990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2019 calenda	ar year, or tax year beginning October 1 , 2019, and end	ling Se	ptember	30 , 20	20			
B Check if applicable: C Name of organization		oplicable:	C Name of organization	D Emp	D Employer identification nur		r			
	Address c	change Detroit Retired City Employees Association				23-7227057				
Ц	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tele	E Telephone number					
$\overline{}$	Initial retur		P O Box 40713		(313) 927-0491					
$\overline{}$	rinai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	Group Exemption					
\equiv	Application	A88510 15020	Detroit, MI 48240	Nu	mber >					
G	Account	ting Method:		H Check	▶ ✓ if	the organization	is not			
	Vebsite		DRCEA.org	- 6		ch Schedule B				
J T	ax-exen		eck only one) — ☐ 501(c)(3)	7 (Form !	990, 990-	EZ, or 990-PF).				
			✓ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets	3					
(Pa	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$					
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the instru	ictions t	or Part I)				
			the organization used Schedule O to respond to any question in this l				. 🗸			
	1		ons, gifts, grants, and similar amounts received		1		20,883			
	2		ervice revenue including government fees and contracts		2		20,000			
	3		ip dues and assessments		3		49,884			
	4	Investment			4		24			
	5a		unt from sale of assets other than inventory 5a				4-1			
	b		or other basis and sales expenses							
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	ONE VERY DE VE	5c					
	6	Charles and Charles Inches	Gaming and fundraising events:							
	а		Gross income from gaming (attach Schedule G if greater than							
e	-	LINEAR STORES CONTRACTOR STORES	5,000)							
Revenue	b	Gross inco	me from fundraising events (not including \$ 6,275 of contril	outions						
ev.		from fundr								
ш			h gross income and contributions exceeds \$15,000) 6b	6,275	5					
	C	Less: direc	t expenses from gaming and fundraising events 6c	9,210						
	d		nd subtract							
		line 6c) .		6d		-2,935				
	7a	Gross sale	s of inventory, less returns and allowances				21000			
	b		of goods sold		1					
	С	Gross prof	7c							
	8	-	nue (describe in Schedule O)	8	CHANGE OF THE PARTY OF THE PART					
	9		9		67,856					
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10					
	11		aid to or for members		11					
9	12		ther compensation, and employee benefits		12					
JSe	13		al fees and other payments to independent contractors		13	<u> </u>				
Expenses	14		/, rent, utilities, and maintenance		14					
ŭ	15		ublications, postage, and shipping		15	n - 6	34,309			
	16		16		19,409					
	17		enses (describe in Schedule O)		17		53,718			
"	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18		14,138			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must				-,			
ASS			r figure reported on prior year's return)		19		5,674			
Net Assets	20	Other char	20		0					
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21		19,812			

	The state of the s					
Pa	rt II Balance Sheets (see the instructions	AND SELECTION AND ADDRESS OF THE PROPERTY OF T				
	Check if the organization used Schedule	e O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[5,674	22	19,812
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			5,674	25	19,812
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21)	5,674	27	19,812
Par	t III Statement of Program Service Accon			SERVICE SERVIC		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III	/Doc	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	34-4				(c)(3) and 501(c)(4)
	cribe the organization's program service accompl				_	anizations; optional for
	neasured by expenses. In a clear and concise r		e services provided	I, the number of	othe	ers.)
pers	ons benefited, and other relevant information for e	ach program title.				
28	Publication of newsletter					
	*					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	28 a	34,309
29						

	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗌	29 a	I I
30						
		t includes foreign gra			30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🕨 📋	31a	
32					32	0.11000
Par	List of Officers, Directors, Trustees, and Ke	serve for the entreme server of the server server of			stru	
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	Ή:	🗸
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
	(a) Mario and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
ΛUον	Alouis		(,		+	
	A Lewis	-				0
	ident	3	0		-	U
	ey F Woods Vice President	- 2	0		0	0
	erick M Rottach	2		'	-	0
	and Vice President	2	0			0
-	A Wilson	2				0
	etary	4	0		0	0
-	rcella Davis			'	-	0
	esponding Secretary	2	0			0
	ara Wise Johnson					0
	surer	20	0		0	0
-	ey V lightsey	20				U
Direc		2	0		0	0
	nas R Sheehan				-	0
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	ael Brinker					
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	on Harper	7 E			-	0
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DII C	AUI				<u> </u>	U

Dai	rt II Balance Sheets (see the instructions f	or Part II)			
Га	Check if the organization used Schedule		ny augetion in this	Part II	П
	Offeck if the organization used Schedule	O to respond to ai		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		_		22
23	Land and buildings				23
24	Other assets (describe in Schedule O)				24
25	Total assets				25
26	Total liabilities (describe in Schedule O)				26
27	Net assets or fund balances (line 27 of column	(B) must caree with	lino 21)		27
Par					21
гаі	Check if the organization used Schedule	CATTER STORES TO STORE THE STORES OF THE STORES		A CONTRACTOR OF THE PARTY OF TH	Expenses
Mha	t is the organization's primary exempt purpose?	O to respond to ai	ly question in this	raitiii 📋	(Required for section
					501(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis			ogiani odi nodo,	organizations; optional for others.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	, the number of	outoro.j
	ons benefited, and other relevant information for ea	ion program title.			T
28					
	70				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗆 🏻 :	28a
29	***************************************				

	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 📙 🤅	29a
30					
		includes foreign gra			30a
31	Other program services (describe in Schedule O)				
		includes foreign gra			31a
00	T-1-1 (hrough 21a			32
32	Total program service expenses (add lines 28a t				
-	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated-see the ins	
-		Employees (list each	one even if not comp ny question in this	pensated—see the ins	
-	t IV List of Officers, Directors, Trustees, and Key	C Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this (c) Reportable	pensated—see the ins Part IV	structions for Part IV)
-	t IV List of Officers, Directors, Trustees, and Key	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ins Part IV	
-	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	C Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the ins Part IV	structions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N \dots	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	Y	313) 46		
	Located at ► 16888 Stout Detroit MI ZIP + 4 ►	48219		
b	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)? If "Yes," enter the name of the foreign country	42b	Yes	No √
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
		Name and a	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions	45h		

									Yes	No	
46 D	oid the	e organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opp	osition				
to	o can	didates for public office? If "Yes," c	omplete Schedule C	, Part I				46	Part Sanday Brown	1	
Part VI	S	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations		stions 47-49b ar	d 52. and	d complete	e the ta	ıbles f	or lin	es	
		0 and 51.	o made amorror que		· · · · · · · · · · · · · · · · · · ·						
		Check if the organization used Sch	adula O to respond	I to any question i	n this Par	· \/I				П	
		oneck if the organization used oci	icadic o to respond	to any question i	ii tilio i aii	. VI	-		Yes	No	
47 D	Vial +b	a arasaization angaga in labbuing	activities or have a	acation EO1(b) alos	tion in off	oot during	the toy		165	INO	
	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									1	
									91	V	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									1	
									_	1	
	f "Yes," was the related organization a section 527 organization?										
		mplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key									
е	mplo	yees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If there is	none, e	nter "N	lone."	1	
			(b) Average	(c) Reportable		lealth benefits,			- 12		
	(a) N	lame and title of each employee	hours per week	compensation	honofit n	tions to emplo lans, and defe		Estimate ther con			
		XX XX	devoted to position	(Forms W-2/1099-MIS		mpensation	iica o	the con	препоа	uon	
NONE											
HOIVE											
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		Y.							Market Severa		
				Carana and							
f T	otal r	number of other employees paid over	er \$100,000	. ▶							
		lete this table for the organization'		0.000 80 0.000	ent contrac	tors who	each re	ceived	more	than	
		000 of compensation from the orga									
			10. — 14. — 16. — 16. — 17. —		24			-			
	(a) N	lame and business address of each independ	ent contractor	(b) Type of s	service		(c) Cor	npensati	ion		
NONE								0.124 D. G 10	Water and the	Marian and the	
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d T	otal r	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶						
52 D	Did th	ne organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganization	s must at	tach a				
С	omple	eted Schedule A					▶	Yes	V	No	
Under pena	alties o	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, and	to the best of r	ny knowle	edge and	d belief,	, it is	
		complete. Declaration of preparer (other than									
		Darbara Wing M		10)));e							
Sign		Signature of officer	unson			Date					
Here	Barbara Wise Johnson Treasure					Janu	ary 11, 2	2021			
		Type or print name and title	75.41			Juille		. J m 1			
<u> </u>	\dashv_{T}		Preparer's signature		Date	1 1000		PTIN			
Paid		Print/Type preparer's name		2		Check self-e	k ∐ if mployed				
Prepar	1000					I					
Use O	IIIy	Firm's name				Firm's EIN ▶					
May the		Firm's address	shown shows? Coo	instructions		Phone no.				NI.	
iviay the	INO (discuss this return with the preparer	SHOWII ADOVE! See	mstructions				Yes	5 🔲	No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Detroit Retired City Employe	es Association			23-7227057
line 16 other expenses		 		
Meeting room	\$ 2,662	 		
Mileage reimbursement	953			
Office expense	693	 		
Insurance	12,869	 		
Phone/voice/website	805	 		
Bank fees	60	 		
Storage	660	 		
MAPERS dues	200	 		
DIA event	260	 		
Flowers	227	 		
State filing fee	20	 		
Total line 16	19,409	 		
		ži		



DRCEA
DETROIT RETIRED CITY EMPLOYEES ASSOCIATION
Representing Detroit City Retirees Since 1960
P. O. Box 40713
Detroit, MI 48240 – 0713

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027