

# 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



Paid

Preparer

Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

990

Α

В

Department of the Treasury Internal Revenue Service

Check if applicable

Final return/terminated

Application pending

Amended return

Address change

Name change

Initial return

For the 2015 calendar year, or tax year beginning

Doing business as

Okemos, MI 48864

2145 Commons Parkway

F Name and address of principal officer

C Name of organization Michigan Energy First

Number and street (or P O box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

Open to Public Inspection

20

E Telephone number

G Gross receipts \$

Check | ıf

Firm's EIN ▶

Phone no

Cat No 11282Y

self-employed

H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tyes Ves No

If "No," attach a list (see instructions)

D Employer identification number

47-2568177

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015, and ending

Room/suite

631 Tax-exempt status √ 501(c) ( 4 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation 2014 M State of legal domicile Summary Briefly describe the organization's mission or most significant activities: Educate legislators and the general public on issues facing Michigan, and to advocate citizen participation and obtain grassroots support for public policies relating to federal, state, or local legislation, and ballot questions. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 5 0 6 Total number of volunteers (estimate if necessary) . . . . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h). 10.000.100 0 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 329 10 10,766 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,000,429 10,766 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 202.026 414,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 1.1e) 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 1f-24e) 17 4,901,950 Total expenses. Add lines 13-17 (must equal Part IX, column (A); line (25), 18 5.315.950 19 Revenue less expenses. Subtract line 18 from line 12 9,798,403 <5,305,184> **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 9,798,403 4,493,219 21 Total liabilities (Part X, line 26) . Zet/ 22 Net assets or fund balances. Subtract line 21 from line 20 9.798.403 4,493,219 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Veasure 1 Here Type or print name and title Date Print/Type preparer's name Preparer's signature



☐ Yes ☐ No

Form 990 (2015)

						•••••
4d	Other program services (	Describe in Schedule O )				
4d	Other program services (Expenses \$	Describe in Schedule O )		) (Revenue \$	)	
4d 4e		including grants of \$	5,189,140	) (Revenue \$	)	

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>·</u> ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b></b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>·</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>·</u> ✓
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		<u>√</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>▼</u>
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		<u>▼</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u>▼</u>

Part	Checklist of Required Schedules (continued)			-90
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	İ	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 Schedule K. If "No," go to line 25a	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		-
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			4
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>/</b>
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	-		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55a		<b>V</b>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	· —	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   5		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		i	ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,	<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<b>✓</b>	<del> </del>
4a	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			1
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country. ▶	<del>-1</del> 0		۲
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L		,
7	gifts were not tax deductible?	6b		<b>✓</b>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŀ		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			لـــا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:		[	. [
11 a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			, ,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	]	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		ľ	
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<del></del>
		Form	990	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e ins	tructi	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<del>· ·</del>	<u> </u>	<u> </u>
Secu	on 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  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co		
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<b>√</b>
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		
13	Did the organization have a written whistleblower policy?	13		<b>\</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>√</b>
а	The organization's CEO, Executive Director, or top management official	15a		<b>/</b>
b	<u> </u>	15b		7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	rest (	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864 517-977-0417	ords.	<b>&gt;</b>	

•

_			
Form	990	1201	51

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no		d orga	aniz	atic	n c	ompe	nsa	ted any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bοx, ι	unles	Pos eck s pe	rson	than both bor/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Theresa Uzenski	4	<i>y</i>	9e	<b>✓</b>		ated		0	0	
Director, Treasurer (2) Fred Shell Director	11	<u> </u>		·				0	0	0
(3) Eric Doster Director	1	1	-					39,295	0	0
(4)										
(5)										
(6)										
(7)										
(8)	ļ									
(9)										
(10)										
(11)					ļ					
(12)										
(13)										
(14)	ļ									

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cor	tinued,	)		
					•	C)			-	• • =	-			
	(A)	(B)	(do n	ot ch		ition mor	e than	one	(D)	(E)		(F	)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from	,m	Estim		
		week (list any	<del></del>		_	_	or/trus	<del>,</del>	from	related	""	amou oth		
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations		comper		
		organizations	eg E	E	eq.	틝	est	<u>क</u>	organization (W-2/1099-MISC)	(W-2/1099-MISC	"	from organi		
		below dotted	우풀	nal		Ì	99		,			and re	lated	
		line)	ste	l Trus		%	pen					organiz	ations	
			"	e			sate							
/1E)			├	├—		╀─		⊢						
(15)		<del> </del>	ł											
(16)		<del> </del>		├	-	$\vdash$		├			<del></del> -			
1.01		<del> </del>				ŀ					j			
(17)				<del>                                     </del>	-	$\vdash$		$\vdash$						
32.22		<del> </del>									1			
(18)	<del></del>				H	<del> </del>			<del> </del>					
1.01		†	İ											
(19)			$\vdash$	<del> </del>	$\vdash$			<del>                                     </del>			+-			
327		<del> </del>												
(20)					-	<del>                                     </del>		H	<del> </del>					
3==21		<del> </del>												
(21)	·					<del>                                     </del>								
35.22		<b>†</b>		1										
(22)					$\vdash$	┼					-			
33		<del> </del>	1											
(23)			<del> </del>					t			+			
31		<b>†</b>	1											
(24)											-			
3		<b>†</b>						ŀ			ł			
(25)				<b></b>				T						
		************	1											
1b	Sub-total		•		•			<b></b>	39,295		0			0
С	<b>Total from continuation sheets to Part</b>	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)	<u>.</u>						<b>•</b>	39,295	-	0			0
2	Total number of individuals (including bu	t not limited	d to th	nose	list	ted	above	e) w	ho received me	ore than \$100,	000 of			
	reportable compensation from the organ	ization $\triangleright_0$					_			,				
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compensa	ated [			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3		<b>√</b>
4	For any individual listed on line 1a, is the	sum of re	portal	ble i	con	npe	nsatio	n a	ind other comp	ensation from	the			
	organization and related organizations									edule J for s	uch	_		
	individual									· · · · ·	. [	4		✓
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	, un	related organiz	ation or indivi	l laut			
	for services rendered to the organization	! If "Yes," c	compl	ete	Sch	nedi	ile J 1	or s	such person	<u> </u>		5		✓
	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	d more than \$	100,00	30 of		
	compensation from the organization. Rep	oort compe	nsatio	on to	or th	ne c	alenc	lar y	ear ending wit	h or within the	organ	ızatıor	's tax	(
	year.													
	(A) Name and business add	Iracc							(B)		Co.	(C)		
	<del></del>							┝-	Description of s	ervices		npensat	1011	
Trusco	ott Rossman, 124 E Allegan, Ste 800, Lansing	, MI 48933	_					Me	dia Consulting				267	,582
<del></del>								$\vdash$						
			_											
				<del></del>				├						
2	Total number of independent contractor	re (include	ag b	ıt n	ot	lumut	ed to		ose listed sha	wa) who				
_	received more than \$100,000 of compens							, III	ose nsteu dD(	JVe) WIIO				
	Telegraphic and the property of compens			9411	uı				1				~~~	

Form **990** (2015)

Part	VIII	Statement of Revenue	,, , ,,	D 11/11/		_
		Check if Schedule O contains a response or note to	o any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns 1a				012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			
2, 5	c	Fundraising events 1c				
ar A	ď	Related organizations 1d				
S, E	e	Government grants (contributions) 1e	j		 	
io is	f	All other contributions, gifts, grants,	j			
를 를		and similar amounts not included above 1f	]			
들인	g	Noncash contributions included in lines 1a-1f: \$	1			
a Co	h	<b>Total.</b> Add lines 1a–1f ▶	0			
		Business Code				
Program Service Revenue	2a					
æ	b					
je j	С					
Sen	d					
E	е					
ogra	f	All other program service revenue .				
<u>_</u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts)	10,766		<del> </del>	
	4	Income from investment of tax-exempt bond proceeds				······
	5	Royalties				
	_					•
	6a	Gross rents	1			
	b	Less rental expenses				
	C	Rental income or (loss)	<u> </u>			
	d	Net rental income or (loss)	ļ			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	-			
	_	Less: cost or other basis	- 1			
	b	and sales expenses .	1			
			1			
	C	Gain or (loss)	<del>  -</del>			
	d	Net gain or (loss)			<del></del>	
venue	8a	Gross income from fundraising events (not including \$				
ě		of contributions reported on line 1c).				
Other Re	İ	See Part IV, line 18 a				
Ę	ь	Less: direct expenses b	1			
O		Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities.				
		See Part IV, line 19 a				
	Ь	Less: direct expenses b	1			
	c	Net income or (loss) from gaming activities ▶	<u> </u>	<del></del>		
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less cost of goods sold b	1			ı
	С	Net income or (loss) from sales of inventory ▶	1			-
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a–11d	0			
	12	Total revenue. See instructions	10.766	n	0	

_	. 137	O4-4			F
	TIX	Stateme	DT OT	<b>Functional</b>	Expenses
		Otato:::c		I GIICUCIIGI	EXPOSICO

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			1		
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes			<u></u>		
11	Fees for services (non-employees):					
<b>a</b>	Management					
b	Legal	39,295		39,295		
C	Accounting	12,315		12,315		
d	Lobbying					
e f	Professional fundraising services. See Part IV, line 17					
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column		· · · · · · · · · · · · · · · · · · ·	<del></del>		
9	(A) amount, list line 11g expenses on Schedule O.)	440.000				
12	Advertising and promotion	419,996	419,996			
13	Office expenses	200				
14	Information technology	200	424 072	200		
15	Royalties	431,873	431,873			
16	Occupancy			<del></del>	· · · · · · · · · · · · · · · · · · ·	
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest				·	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	Broadcast advertising	3,998,271	3,998,271			
b	Donations to other organizations	414,000	339,000	75,000		
c		414,000	333,000	75,000		
d						
е	All other expenses		·			
25	Total functional expenses. Add lines 1 through 24e	5,315,950	5,189,140	126,810		
26	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)		2,33,139	.2010 10		
-				<u></u>		

P	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Pai	tX		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	9,798,403	1	4,493,219
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	·	6	···
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
				10c	
	b		-	11	
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,798,403		4,493,219
	17	Accounts payable and accrued expenses	0,100,400	17	7,700,210
	18	Grants payable		18	
Liabilities	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
	00	Total liabilities. Add lines 17 through 25		25 26	
	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	<del></del>	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds.	9,798,403		4,493,219
et	33	Total net assets or fund balances	9,798,403		4,493,219
Z	34	Total liabilities and net assets/fund balances	9,798,403		4,493,219
_					Form <b>990</b> (2015)

Page 1	2
--------	---

Part					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	0,766
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,31	5,950
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,184&gt;</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,79	<del>8,403</del>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,49	3,219
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c				
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, e	kplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forn	n <b>990</b>	(2015)
					•

**SCHEDULE 1** (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.

► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

	1
~	1
4	ı
₫.	ı
0	1
1	ı
ĸ.	1
ā	1
š	1
Ψ-	П
-	ł
0	п
z	ı
_	ſ
ш	ł
5	ı
≂	ł

2015

Open to Public Inspection

Employer identification number

Michigan Energy First	on Grante and	Accietance					47-2568177
Does	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistance	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ıızatıon's procedur	es for monitoring	the use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answers II can be diminated if additional space is needed	ssistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete if	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 200 Bart IV has 21 for any receiped that received more than \$5,000 Bart II has 21 for any receiped that received more than \$5,000 Bart II can be duniticated if additional space is needed	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Michigan Republican Party 520 Seymour, Lansing, 48933	38-1221182	527	20,000				Donation
(2) Republican AG		527	25,000				Donation
(3) West MI Community Preservation 9128 Pal Creek Ln, West Olive 49460	27-1189310	501(c)(4)	20,000				Donation
(4) West Michigan Policy Forum 111 Pearl St NW, Grand Rapids 49503		501(c)(4)	20,000				Donation
(5) Safe Roads Yes 2145 Commons Pkwy, Okemos 48864	47-2722045	501(c)(4)	250,000				Donation
(6) National MS Society 733 Third Ave, New York 10017	13-5661935	501(c)(3)	10,000				Donation
(7) Michigan Made Great Fund 1410 W Shiawassee, Lansing, 48915		C Corp	000'6				Donation
(8)							
(6)							
(10)						i i	
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and governmen</li><li>3 Enter total number of other organizations listed in the l</li></ul>	7501(c)(3) and gov organizations listed	ernment organizat	it organizations listed in the line 1 table ine 1 table	ne 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		ខ	Cat No 50055P		Schedule I (Form 990) (2015)

(f) Description of non-cash assistance 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III က Ŋ 9 Ø 4

Schedule I (Form 990) (2015)

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

#### 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ. Open to Public

OMB No 1545-0047

2015

Internal Revenue Service Inspection Name of the organization Employer identification number 47-2568177 Michigan Energy First PART VI, SECTION B, LINE 15--PAYROLL POLICY The organization has no employees PART VI, SECTION B, LINE 11--990 APPROVAL POLICY The Treasurer is the only officer. The Treasurer prepares and signs the Form 990. PART VI, SECTION C, DISCLOSURE Upon request, the governing documents, financial statements and IRS form 990 are made available to the public. The organization does not have formal whistleblower, conflict of interest or documentation retention and destruction policies. PART V The Organization filed the 2015 1120-POL and a 990-T for the sole purpose of reporting and paying the proxy tax.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
	·
	•
•	

