Ξ	260,534.	32,675.	300.	26,741.	16,635.	336,885.	0
СГО	: (3)	0	0.	0.	0	0.	0	0
(4) SCOTT TOWNSEND	(0)	13,530.	28,767.	89,417.	8,411.	14,666.	214,791.	0
CIO	Ξ	0	0	0	* 0	0	0	0
(5) DEBORAH FAHRNEY	(i)	231,732.	29,434.	750.	24,142.	20,570.	306,628.	0.
VP RETAIL SERVICES	⊞	0 0	0.	0	0	0.	0	0
(6) KAREN HANELINE	Ξ	144,779.	18,298.	520.	15,675.	18,709.	197,981.	0.
VP HR	(ii)	• 0	0	0.	*0	0	0	0
	(1)							
	(ii)							
	Θ							
	Ξ							
	Ξ							
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	(ii)							
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Page 3 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 38-1629793 ARRANGEMENT. NO BENEFIT DRAWS WERE MADE BY ANY OF THE PARTICIPANTS DURING CERTAIN KEY EXECUTIVES PARTICIPATE IN A COLLATERAL ASSIGNED SPLIT DOLLAR SEVERANCE IN THE AMOUNT OF \$85,772 WAS PAID OUT UNION Part III Supplemental Information PART I, LINES 4A-B: Schedule J (Form 990) 2019 DURING 2019, 2019.

### 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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

OMB No 1545-0047

Open To Public Inspection

Employer identification number

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Part I	Excess Bend		•					-									
1	Complete if the		nswered "Yo b) Relations				line 2	5a or 25t	o, or F	orm 99	90-EZ, P	art V, I	ine 40	<u> </u>	(4)	Corre	cted?
' (a) Na	me of disqualified	person '			ganization	imea		(	c) Des	criptic	n of tran	sactio	n			es	No
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	<del></del>		<del>-</del>				╁┈╴								+-	$\dashv$	
2 Enter	the amount of tax	incurred by th	e organizatio	on mana	agers or dis	qualifi	ed pe	rsons dur	ing th	e year	under						
section	on 4958												▶ \$			_	
3 Enter	the amount of tax,	if any, on line	2, above, re	emburse	ed by the o	rganız	ation					<b>&gt;</b> \$					
Part II	Loans to an	d/or From	ntereste	Pers	ons.												
	Complete if the					Z. Part	t V. lini	e 38a or l	Form 9	990. P	art IV. lın	e 26. d	or if th	e orga	nızatıc	n	
	reported an amo					_,	,					,					
•	a) Name of	(b) Relations			(d) Loan to o		(e) Ori		(f)	Baland	e due		) In	(h) Ap	proved ard or	,, .	Vritten
inter	rested person	with organiza	ion of lo	oan	organization?	┦ '	ncipai	amount				-	ault?	1	nttee?	<del></del>	ement?
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		<u> </u>														<u> </u>	
Total Part III	Grants or As	eictonee F	onofiting	Intor	octed Do	rcon		▶ \$	13	339	239.	<u> </u>		]		<u> </u>	
Part III	J		_					7									
(a) N	Complete if the lame of interested		(b) Relati			art IV		nount of	Т		(d) Type	e of		(e	) Purp	ose o	of
(4)	vario or interested	person	interest	ed persorganiza	on and			stance			assistan			•	assista		•

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 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 organization's revenues? (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction Yes Νo Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) Ţ

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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.

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

UNION

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 135,000 MEMBERS
ACHIEVE FINANCIAL SUCCESS.
WITH 15 OFFICES LOCATED THROUGHOUT MACOMB, OAKLAND, AND WAYNE COUNTIES,
PROVIDING FULL ONLINE BANKING AND MOBILE SERVICES, WITH \$2.4 BILLION IN
ASSETS, \$1.9 BILLION IN LOANS, AND A STAFF OF 347 EMPLOYEES, MSGCU IS A
VALUED RESOURCE FOR FINANCIAL WELLBEING FOR BOTH CONSUMERS AND
BUSINESSES. AT THE END OF 2019 OUR LENDING PORTFOLIO TOTALED
APPROXIMATELY \$1.9 BILLION. THE CONSUMER LENDING PORTION OF THE
PORTFOLIO WAS JUST OVER \$979 MILLION. THE MORTGAGE PORTFOLIO WAS JUST
UNDER \$814 MILLION AND THE BUSINESS LOAN PORTFOLIO WAS \$108 MILLION.
THE SAVINGS PORTFOLIO WAS \$2.018 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.
$\sigma$

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization MICHIGAN SCHOOLS AND GOVERNMENT CREDIT	Page 2
UNION	38-1629793
MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE OR	MORE OF THE
ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR AS	VACANCIES ARISE
OR OTHERWISE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO VOTE IN THE	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 F	ORM 990 PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF IN	TEREST
DISCLOSURE.	
FORM 990, PART VI, SECTION B, LINE 15:	
ON AN ANNUAL BASIS, CEO COMPENSATION IS RECOMMENDED BY THE	PERSONNEL
COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRECTORS, AND A	PPROVED BY THE
ENTIRE BOARD OF DIRECTORS. ON AN ANNUAL BASIS, ALL OTHER E	MPLOYEE
COMPENSATION IS SET BY THE CEO, EXECUTIVE TEAM, AND HUMAN	RESOURCES. WE
UTILIZE A THIRD PARTY COMPENSATION CONSULTANT IN JOB PRICE	NG.
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE POSTED IN THE BRANCH LOBBIES AND	ARE AVAILABLE TO .
THE PUBLIC UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT	OF INTEREST
POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC	•

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MICHIGAN SCHOOLS AND GOVERNMENT CREDIT UNION	Employer identification number 38-1629793
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
COLLECTIONS EXPENSE	812,610.
MAINTENANCE	782,812.
ONLINE BANKING EXPENSE	733,384.
EDUCATION AND TRAINING	456,076.
ASSOCIATION DUES	318,703.
OTHER	51,855.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 3,155,440.
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES IN THE PROCESSES UTILIZED BY THE AU	DIT COMMITTEE.
<u> </u>	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
	•

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number 38-1629793 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. MICHIGAN SCHOOLS AND GOVERNMENT CREDIT Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 UNION

(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	ts Direct controlling entity	) ntrolling ty
20595 LIVONIA LLC - 45-5324142 28366 FRANKLIN SOUTHFIELD, MI 48034	HOLDING COMPANY FOR LAND	MICHIGAN		0. 741,00	MICHIGAN SCHOOLS AND 741,007. GOVERNMENT CREDIT UNION	OLS AND EDIT UNION
	- 1- 1					
Partii Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, bec	ause it had one or m	ore related tax-exem	ta.
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section st	fy not	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
		,		501(c)(3))		Yes No
						<del> </del>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		1		Schedule R (F	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

UNION

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

Page 2

38-1629793

(K)	ercentage wnership			related	(i) Section 512(b)(13) controlled entity?		!	
6	General or Percentage managing ownership partner?	2		ne or more	(h) Percentage ownership	1008	l .	
(3)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Perend-of-year ow	3 233 395	· I	
(F)	Z 2L	<u> </u>		rt IV, line 34		810		
(6)	Share of end-of-year assets			ırm 990, Pa	(f) Share of total income			
				 "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)	0088		
€	Share of total income			answered		<u> </u>		
				e organizatior	(d) Direct controlling entity	MICHIGAN SCHOOLS AND		
(e)	Predominant income (related, unrelated, excluded from tax under cactions 512-514)			mplete if th	(c) Legal domicile (state or foreign country)	E		
(p)	Direct controlling entity			oration or Trust. Co	(b) Primary activity	μ		
(c)	Legal domicile (state or foreign	Conun		as a Corpo	Prin	REAL ROUBLE		
(g)	Primary activity			janizations Taxable poration or trust duril	Ze			
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust.  Organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization	SOC REAL ESTATE, INC 38-2658390 40400 GARFIELD		

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

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Page 3

38-1629793

Schedule R (Form 990) 2019

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				Yes 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?	s with one or more re	ated organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a X
<b>b</b> Giff, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				<del>ار</del>
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				<del>1</del>
i Exchange of assets with related organization(s)				1,
j Lease of facilities, equipment, or other assets to related organization(s)				1 <sub>1</sub>
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			T X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
p Reimbursement paid to related organization(s) for expenses				t X
q Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)				1- X
				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	primation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) SOC REAL ESTATE, INC.	Ж	730,836.	730,836. MARKET LEASE RATES PER	SQ. FOO
(2) SOC REAL ESTATE, INC.	T	120,000.	SALARY ALLOCATION	
(3)				
(4)				
(5)				
932 163 09-10-19			Schedule	Schedule R (Form 990) 2019

38-1629793

Page 4

MICHIGAN SCHOOLS AND GOVERNMENT CREDIT

Schedule R (Form 990) 2019 UNION

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

St. and EIN Primary activity   Legal dominical included   Primary activity   Legal dominical included   Primary activity   Legal dominical included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Primary activity   Predominant included   Predominant included   Primary activity   Predominant included   Predominant incl	Primary activity Legal domicile Predament income and strain of state of rocent of state or foreign country) sections 512-514) tyes ho income assets country) sections 512-514) tyes ho income assets assets and state of state or foreign country) sections 512-514) tyes ho income assets assets assets asset to state of state or foreign country) asset to state of state or foreign country) asset to state of state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country) asset to state or foreign country or foreign country) asset to state or foreign country or	(a) (b) (c) (d)	(q)	(5)	(p)	(e)	£)	(6)	ε	Ξ	s	(K)
Sections 515-514) Ves No Income assets	Sections 516-514) Vee No Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec 501(c)(3)		Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage ownership
				country)	excluded from tax under sections 512-514)	res No		assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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	Schedule R Form 9801 2015								_			
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	Schedul & Figure 3					_						
	Schedule R Form 990) 2019											
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	Schedule R (Form 990) 2019											
	Schedule B (Form 990) 2019											

### MICHIGAN SCHOOLS AND GOVERNMENT CREDIT 38-1629793 Page 5 Schedule R (Form 990) 2019 UNION 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