

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 01-01-2011

As Filed Data -

DLN: 93492275006102

OMB No 1545-1150

2011

Form 990-EZ

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Short Form

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 12-31-2011

Open to Public Inspection

B Check if applicable Address change Name change		• • • • • • • • • • • • • • • • • • • •	C Name of organization PROGRESS MICHIGAN			D Emp	oloyer i	dentification number		
		_			L		0900990			
Initial return Terminated Number and street (or P O box, if mail is not delivered to street address) 115 W ALLEGAN STREET ROOM/SUITE 7TH FL							E Telephone number			
						(517	7) 999-3646			
_	LANSING, MI 48933						Group Exemption Number			
I Ap	plication	on pending								
ΙWe	bsite	www.prog	F Cash	rec	quire	to att	ach Sc	rganization is not thedule B or 990-PF)		
J Tax	-Exem	pt status(check	only one)— 501(c)(3)							
norm	nally r	not more than	anization is not a section 509(a)(3) supporting organization or a sect \$50,000 A Form 990-EZ or Form 990 return is not required thoug organization chooses to file a return, be sure to file a complete retu	h Form 990						
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total d of Form 990-EZ ►\$ 185,025	l assets (Part	II, line	25, col	umn (B)	below) are \$500,000 or		
	rt I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balar	-	the ır	struct	ions fo			
			e organization used Schedule O to respond to any question in this Pa	rt I .	•			<u></u>		
	1		s, gifts, grants, and similar amounts received				1	120,234		
	2	_	vice revenue including government fees and contracts				2	53,197		
	3	•	dues and assessments			•	3	256		
	4	Investment			•	•	4	256		
a.	5a		nt from sale of assets other than inventory	5a						
Revenue	b		rother basis and sales expenses	5b			_			
eve	C		from sale of assets other than inventory (Subtract line 5b from line	5a) .	•		5c			
œ	6	-	fundraising events om gaming (attach Schedule G if greater than \$15,000)	6a						
	a b									
	ט	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								
		\$15,000)		5Ь						
	c	Less direct	expenses from gaming and fundraising events	6c						
	d		ـــــــــــــــــــــــــــــــــــــ		ıne 6	c)	6d			
	7a		T. Carlotte and the car	7a		,				
	ь	Less cost o	F	7b						
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a) .				7c			
	8	Other revenu	ue (describe in Schedule O)				8	11,338		
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	185,025		
	10	Grants and s	imilar amounts paid (list in Schedule O)				10			
	11	Benefits paid	ito or for members				11			
	12	Salaries, oth	er compensation, and employee benefits				12			
S.	13	Professional	fees and other payments to independent contractors				13	91,590		
Expenses	14	Occupancy,	rent, utilities, and maintenance				14	10,639		
Ехр	15	Printing, pub	lications, postage, and shipping				15			
	16	Other expen	ses (describe in Schedule O)	•			16	13,114		
	17	Total expens	ses. Add lines 10 through 16				17	115,343		
5	18	•	eficit) for the year (Subtract line 17 from line 9)			•	18	69,682		
etAssets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must	agree with						
et.A		end-of-year	figure reported on prior year's return)		•	•	19	36,028		
Ž	20		es in net assets or fund balances (explain in Schedule O)		•	•	20	1		
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .		. •		21	105,711		

Cat No 10642I

Check if the organization us	ed Schedule O to respond to	any question in t	this Part II		
(See the instr	uctions for Part II)		(A) Beginning of year	Τ	(B) End of year
22 Cash, savings, and investments			95,174	1 22	123,959
23 Land and buildings				23	
24 Other assets (describe in Schedule	0)			24	
25 Total assets			95,174	1 25	123,959
26 Total liabilities (describe in Schedu	le O)		59,146		18,248
27 Net assets or fund balances (line 27	•	th line 21) .	36,028	-	105,711
Part III Statement of Program Check if the organization us	m Service Accomplishn sed Schedule O to respond to			(Re	Expenses quired for section 501
What is the organization's primary exem THE ORGANIZATION'S MISSION IS T OFFICIALS AND GOVERNMENT ACCO IDEAS AND USES STATE-OF-THE-AR SUPPORT FOR THE PROGRESSIVE ID	O PROVIDE A STRONG CRI DUNTABLE, ASSISTS IN THI T WEB BASED NEWS MEDIA	E PROMOTION (OF PROGRESSIVE	org.	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
Describe the organization's program ser measured by expenses In a clear and c benefited, and other relevant information	oncise manner, describe the s				
28 PROGRESS MICHIGAN PROVIDED ACCOUNTABILITY AND THE PROMOTO MEMBERS WHO USED PROGRESS MICOTHER COMMUNICATIONS TO GOVE ENVIRONMENT, EDUCATION, HUMAN COMBINED MEMBERSHIP OF MORE TOF PROGRESS MICHIGAN IN 2010 P BRINGING TOGETHER THE PROGRES ESTABLISHING A LEGISLATIVE WOR CAUCUS	TION OF PROGRESSIVE IDE HIGAN RESOURCES TO SE RNMENT OFFICIALS AND ON SERVICE, CIVIL LIBERTIE HAN 1 MILLION PEOPLE DI ROGRESS MICHIGAN HAS ESIVE COMMUNITY TO WORK KGROUP OF ORGANIZATIO	EAS FOR MORE THAN DTHER DECISIONS AND OTHER CECTLY BENEFORM A LEAD OF THE COMMENT	THAN 50,000 NETWORK 175,000 LETTERS AND 2N MAKERS LABOR, 2N RGANIZATIONS WITH ITED FROM THE WORK RGANIZATION IN ON ISSUE AGENDA, GRESSIVE LAWMAKERS		
·	this amount includes foreign	grants, check he	re ► 厂	28a	109,276
30	this amount includes foreign o	<u> </u>	,	29a	
	this amount includes foreign	grants, check he	re ► 厂	30a	
<u> </u>	this amount includes foreign	grants, check he		31a	
32 Total program service expenses (add		<u> </u>		32	109,27
	Frustees, and Key Employees.			struction	ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paidenter -0)	d, (d) Contribution	olans &	(e) Expense account and other allowances
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	S Part V	厂		
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O		33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)				No
35	If the organization had income from business activities, such as those reported on lighters), but not reported on Form 990-T, explain in Schedule O why the organization Form 990-T	n did not report the income	e on		
а	Did the organization have unrelated business gross income of $$1,000$ or more durin activities (such as those reported on lines $2,6a$, and $7a$, among others)?	g the year from business	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' proving Schedule O	ide an explanation in	35b		
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subnotice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Sch		35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant distinct the year? If "Yes," complete applicable parts of Schedule N		ing 36		No
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		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee				
	any such loans made in a prior year and still outstanding at the end of the tax year of		38a		No
L	· · · · · · · · · · · · · · · · · · ·	38b	304		110
	If "Yes," complete Schedule L, Part II and enter the total amount involved.	360			
39	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization duri	ng the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▮	-			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sect transaction during the year or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been			
			40b		Νo
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on org disqualified persons during the year under sections $4912,4955$, and 4958	-			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein organization	•	_		
е	All organizations. At any time during the tax year, was the organization a party to a pitransaction? If "Yes," complete Form 8886-T		40e		No
41	List the states with which a copy of this return is filed F MI				
42a	The organization's books are in care of 🏲 ZACK POHL	Telephone	no 🟲 <u>(51</u>	7)999	-3646
	115 W ALLEGAN STREET 7TH FLOOR	710 .	1 - 1	8933	
	Located at LANSING, MI		4 4	0933	
b	At any time during the calendar year, did the organization have an interest in or a significant over a financial account in a foreign country (such as a bank account, securities account)?		42b	Yes	No No
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1				
	and enter the amount of tax-exempt interest received or accrued during the tax year	The second secon			-,
	and officer the amount of tax oxempt interest received of accided as mig the tax year				
				Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be or	ompleted instead of			1,10
	Form 990-EZ.		44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' instead of Form990-EZ	Form 990 must be complete	ed 44b		No
C	c Did the organization receive any payments for indoor tanning services during the year?				
_			44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? in Schedule O	' 1f 'No,' provide an explanat	ŀ		
IN Scheaule U			44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
					No
45b	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-EZ (see instructions)				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Form 990-	-EZ (2011)							Page 4
	the organization engage, directly			on behalf of or ı	n opposition to		Yes	No ——
	didates for public office? If "Yes,"					46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			-			_	stions
	Check if the organization used	Schedule O to respond	d to any question in th	nis Part VI .		<u></u>		<u></u>
							Yes	No
	the organization engage in lobbyir 'es," complete Schedule C, Part I		ection 501(h) electio	n ın effect durır	ng the tax year?	47		
48 Is th	ne organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," comple	ete Schedule E		48		
49a Did t	a Did the organization make any transfers to an exempt non-charitable related organization?							
b If"Y	es," was the related organization	a section 527 organiza	tion?			49b		
	nplete this table for the organization							
	loyees) who each received more t	han \$100,000 of comp (b) Title and average			ere is none, ente		e " e) Expe	
	e and address of each employee aıd more than \$100,000	hours per week devoted to position	(c) Compensati	on employee	benefit plans & compensation	account and other allowances		
		devoted to position		dererred	compensation	otne	eranowa	inces
f To	tal number of other employees pa	.d avant100.000	L			•		
. 10	tar number of other employees pa	14 0 0 0 1 9 1 0 0 7 0 0 0						
	nplete this table for the organization			ontractors who	each received r	nore th	an \$10	000,0
	ompensation from the organization Name and address of each indeper			(h) Typ	e of service	(c) (ompen	sation
(4)	vame and address of each macper	ndent contractor para in	1010 (11411 \$ 1 0 0 ,0 0 0	(5) 1 9 5	e or service	(6)	отпрет	<u>suctori</u>
d To	tal number of other independent c	ontractors each receivi	ng over \$100 000	I				
52 Di	id the organization complete Sche	dule A? NOTE: All Sect	ion 501(c)(3) organiz					
m	ust attach a completed Schedule	A				1	∕es	No
	alties of perjury, I declare that I have and belief, it is true, correct, and co							
knowledge				,				•
	Tk .							
Sign	Signature of officer	****** Signature of officer 2012-09-27 Date						
Here	ZACK POHL EXECUTIVE DIRECTOR							
	Type or print name and title	Т	Data	Check if	Dronaror's taure	ver ident	ufication :	number
Paid	Preparer's signature VICKIE L CROUCH		Date 2012-09-27	self- employed	- (See instructions		irication i	iumber
Preparer's		RICHARDSON PC		cimpioyeu #				
Use Only	if self-employed), address, and ZIP + 4	IDGE RD			EIN Þ			
	EAST LANSING, MI 488232469 Phone no ▶ (51							
May the IF	RS discuss this return with the pre	eparer shown above? Se	ee instructions		•	₽	es T	No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492275006102

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization PROGRESS MICHIGAN

Employer identification number

26-0900990

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990- EZ, PART I, LINE 8	REIMBURSEMENT 11,085 REFUND 253 TOTAL 11,338
PAYMENTS TO AFFILIATES	FORM 990- EZ, PART I, LINE 10	PROGRESS MICHIGAN ACTION EDUCATION 0 115 W ALLEGAN ST 7TH FLOOR LANSING MI 48933
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	EXPENSES ADVERTISING 1,298 OFFICE EXPENSES 1,782 TRAVEL AND MEETINGS 8,984 BUSINESS EXPENSE 1,050 TOTAL 13,114
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990- EZ, PART I, LINE 20	ROUNDING 1
OTHER LIABILITIES	FORM 990- EZ, PART II, LINE 26	FUNDS HELD ON BEHALF OF OTHERS 39,146 0 DUE TO RELATED PARTY 20,000 18,248
PRIMARY EXEMPT PURPOSE	FORM 990- EZ, PART III	THE ORGANIZATION'S MISSION IS TO PROVIDE A STRONG CREDIBLE VOICE THAT HOLDS PUBLIC OFFICIALS AND GOVERNMENT ACCOUNTABLE, ASSISTS IN THE PROMOTION OF PROGRESSIVE IDEAS AND USES STATE-OF-THE-ART WEB BASED NEWS MEDIA TO CREATIVELY BUILD GRASSROOTS SUPPORT FOR THE PROGRESSIVE IDEAS
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	PROGRESS MICHIGAN PROVIDED A STRONG, CREDIBLE VOICE FOR GOVERNMENT ACCOUNTABILITY AND THE PROMOTION OF PROGRESSIVE IDEAS FOR MORE THAN 50,000 NETWORK MEMBERS WHO USED PROGRESS MICHIGAN RESOURCES TO SEND MORE THAN 75,000 LETTERS AND OTHER COMMUNICATIONS TO GOVERNMENT OFFICIALS AND OTHER DECISION MAKERS LABOR, ENVIRONMENT, EDUCATION, HUMAN SERVICE, CIVIL LIBERTIES AND OTHER ORGANIZATIONS WITH COMBINED MEMBERSHIP OF MORE THAN 1 MILLION PEOPLE DIRECTLY BENEFITED FROM THE WORK OF PROGRESS MICHIGAN IN 2010 PROGRESS MICHIGAN HAS BEEN A LEAD ORGANIZATION IN BRINGING TOGETHER THE PROGRESSIVE COMMUNITY TO WORK FOR A COMMON ISSUE AGENDA, ESTABLISHING A LEGISLATIVE WORKGROUP OF ORGANIZATIONS AND A PROGRESSIVE LAWMAKERS CAUCUS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492275006102

TY 2011 Compensation Explanation

Name: PROGRESS MICHIGAN

EIN: 26-0900990

Person Name	Explanation
DAVID HOLTZ	
RAY PLOWDEN	
AMY CHAPMAN	
CHRIS MICHALAKIS	
ALICIA SKILLMAN	
CYNDI ESTRADA	
LIBBY MCGAUGHEY	

Additional Data

Software ID: Software Version:

EIN: 26-0900990

Name: PROGRESS MICHIGAN

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID HOLTZ [®] 115 W ALLEGAN ST 7TH FLOOR LANSING,MI 48933	EXECUTIVE DI 10 00	0		
RAY PLOWDEN 115 W ALLEGAN ST 7TH FLOOR LANSING, MI 48933	BOARD CHAIR 2 00	0		
AMY CHAPMAN 115 W ALLEGAN 7TH FLOOR LANSING, MI 48933	SECY/TREASUR 2 00	0		
CHRIS MICHALAKIS 115 W ALLEGAN 7TH FLOOR LANSING,MI 48933	SEC/TREASURE 1 00	0		
ALICIA SKILLMAN 115 W ALLEGAN ST7T FLOOR LANSING, MI 48933	BOARD MEMBER 1 00	0		
CYNDI ESTRADA 📆 115 W ALLEGAN ST 7TH FLOOR LANSING, MI 48933	BOARD MEMBER 1 00	0		
LIBBY MCGAUGHEY 115 WALLEGAN 7TH FLOOR LANSING, MI 48933	BOARD CHAIR 2 00	0		