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# Form **990**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. Open to Public

| A                       | For th     | e 2016 cale      | ndar year, or tax year beginning , 2016, and endin   | 9                 |                  | , 20                           |  |
|-------------------------|------------|------------------|--|-------------------|------------------|--------------------------------|--|
| В                       | Check      | if applicable    | C Name of organization Citizens for Energizing Michigan's Economy                              |                   | D Employ         | er identification number       |  |
|                         | Addres     | s change         | Doing business as  |                   | 46-4355362       |                                |  |
|                         | Name o     | change           | Number and street (or P O box if mail is not delivered to street address) Room/sui             | te                | E Telepho        | ne number                      |  |
| $\Box$                  | Initial re | i                | 2145 Commons Parkway   |                   |                  | 517-899-1874                   |  |
| $\overline{\Box}$       | _          | um/terminated    | City or town, state or province, country, and ZiP or foreign postal code                       |                   |                  | 017 000 1074                   |  |
| $\exists$               |            |                  | Okemos, MI 48864   |                   | <b>G</b> Gross r | eceipts \$ 1,513,346           |  |
|                         |            |                  | F Name and address of principal officer Howard Edelson   | (Ma) la thin is a |                  | subordinates? Yes No           |  |
|                         | Applica    |                  |  | 1                 |                  | sincluded? Yes No              |  |
| -                       |            |                  | 2145 Commons Parkway, Okemos, MI 48864  ☐ 501(c)(3)  | ' ' '             |                  | a list (see instructions)      |  |
| <u> </u>                | Websit     | empt status      |  |                   |                  | •                              |  |
| K                       |            |                  | rgizıngmichiqan.org  ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format            |                   |                  | number >                       |  |
| _                       | Part I     | Summ             |  | on 2013           | M State          | of legal domicile MI           |  |
| L                       |            |                  |  |                   |                  |                                |  |
| •                       | 1          |                  | escribe the organization's mission or most significant activities:                             |                   |                  |                                |  |
| Activities & Governance |            |                  | legislators and the general public on issues facing Michigan, and to advoca                    |                   |                  |                                |  |
| E                       |            |                  | or public policies relating to federal, state, or local legislation, and ballot qu             |                   |                  |                                |  |
| - S                     | 2          |                  | is box ▶☐ if the organization discontinued its operations or disposed of                       | if more than      |                  | its net assets.                |  |
| § 6                     | 3          |                  | of voting members of the governing body (Part VI, line 1a)                                     |                   | 3                | 3                              |  |
| ි <b>ජ</b><br>. ග       | 4          |                  | of independent voting members of the governing body (Part VI, line 1b)                         |                   | <del></del>      | 3                              |  |
|                         | 5          |                  | nber of individuals employed in calendar year 2016 (Part V, line 2a)                           |                   | 5                | 0                              |  |
| ` ; <u></u>             | 6          |                  | nber of volunteers (estimate if necessary)   |                   | _6               | 0                              |  |
| Š                       | 7a         |                  | elated business revenue from Part VIII, column (C), line 12                                    |                   | 7a               | 0                              |  |
| Š                       | b          | Net unrel        | ated business taxable income from Form 990-T, line 34  | <u> </u>          | 7b               | 0                              |  |
|                         | 1          |                  |  | Prior Ye          | ear              | Current Year                   |  |
| <u> </u>                | 8          |                  | tions and grants (Part VIII, line 1h)  |                   | ,000,000         | 1,513,346                      |  |
| Revenue                 | 9          |                  | service revenue (Part VIII, line 2g)   |                   |                  |                                |  |
| چ چ                     | 10         |                  | nt income (Part VIII, column (A), lines 3, 4, and 7d) / .                                      |                   | <u> </u>         |                                |  |
| )<br>T                  | 11         |                  | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                               |                   |                  |                                |  |
| Ó                       | 12         | Total reve       | enue – add lines 8 through 11 (must equal, Part VIII, column (A), iline 12)                    |                   | ,000,000         | 1,513,346                      |  |
|                         | 13         | Grants ar        | nd similar amounts paid (Part IX, column (A), lines 1-3) . 🚜 📌 🦫                               |                   |                  |                                |  |
|                         | 14         | Benefits         | oaid to or for members (Part IX, column (A), line 4)   | <b>&gt;</b>       |                  |                                |  |
| ŝ                       | 15         | Salaries, o      | other compensation, employee benefits (Part IX, column (A); lines 5-19)                        | <b>ු</b> /        |                  |                                |  |
| Expenses                | 16a        | Professio        | nal fundraising fees (Part IX, column (A), line 11e)   |                   |                  |                                |  |
| ê                       | b          | Total fund       | draising expenses (Part IX, column (D), line 25) ▶   |                   |                  |                                |  |
| ij                      | 17         | Other exp        | penses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 4                 | ,338,736         | 2,569,116                      |  |
|                         | 18         | Total exp        | enses. Add lines 13-17 (must equal Part IX, column (A), line 25), .                            |                   | ,338,736         | 2,569,116                      |  |
|                         | 19         | Revenue          | less expenses. Subtract line 18 from line 12   |                   | 661,264          |                                |  |
| ъ                       | ů          | -                | E  | Beginning of Cu   | rrent Year       | End of Year                    |  |
| ssets or                | 20         | Total ass        | ets (Part X, line 16)  |                   | ,215,956         | 160,186                        |  |
| Y Se                    | 21         | Total liab       | ilities (Part X, line 26)  |                   | 0                |                                |  |
| Net As                  | 22         | Net asset        | s or fund balances. Subtract line 21 from line 20  |                   | ,215,956         |                                |  |
| P                       | art II     | Signat           | ure Block  | <u></u>           |                  |                                |  |
| U                       | nder pena  | alties of perjui | ry, I declare that I have examined this return, including accompanying schedules and stater    | nents, and to t   | he best of       | my knowledge and belief, it is |  |
| tr                      | ue, correc | ct, and compl    | ete Declaration of preparer (other than officer) is based on all information of which preparer | has any know      | edge.            |                                |  |
|                         |            |                  | Journell delser  |                   | 5-9              | -17                            |  |
| Si                      | gn         | Signa            | ature of officer   | Da                | te               |                                |  |
| He                      | ere        |                  | toward Edelson, PRESIDENT  |                   |                  |                                |  |
|                         |            | Туре             | or print name and title  |                   |                  |                                |  |
| ——<br>D                 | aid        | Print/Ty         | pe preparer's name Preparer's signature Da   | te                | Check            | PTIN                           |  |
|                         |            |                  |  |                   | self-em          |                                |  |
|                         | repare     |                  | ame >  | Fire              | n's EiN ▶        |                                |  |
| U                       | se On      | עי עי            | ddress ▶   |                   | one no           |                                |  |
| M                       | ay the li  |                  | s this return with the preparer shown above? (see instructions)                                |                   |                  | Yes No                         |  |
| _                       |            |                  |  | o 11282Y          |                  | Form <b>990</b> (2016)         |  |
|                         |            |                  | ,  |                   |                  |                                |  |

| Form 99 | 0 (2016)                                |   |                                   |                                    | Page <b>2</b>      |
|---------|---|---|-----------------------------------|------------------------------------|--------------------|
| Part    | II Statement of Pro                     | gram Service Accom                      | plishments                        |                                    |                    |
|         | Check if Schedule                       | O contains a respons                    | se or note to any line in this Pa | art III                            | <u>.</u> 🗆         |
| 1       | Briefly describe the organ              | nizatıon's mission:                     |                                   |                                    |                    |
|         | Conduct research and dev                | elop an educational plar                | n and materials and present these | e findings to the general public   |                    |
|         | in regards to energy policy             | y <u> </u>                              |                                   |                                    |                    |
|         | *************************************** |   |                                   |                                    | ·                  |
|         | Did the executation and                 | lartaka any alandiaant i                | program continue di man the un    | ar which were not listed on the    |                    |
| 2       |   |   | orogram services during the year  |                                    | /a- [7] Na         |
|         | If "Yes," describe these r              |   |                                   |                                    | res ☑ No           |
| 3       |   |   |                                   | ow it conducts, any program        |                    |
| •       | services?                               |   |                                   |                                    | res ☑No            |
|         | If "Yes," describe these of             |   |                                   |                                    | res ( <u>)</u> 140 |
| 4       |   |   |                                   | three largest program services, as | measured by        |
| •       |   |   |                                   | the amount of grants and allocatio |                    |
|         |   |   | program service reported.         |                                    |                    |
|         | ·                                       | ·                                       | •                                 |                                    |                    |
| 4a      | (Code: ) (Expe                          | enses \$ 1,038,41                       | 6 including grants of \$          | ) (Revenue \$                      | 0)                 |
|         | Conduct research and dev                | elop an educational plan                | n and materials and present thes  | e findings to the general public   |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   | •••••••••••                       |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         | B                                       |   |                                   |                                    |                    |
| 4b      | (Code: \/Evne                           | enege \$                                | including grants of \$            | ) (Revenue \$                      |                    |
| 40      | (Code) (Expe                            | 11069 A                                 |                                   |                                    |                    |
|         |   | *************************************** |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   | ·                                       |                                   |                                    |                    |
|         |   | 104                                     |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   | •••••                                   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
| 4 -     | /O1 \/T                                 |   |                                   | \ /D                               |                    |
| 4c      | (Code:) (Expe                           | enses \$                                | including grants of \$            | ) (Hevenue \$                      | )                  |
|         |   | *************************************** |                                   |                                    | <b></b>            |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
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|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
|         |   |   |                                   |                                    |                    |
| 4d      | Other program services (                |   |                                   |                                    |                    |
|         | (Expenses \$                            | including grants of                     |                                   | \$)                                |                    |
| 4e      | Total program service ex                | .penses ►                               | 1 038 416                         |                                    |                    |

Part IV Checklist of Required Schedules

|        |  |     | Yes      | No       |
|--------|--|-----|----------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   |          | <b>√</b> |
| 2<br>3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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      | 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 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<br>8 | 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 "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>                       | 7   |          | 1        |
| 9      | complete Schedule D, Part III  | 8   |          | 1        |
| 9      | 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   |          | 1        |
| 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  |          | <b>✓</b> |
| 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, Part VI  | 11a |          | 1        |
| 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 |          | <b>✓</b> |
| 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 |          | 1        |
| 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> |
| e<br>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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e |          | <b>✓</b> |
| 2 a    | 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 |          | · ·      |
| 3      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |          | 1        |
| 4 a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | <b>√</b> |
| 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 |          | <b>√</b> |
| 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  |          | 1        |
| 6      | 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  |          | ·<br>•   |
| 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> |
| 8      | 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> |
| 9      | 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  |          | ·<br>    |
|        |  |     | n 990    | (2016)   |
|        |  |     |          |          |

| Part | Checklist of Required Schedules (continued)  |             |          |  |
|------|--|-------------|----------|--|
|      |  |             | Yes      | No   |
| 20 a | 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         |          |  |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |             | ,        | <u> </u>   |
| 00   | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21          | <u> </u> | <u> </u>   |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                              |             |          | ,  |
| 00   |  | 22          |          | <b>✓</b>   |
| 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   | 00          |          | 1  |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  | 23          |          | <u> </u>   |
| 274  | \$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         |          | 1  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         |          | 1  |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |             |          | <del>                                     </del> |
|      | 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         |          | 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         |          | ✓  |
| 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?   | 1           |          |  |
|      | If "Yes," complete Schedule L, Part I  | 25b         |          | <b>✓</b>   |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   |             |          | ļ  |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or  |             |          | ١,   |
|      | disqualified persons? If "Yes," complete Schedule L, Part II   | 26          |          | <b>√</b>   |
| 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                       |             |          | /  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  | 27          |          | -  |
| 20   | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |             |          |  |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a         |          | <b>✓</b>   |
| Ь    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |             |          | ,  |
|      |  | 28b         |          | <b>V</b>   |
| 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          |          | ✓  |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |             |          | ١.   |
| 31   | conservation contributions? If "Yes," complete Schedule M  | 30          |          | <b>-</b>   |
| اق   | Part I   | 31          |          | 1  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | -51         |          | <del>                                     </del> |
|      | 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  | 34          |          | <b>✓</b>   |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a         |          | 1  |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |             |          |  |
| ae   | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.   | 35b         | <u> </u> |  |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |             |          | İ  |
| 27   |  | 36          |          | <del> </del>                                     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  |             |          |  |
|      | Part VI  | 37          |          | 1  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | 31          |          | <del>                                     </del> |
|      | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38          | 1        |  |
|      |  | <del></del> |          |  |

| Form 99 | 0 (2016)   |              | ı            | Page <b>5</b>                                    |
|---------|--|--------------|--------------|--|
| Part    | Statements Regarding Other IRS Filings and Tax Compliance  |              |              |  |
|         | Check if Schedule O contains a response or note to any line in this Part V   | <u>· · ·</u> | · · ·        |  |
| 10      | Enter the number reported in Day 2 of Form 1000 Fator 0 if and number like   | r            | Yes          | No   |
| 1a<br>b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |              |              |  |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and   |              | ]            |  |
|         | reportable gaming (gambling) winnings to prize winners?  | 1c           | /            |  |
| 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   |              |              |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b           |              |  |
| 20      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | _            |              |  |
| За<br>b | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                | 3a<br>3b     | -            | <b>-</b>   |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  | 35           | <del></del>  | <del>                                     </del> |
|         | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |              | }            | }  |
|         | account)?  | 4a           | i            | 1  |
| b       | If "Yes," enter the name of the foreign country: ▶   |              |              |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |              |              |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a           | <u> </u>     | <b>✓</b>   |
| þ       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b           | <u> </u>     | <b>✓</b>   |
| с<br>6а | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c           | <u> </u>     | <del> </del>                                     |
| Va      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a           | 1            |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | Va           | •            |  |
|         | gifts were not tax deductible?   | 6b           | 1            |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |              |              |  |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |              |              | 1  |
| 1       | and services provided to the payor?  | 7a           | <b></b>      | <u> </u>   |
| b<br>b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                 | 7b           |              | -  |
|         | required to file Form 8282?  | 7c           |              |  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |              |              | l  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e           |              |  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f           |              |  |
| 9       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g           |              | <b> </b>   |
| В       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h           | <del> </del> | <u> </u>   |
| J       | sponsoring organization have excess business holdings at any time during the year?   | 8            |              |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  | <u> </u>     | <u> </u>     | <del>                                     </del> |
| 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:  |              | 1            | Ì  |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   |              |              | Ì  |
| b<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:  | 1            |              |  |
| ''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.)  |              |              | ļ  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a          | L            | <u> </u>   |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |              |              |  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 40-          | -            | <del> </del>                                     |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a          | -            | -  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   | 1            |              |  |

14a Did the organization receive any payments for indoor tanning services during the tax year? .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a

14b

13b

13c

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S                        |            |              |          |
|----------|--|------------|--------------|----------|
|          | Check if Schedule O contains a response or note to any line in this Part VI  |            |              |          |
| Secti    | ion A. Governing Body and Management   |            |              |          |
|          | ,  |            | Yes          | No       |
| 1a       | , <u> </u>   |            |              |          |
|          | 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.  |            | ĺ            |          |
| b        | Enter the number of voting members included in line 1a, above, who are independent . 1b 3  |            | l            |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |            |              | }        |
|          | any other officer, director, trustee, or key employee?   | 2          | <u> </u>     | <b>✓</b> |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  | _          | l            |          |
| 4        | supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the expanyation make any circuit control of the governing decompany circuits for 200 year filed?             | 3          |              | 1        |
| 4<br>5   | 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? | 5          |              | 1        |
| 6        | Did the organization have members or stockholders?   | 6          |              | 1        |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |            |              | <u> </u> |
|          | one or more members of the governing body?   | 7a         | <u></u>      | 1        |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | _          |              |          |
| 0        | 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:  |            | i            |          |
| а        | The governing body?  | 8a         | 1            |          |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b         | 1            |          |
| 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_         | L            | <b>✓</b> |
| Secti    | ion B. Policies (This Section B requests information about policies not required by the Internal Reven   | ue Co      | oae.)<br>Yes | No       |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a        |              | 1        |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   | 100        |              | <b> </b> |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |              |          |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        | 1            |          |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            | İ            |          |
| 12a<br>b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>  | 12a<br>12b |              | /        |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 120        |              |          |
| •        | describe in Schedule O how this was done   | 12c        |              |          |
| 13       | Did the organization have a written whistleblower policy?  | 13         |              | 1        |
| 14       | Did the organization have a written document retention and destruction policy?   | 14         | <u> </u>     | 1        |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         |            | ĺ            |          |
| а        | The organization's CEO, Executive Director, or top management official   | 15a        |              | 1        |
| b        | Other officers or key employees of the organization  | 15b        | _            | 1        |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |              | <u> </u> |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |            | 1            |          |
|          | with a taxable entity during the year?   | 16a        |              | 1        |
| ь        | 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 |            | l            |          |
|          | organization's exempt status with respect to such arrangements?  | 16b        | ĺ            |          |
| Secti    | on C. Disclosure   |            |              |          |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶   |            |              |          |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section  | า 501(     | c)(3)s       | only)    |
|          | available for public inspection. Indicate how you made these available. Check all that apply.  |            |              |          |
| 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 int                                     | erest      | polic        | v and    |
|          | financial statements available to the public during the tax year.  | J, 001     | رمانوح       | ,, and   |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords      | :▶           |          |
|          | Howard Edelson , 2145 Commons Parkway, Okemos, MI 48864  |            |              |          |

| Form | 990 | (2016) |  |
|------|-----|--------|--|

Page 7

|          | <del>-</del>                        |                            |                       |                |
|----------|-------------------------------------|----------------------------|-----------------------|----------------|
| Part VII | Compensation of Officers, Directors | s, 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 | r any related  | d orga   | anız                  | atıc    | n c          | ompe                         | nsa    | ited any currer                                | it officer, directo                         | r, or trustee.   |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A)<br>Name and Title                         | (B)<br>Average<br>hours per  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation from      |  |
|   | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) |  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Howard Edelson President                  | 1  | <b>√</b>   |                       | 1       |              |                              |        | 0  | 0   | (  |
| (2) David Mengebier                           | 11   |  | •                     | ١,      |              |                              |        | į  |   |  |
| Vice President (3) Phode Timbers              | 1  | ✓  |                       | ✓       |              |                              |        | 0  | 0   |  |
| (3) Rhoda Tinkham Secretary/Treasurer         | <del></del>  | 1  |                       | 1       |              | l                            | İ      | 0  | 0   | ,  |
| (4)   |  |  |                       |         | -            |                              |        |  |   |  |
| (5)   |  |  |                       |         |              |                              |        |  |   |  |
| (6)   |  |  |                       |         |              |                              |        |  |   |  |
| (7)   |  |  |                       |         |              |                              |        |  |   |  |
| (8)   |  |  |                       |         |              |                              |        |  |   |  |
| (9)   |  |  |                       |         | ĺ            |                              |        |  |   |  |
| (10)  |  |  |                       |         |              |                              |        |  |   |  |
| (11)  |  |  |                       |         |              |                              |        |  |   |  |
| (12)  |  |  |                       |         |              |                              |        |  |   |  |
| (13)  |  |  |                       |         |              |                              |        |  |   |  |
| (14)  |  |  |                       |         |              |                              |        |  |   |  |

| Fai     | (A) Name and title   | (B) Average hours per week (list any                           | (do n<br>box,<br>office | Pos<br>(do not check<br>box, unless pe<br>officer and a c |         | (C) Position eck more than of person is both a director/trust |                              | one<br>an<br>ee) | (D)  Reportable compensation from      | (E)  Reportable compensation from related |     | (F)<br>Estima<br>amoun<br>othe                    | t of                         |            |
|---------|--|--|-------------------------|---|---------|---|------------------------------|------------------|--|---|-----|---|------------------------------|------------|
|         |  | hours for<br>related<br>organizations<br>below dotted<br>line) |                         | Institutional trustee                                     | Officer | Key employee  | Highest compensated employee | Former           | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | 0   | mpens<br>from ti<br>rganiza<br>ind rela<br>ganiza | ation<br>he<br>ation<br>ated |            |
| (15)    |  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| (16)    |  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| (17)    |  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| (18)    |  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| (19)    |  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| (20)    |  |  |                         |   |         | -   |                              |                  |  |   | -   |   | _                            |            |
| (21)    |  |  |                         |   |         | -   |                              |                  |  |   |     |   |                              |            |
| (22)    |  |  |                         |   |         | _   |                              |                  |  |   |     |   |                              |            |
| (23)    |  |  |                         |   |         | _   |                              |                  |  |   |     |   |                              |            |
| (24)    |  |  |                         |   |         | -   |                              | _                |  |   |     |   |                              |            |
| (25)    |  |  |                         |   |         | _   |                              | _                |  |   |     |   |                              |            |
| 1b      | Sub-total  |  |                         |   |         |   |                              |                  |  |   |     |   |                              |            |
| C       | Total from continuation sheets to Part   | VII, Sectio  |                         |   | •       |   |                              |                  | 0                                      |   |     |   |                              | 0          |
| d<br>2  | Total (add lines 1b and 1c)  | not limited  |                         |   |         | ed a  | above                        | e) w             | ho received mi<br>None                 |   |     |   |                              | 0          |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete 5              |  |                         |   |         |   |                              |                  | oloyee, or high                        |   | - 1 | 3   |                              | No_        |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |                         |   |         |   |                              |                  | •                                      |   | ch  |   |                              | <b>-</b> - |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization          |  |                         |   |         |   |                              |                  |  | ation or individ                          | ual | 5   | 1                            | <u>'</u>   |
| Section | on B. Independent Contractors  | ,,   | . در ۱۰۰                |   |         |   |                              |                  | don perdon                             | <u> </u>                                  |     | <u>,                                    </u>      | <u></u>                      |            |
| 1       | Complete this table for your five highest compensation from the organization Repyear.          |  |                         |   |         |   |                              |                  |  |   |     |   | 's tax                       |            |
|         | (A)<br>Name and business add   | ress   |                         |   |         |   |                              |                  | (B)<br>Description of s                | ervices                                   |     | (C)<br>ensati                                     | on                           |            |
| Trusco  | ott Rossman , 124 W Allegan, Ste 800, Lansin   | g, MI 48933  |                         |   |         |   |                              | Pul              | blic Relations                         |   |     |   | 246,                         | 240        |
|         |  |  |                         |   | _       |   |                              |                  |  |   |     |   |                              |            |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 |  |                         |   |         |   |                              | th               | ose listed abo                         | ove) who                                  |     |   |                              |            |
|         |  |  |                         |   |         |   |                              |                  |  |   |     |   | 000 (0                       |            |

Form **990** (2016)

| Par  | VIII         | Statement of Revenue  |                      |  |  |  |
|--|--------------|---|----------------------|--|--|--|
|  |              | Check if Schedule O contains a response or note to            | any line in this     | Part VIII                              |  | 🗆  |
|  |              |   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue          | (D) Revenue excluded from tax under sections 512-514 |
| nts  | 1a           | Federated campaigns 1a  |                      |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b            | Membership dues 1b  |                      |  |  | ]  |
| S, C<br>Am   | С            | Fundraising events 1c   |                      |  |  |  |
| Gift<br>lar  | d            | Related organizations 1d                                      | ľ                    |  |  |  |
| ıs,<br>İmi   | е            | Government grants (contributions) 1e                          |                      |  | 1  | }  |
| the S  | f            | All other contributions, gifts, grants,                       |                      |  | ļ  |  |
| 혈美   |              | and similar amounts not included above 1f 1,513,346           |                      |  |  |  |
| d tr   | g            | Noncash contributions included in lines 1a-1f <sup>-</sup> \$ |                      |  |  |  |
|  | h            | Total. Add lines 1a-1f  | 1,513,346            |  |  |  |
| Jue  |              | Business Code   |                      |  |  |  |
| 3Ve  | 2a           |   |                      |  |  |  |
| ě  | ь            |   |                      |  |  |  |
| ŊĊ.  | С            |   |                      |  | <del> </del>                                     |  |
| Se   | di           |   |                      |  | <u> </u>   |  |
| ram  | e            | All 11  |                      |  |  |  |
| Program Service Revenue                                | f            | All other program service revenue .                           |                      |  | <u> </u>   | <u> </u>   |
|  | <del>g</del> | Total. Add lines 2a-2f  |                      |  | T  | T  |
|  | 3            | and other similar amounts)                                    |                      |  |  |  |
|  | 4            | Income from investment of tax-exempt bond proceeds ▶          |                      |  | <del>                                     </del> | <del> </del>   |
|  | 5            | Davidia -   |                      | <del></del>                            |  | <del></del>  |
|  |              | (i) Real (ii) Personal  |                      |  |  |  |
|  | 6a           | Gross rents   |                      |  |  |  |
|  | b            | Less. rental expenses   |                      |  |  | [  |
|  | C            | Rental income or (loss)                                       |                      |  |  |  |
|  | d            | Net rental income or (loss)                                   |                      |  |  |  |
|  | 7a           | Gross amount from sales of (i) Securities (ii) Other          |                      |  | <del></del>                                      |  |
|  |              | assets other than inventory                                   |                      |  |  |  |
|  | b            | Less: cost or other basis                                     |                      |  |  |  |
|  |              | and sales expenses .  |                      |  |  |  |
|  | С            | Gain or (loss)  |                      |  |  |  |
|  | d            | Net gain or (loss)  |                      |  |  |  |
| enne   | 8a           | Gross income from fundraising events (not including \$        |                      |  |  |  |
| Other Reve   |              | of contributions reported on line 1c). See Part IV, line 18   |                      |  |  |  |
| ¥  | b            | Less: direct expenses b                                       |                      |  | 1  |  |
| 0  | С            | Net income or (loss) from fundraising events . >              |                      |  |  |  |
|  | 9a           | Gross income from gaming activities.                          |                      |  |  |  |
|  |              | See Part IV, line 19 a  |                      |  | 1  | 1  |
|  | b            | Less: direct expenses b                                       |                      |  | 1  | ļ  |
|  | С            | Net income or (loss) from gaming activities                   |                      |  | <u> </u>   |  |
|  | 10a          | Gross sales of inventory, less returns and allowances a       |                      |  |  |  |
|  | b            | Less: cost of goods sold b                                    |                      |  | }  |  |
|  | С            | Net income or (loss) from sales of inventory . >              |                      |  |  |  |
|  |              | Miscellaneous Revenue Business Code                           |                      |  | 1  |  |
|  | 11a          |   |                      |  | <u> </u>   |  |
|  | b            |   |                      |  |  |  |
|  | С            |   |                      |  |  |  |
|  | d            | All other revenue   |                      |  |  |  |
|  | е            | <b>Total.</b> Add lines 11a–11d                               |                      |  |  |  |
|  | 12           | Total revenue. See instructions ▶                             | 1 513 346            |  |  |  |

|         | 90 (2016)  |  | ······································             |                                     | Page 10                               |
|---------|--|--|--|-------------------------------------|---------------------------------------|
|         | Statement of Functional Expenses   | <del></del>                              | <del> </del>                                       | - <del></del>                       |                                       |
| Section | on 501(c)(3) and 501(c)(4) organizations must com  |  |  |                                     |                                       |
|         | Check if Schedule O contains a respon<br>of include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII.  | se or note to any lin (A) Total expenses | e in this Part IX .  (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   | 469,672                                  | 469,672  |                                     |                                       |
| 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<br>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)                                    |  |  |                                     |                                       |
| 7<br>8  | Other salaries and wages   |  |  |                                     |                                       |
| 9       | Other employee benefits  |  |  |                                     |                                       |
| 10      | Payroll taxes  |  |  |                                     |                                       |
| 11      | Fees for services (non-employees):   |  |  |                                     |                                       |
| a       | Management   |  |  | -                                   |                                       |
| b       | Legal  | 11,580                                   |  | 11,580                              |                                       |
| ۳<br>0  | Accounting   | 3,400                                    |  | 3,400                               |                                       |
| d<br>e  | Professional fundraising services. See Part IV, line 17  |  |  |                                     |                                       |
| f       | Investment management fees   |  |  |                                     |                                       |
| g       | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 518                                      |  | 518                                 |                                       |
| 12      | Advertising and promotion  | 278,911                                  | 278,911  |                                     | <del></del>                           |
| 13      | Office expenses  | 180                                      |  | 180                                 |                                       |
| 14      | Information technology   |  |  |                                     |                                       |
| 15      | Royalties  |  |  |                                     |                                       |
| 16      | Occupancy  |  |  |                                     |                                       |
| 17      | Travel   |  |  |                                     | · · · · · · · · · · · · · · · · · · · |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials   |  |  |                                     |                                       |
| 19      | Conferences, conventions, and meetings   |  |  |                                     |                                       |
| 20      | Interest   |  |  | <del>-</del>                        |                                       |
| 21      | Payments to affiliates   |  |  |                                     | <del>-</del>                          |
| 22      | Depreciation, depletion, and amortization .  |  |  | <del></del>                         |                                       |
| 23      | Insurance  |  | ····   | <del></del>                         | <del></del>                           |
| 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.)   |  | İ  |                                     |                                       |
| а       | Proxy Tax  | 1,513,346                                | <del></del>  | 1,513,346                           |                                       |
| b       | IRS interest   | 1.676                                    |  | 1,513,346                           |                                       |
| c       | Polling  | 45,000                                   | 45,000   | 1,010                               |                                       |
| ď       | Public relations/Education   | 244,833                                  | 244,833  |                                     |                                       |
| е       | All other expenses Proxy   |  |  |                                     |                                       |
| 25_     | Total functional expenses. Add lines 1 through 24e   | 2,569,116                                | 1,038,416  | 1,530,700                           |                                       |
| 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)   |  |  |                                     |                                       |

|                             | artA | Check if Schedule O contains a response or note to any line in this Par   | ł X               |     |                        |
|-----------------------------|------|---|-------------------|-----|------------------------|
|                             |      | Check it schedule o contains a response of note to any line in this Fai   | (A)               | -   | <u> </u>               |
|                             |      |   | Beginning of year |     | End of year            |
|                             | 1    | Cash—non-interest-bearing   | 1,215,956         | 1   | 159,986                |
|                             | 2    | Savings and temporary cash investments  |                   | 2   | 200                    |
|                             | 3    | Pledges and grants receivable, net  |                   | 3   |                        |
|                             | 4    | Accounts receivable, net  |                   | 4   |                        |
|                             | 5    | Loans and other receivables from current and former officers, directors,  |                   |     | <del></del>            |
|                             |      | trustees, key employees, and highest compensated employees.   |                   | 1   |                        |
|                             |      | 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   |                   | 1   |                        |
|                             |      | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary  |                   |     |                        |
| ts                          |      | organizations (see instructions). Complete Part II of Schedule L  |                   | 6   |                        |
| Assets                      | 7    | Notes and loans receivable, net   |                   | 7   |                        |
| Ä                           | 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 10a   |                   | ļ   |                        |
|                             | b    | Less: accumulated depreciation 10b  |                   | 10c |                        |
|                             | 11   | Investments—publicly traded securities  |                   | 11  |                        |
|                             | 12   | Investments—other securities. See Part IV, line 11  |                   | 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)   | 1,215,956         | 16  | 160,186                |
|                             | 17   | Accounts payable and accrued expenses   |                   | 17  |                        |
|                             | 18   | Grants payable  |                   | 18  |                        |
|                             | 19   | Deferred revenue  |                   | 19  |                        |
|                             | 20   | Tax-exempt bond liabilities   |                   | 20  |                        |
| <b>,</b> 0                  | 21   | Escrow or custodial account liability Complete Part IV of Schedule D .  |                   | 21  |                        |
| Labilities                  | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and |                   | - 1 |                        |
| Þi                          |      | disqualified persons Complete Part II of Schedule L   |                   | 22  |                        |
| Lia                         | 23   | Secured mortgages and notes payable to unrelated third parties .  |                   | 23  |                        |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  | ·- ·- ·           | 24  | <del></del>            |
|                             | 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   |                   | 25  |                        |
|                             | 26   | Total liabilities. Add lines 17 through 25  |                   | 26  |                        |
|                             |      | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and  |                   |     |                        |
| Ses                         |      | complete lines 27 through 29, and lines 33 and 34.  |                   |     |                        |
| aŭ                          | 27   | Unrestricted net assets   |                   | 27  |                        |
| Bal                         | 28   | Temporarily restricted net assets   |                   | 28  |                        |
| 힏                           | 29   | Permanently restricted net assets   |                   | 29  |                        |
| Ē                           |      | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □   |                   |     |                        |
| ō                           |      | complete lines 30 through 34.   |                   | 1   |                        |
| Net Assets or Fund Balances | 30   | Capital stock or trust principal, or current funds  |                   | 30  |                        |
| SS                          | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |                   | 31  |                        |
| ΪĀ                          | 32   | Retained earnings, endowment, accumulated income, or other funds  | 1,215,956         |     | 160,186                |
| ž                           | 33   | Total net assets or fund balances   | 1,215,956         |     | 160,186                |
|                             | 34   | Total liabilities and net assets/fund balances  | 1,215,956         | 34  | 160,186                |
|                             |      |   |                   |     | Form <b>990</b> (2016) |

| Part   | XI Reconciliation of Net Assets   |          |          |         |        |  |  |  |
|--|---|----------|----------|---------|--------|--|--|--|
|  | Check of Schedule O contains a response or note to any line in this Part XI                                   | <u> </u> | <u> </u> |         |        |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |          | 1,51    | 3,346  |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2 2,5    |          |         |        |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | <        | 1,055   | ,770>  |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4        |          | 1,21    | 5,956  |  |  |  |
| 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       |          | 16      | 0,186  |  |  |  |
| Part   | XII Financial Statements and Reporting  |          |          |         |        |  |  |  |
|  | Check if Schedule O contains a response or note to any line in this Part XII                                  | <u></u>  | <u>.</u> | <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," explain in  |   |          |          |         |        |  |  |  |
|  | Schedule O.   |          |          |         |        |  |  |  |
| 2a   |   |          |          |         |        |  |  |  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or |   |          |          |         |        |  |  |  |
|  | reviewed on a separate basis, consolidated basis, or both:  |          |          |         | }      |  |  |  |
|  | ☐ 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 audite             | d on a   | ı        |         |        |  |  |  |
|  | separate basis, consolidated basis, or both.  |          | 1 ]      |         |        |  |  |  |
|  | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                  |          |          |         | 1      |  |  |  |
| C  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov          |          | t        |         |        |  |  |  |
|  | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |          |          |         |        |  |  |  |
|  | If the organization changed either its oversight process or selection process during the tax year, explain in |          |          |         |        |  |  |  |
|  | Schedule O.   |          |          |         |        |  |  |  |
| 3а   | As a result of a federal award, was the organization required to undergo an audit or audits as set            | forth in | 1        |         |        |  |  |  |
|  | 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 under        |          |          |         |        |  |  |  |
|  | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at           | ıdıts.   | 3b       |         |        |  |  |  |
|  |   |          | Form     | 990     | (2016) |  |  |  |
|  |   |          |          |         |        |  |  |  |

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

| Tax) (s | ee separate instructions), t                         | hen   |                         |   |  |
|---------|--|---|-------------------------|---|--|
| • Se    | ection 501(c)(4), (5), or (6) orga                   | anizations: Complete Part III.                      |                         |   |  |
| Name    | ntification number                                   |   |                         |   |  |
| Citizer | ns for Energizing Michigan's                         |   |                         |   | 46-4355362   |
| Part    |  | e organization is exempt ur                         |                         |   |  |
| 1       | Provide a description of definition of political car | f the organization's direct and mpaign activities") | indirect political ca   | ampaign activities in Part  | IV. (see instructions for  |
| 2       | Political campaign activit                           | ty expenditures (see instructions                   | )                       | <b> </b>  | )  |
| 3       |  | cal campaign activities (see insti                  |                         |   |  |
| Part    | I-B Complete if the                                  | e organization is exempt ur                         | nder section 501(       | c)(3).  |  |
| 1       |  | excise tax incurred by the organ                    |                         |   |  |
| 2       |  | excise tax incurred by organizat                    |                         |   |  |
| 3       |  | ed a section 4955 tax, did it file l                |                         |   | . Yes No   |
| 4a      | Was a correction made?                               |   |                         |   | Yes No   |
| _ b_    | If "Yes," describe in Part                           |   |                         |   |  |
| Part    |  | e organization is exempt ur                         |                         |   | (c)(3).  |
| 1       |  | ly expended by the filing orga                      |                         |   |  |
| 2       |  | filing organization's funds cont                    |                         |   |  |
| _       |  | vities  |                         |   |  |
| 3       |  | expenditures. Add lines 1 and                       |                         |   |  |
| •       |  |   |                         |   |  |
| 4       |  | n file Form 1120-POL for this ye                    |                         | · · · · · · · · · · · · · · · · · · ·                               | Yes No   |
| 5       |  | ses and employer identification r                   |                         |   |  |
| •       |  | ents. For each organization listed                  |                         |   |  |
|         |  | ontributions received that were p                   |                         |   |  |
|         | as a separate segregated                             | fund or a political action commit                   | ttee (PAC). If addition | nal space is needed, provi  | de information in Part IV.   |
|         | (a) Name   | (b) Address   | (c) EIN                 | (d) Amount paid from filing organization's funds if none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1)     |  |   |                         |   |  |
| (2)     |  |   |                         |   |  |
| (3)     |  |   |                         |   |  |
| (4)     |  |   |                         |   |  |
| (5)     |  |   |                         |   |  |
| (6)     |  |   |                         |   |  |

| Page | 2 |
|------|---|
|      |   |

| Schedule | $\sim$ | /Eam | 000 | A+ 000 | C 7 | 2016 |
|----------|--------|------|-----|--------|-----|------|
|          |        |      |     |        |     |      |

| _        | leadle C (Form 990 or 990-EZ) 2016  |                           |                       |                                      |  | Page ∠                      |  |  |  |  |
|----------|---|---------------------------|-----------------------|--------------------------------------|--|-----------------------------|--|--|--|--|
|          | art II-A Complete if the organization i section 501(h)).  |                           |                       |                                      |  |                             |  |  |  |  |
| A        | Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's   |                           |                       |                                      |  |                             |  |  |  |  |
| _        | name, address, EIN, expenses, and share of excess lobbying expenditures).  Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply. |                           |                       |                                      |  |                             |  |  |  |  |
| <u>B</u> | Limits on Lobbyin   |                           |                       | troi provisions a                    | <del></del>  | no Acrional                 |  |  |  |  |
|          | (The term "expenditures" mea  |                           |                       | 3                                    | (a) Filing organization's totals                   | (b) Affiliated group totals |  |  |  |  |
|          | 1a Total lobbying expenditures to influence pu  |                           | <u></u>               | <del></del>                          | <del>  -                                    </del> | <del></del>                 |  |  |  |  |
|          | b Total lobbying expenditures to influence a  | •                         |                       |                                      | <del></del>  | <del></del>                 |  |  |  |  |
|          | c Total lobbying expenditures (add lines 1a a   | -                         | ····                  |                                      |  |                             |  |  |  |  |
|          | d Other exempt purpose expenditures   | •                         |                       |                                      |  |                             |  |  |  |  |
|          | e Total exempt purpose expenditures (add lin  |                           |                       |                                      |  |                             |  |  |  |  |
|          | f Lobbying nontaxable amount Enter the  |                           |                       |                                      |  |                             |  |  |  |  |
|          | columns.  |                           |                       | •                                    |  |                             |  |  |  |  |
|          | If the amount on line 1e, column (a) or (b) is:   | The lobbying              | g nontaxable amoun    | t is:                                |  |                             |  |  |  |  |
|          | Not over \$500,000  | 20% of the a              | mount on line 1e.     |                                      |  |                             |  |  |  |  |
|          | Over \$500,000 but not over \$1,000,000   | \$100,000 plu             | is 15% of the excess  | over \$500,000                       |  |                             |  |  |  |  |
|          | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plu             | is 10% of the excess  | over \$1,000,000                     |  |                             |  |  |  |  |
|          | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plu             | is 5% of the excess o | ver \$1,500,000                      |  |                             |  |  |  |  |
|          |   | \$1,000,000.              |                       |                                      |  |                             |  |  |  |  |
|          | g Grassroots nontaxable amount (enter 25%   | •                         |                       |                                      |  |                             |  |  |  |  |
|          | h Subtract line 1g from line 1a. If zero or less  |                           |                       |                                      |  |                             |  |  |  |  |
|          | i Subtract line 1f from line 1c. If zero or less,   |                           |                       |                                      | <u> </u>   |                             |  |  |  |  |
|          | j If there is an amount other than zero or  |                           |                       |                                      |  | Yes No                      |  |  |  |  |
|          | reporting section 4911 tax for this year?   |                           | · · · · · ·           |                                      | · · · · · ·  |                             |  |  |  |  |
|          | (Some organizations that made a section See the se  | on 501(h) e<br>parate ins | tructions for lines   | e to complete all<br>2a through 2f.) | of the five column                                 | s below.                    |  |  |  |  |
|          | Lobbying Ex   | penditure:                | s During 4-Year A     | veraging Period                      | <del></del>  |                             |  |  |  |  |
|          | Calendar year (or fiscal year<br>beginning in)  | (a) 2013                  | <b>(b)</b> 2014       | <b>(c)</b> 2015                      | (d) 2016   | (e) Total                   |  |  |  |  |
|          | 2a Lobbying nontaxable amount   |                           |                       |                                      |  |                             |  |  |  |  |
|          | b Lobbying ceiling amount<br>(150% of line 2a, column (e))  |                           |                       |                                      |  |                             |  |  |  |  |
|          | c Total lobbying expenditures   |                           |                       |                                      |  |                             |  |  |  |  |
|          | d Grassroots nontaxable amount  |                           |                       |                                      |  |                             |  |  |  |  |
|          | e Grassroots ceiling amount<br>(150% of line 2d, column (e))  |                           |                       |                                      |  |                             |  |  |  |  |
|          | f Grassroots lobbying expenditures  |                           |                       |                                      |  |                             |  |  |  |  |
|          |   |                           |                       |                                      |  |                             |  |  |  |  |

| Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). |  |          |         |           |        |          |  |  |
|---|--|----------|---------|-----------|--------|----------|--|--|
| For e   | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed   | (á       | 3)      |           |        |          |  |  |
|   | ription of the lobbying activity.  | Yes      | No      | Aı        | nount  | t        |  |  |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:      |          |         |           |        |          |  |  |
| а   | Volunteers?  |          |         |           |        |          |  |  |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |          |         |           |        |          |  |  |
| С   | Media advertisements?  |          |         |           |        |          |  |  |
| d   | Mailings to members, legislators, or the public?   |          |         |           |        |          |  |  |
| е   | Publications, or published or broadcast statements?  |          |         |           |        |          |  |  |
| f   | Grants to other organizations for lobbying purposes?   |          |         |           |        |          |  |  |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |          |         |           |        |          |  |  |
| ħ   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | <u></u>  |         |           |        |          |  |  |
| i   | Other activities?  | <u> </u> |         |           |        |          |  |  |
| j   | Total. Add lines 1c through 1i   |          |         |           |        |          |  |  |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | <u> </u> |         |           |        |          |  |  |
| b   | If "Yes," enter the amount of any tax incurred under section 4912  |          |         |           |        |          |  |  |
| c<br>C  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |          |         |           |        |          |  |  |
|   | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)   | 1/5)     | Dr. 60  | ction     |        |          |  |  |
|   | 501(c)(6).   | ,,,,<br> |         |           |        |          |  |  |
|   |  |          |         |           | Yes    | No       |  |  |
| 1   | Were substantially all (90% or more) dues received nondeductible by members?   |          |         | 1         |        | 1        |  |  |
| 2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |          | ٠       | 2         |        | <b>V</b> |  |  |
| 3   | Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)                                       |          |         |           | L      | <b>✓</b> |  |  |
|   | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."   |          |         |           | line : | 3, is    |  |  |
| 1   | Dues, assessments and similar amounts from members   | -        | 1_      |           | 1,5    | 13,346   |  |  |
| 2   | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  | of       |         | -         |        |          |  |  |
| а   | Current year   | •        | 2a      |           | 1,03   | 38,416   |  |  |
| b   | Carryover from last year   |          | 2b      |           |        |          |  |  |
| С   | Total  |          | 2c      |           | 1,03   | 38,416   |  |  |
| 3   | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  |          | 3       |           |        | 0        |  |  |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? |          |         |           |        |          |  |  |
| =   | Taxable amount of lobbying and political expenditures (see instructions)   | •        | 4       |           |        | (        |  |  |
| 5   |  | <u> </u> | 5       | l         | 1,03   | 38,416   |  |  |
|   | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.                     | up lis   | t); Pai | t II-A, I | ines 1 | and      |  |  |
|   |  |          |         |           |        |          |  |  |
|   | ·  |          |         |           |        |          |  |  |
|   |  |          |         | <i></i>   |        |          |  |  |
|   |  |          |         |           |        |          |  |  |
|   |  |          |         |           |        |          |  |  |
|   |  |          |         |           |        |          |  |  |

| Schedule C (For | n 990 or 990-EZ) 2016                | Page 4                                 |
|-----------------|--------------------------------------|--|
| Part IV         | Supplemental Information (continued) |  |
|                 |                                      |  |
|                 |                                      |  |
|                 |                                      |  |
|                 |                                      |  |
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# SCHEDULE

Grants and Other Assistance to Organizations,

2016

Open to Public Inspection

Schedule I (Form 990) (2016) % □ OMB No 1545-0047 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number energy awareness √ Yes 46-4355362 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash 469,672 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(4) 46-0601522 (p) EIN Citizens for Energizing Michigan's Economy 1 (a) Name and address of organization (1) Citizens for Michigan's Energy Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Partl Future 2 ල € 9 9 5 E 2 0 <u>@</u> 9

| Page 2                       |  | tance ,   |   |   |   |   |     |   |  |  |                      |  |   |  |                                       |  | 190) (2016)                  |  |      |
|------------------------------|--|---|---|---|---|---|-----|---|--|--|----------------------|--|---|--|---------------------------------------|--|------------------------------|--|------|
|                              | duals. Complete if the organization answerded. | (f) Description of noncash assistance                 |   |   |   |   |     |   | antomatical  | וייייייייייייייייייייייייייייייייייייי   |                      |  |   |  |                                       |  | Schedule I (Form 990) (2016) |  |      |
| L                            |  | (e) Method of valuation (book, FMV, appraisal, other) |   |   |   |   |     |   | (h) one pur other addit  | usly donated have been used  |                      |  |   |  |                                       |  |                              |  |      |
|                              |  | (d) Amount of noncash assistance                      |   |   |   |   |     |   | Bat III colling  | how the funds previou  | how the funds previo |  | how the funds previo                      |  | t t t t t t t t t t t t t t t t t t t |  | :                            |  | <br> |
|                              |  | (c) Amount of cash grant                              |   |   |   |   |     |   | il the air beginned  | ons to organizations with similar goals and  |                      |  | 4   |  |                                       |  |                              |  |      |
|                              |  | (b) Number of recipients                              |   |   |   |   |     |   | a diferential  |  |                      |  | 1   |  |                                       |  |                              |  |      |
| rm 990) (2016)               |  | (a) Type of grant or assistance                       |   |   |   |   |     |   | Cimalomental Information Drovide the information required in Dat I line 9. Dat III column (N) and any other additional information | The Board of Directors meet annually regarding donations to organizations with similar goals and how the funds previously donated have been used |                      |  |   |  |                                       |  |                              |  |      |
| Schedule I (Form 990) (2016) | rar III  |   | 1 | 2 | က | 4 | co. | 9 | 7  | The Board o  |                      |  | 1<br>1<br>1<br>1<br>7<br>7<br>8<br>8<br>8 |  |                                       | 1<br>0<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 1                            |  |      |

#### SCHEDULE,O (Form 990 or 990-EŻ)

#### 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 2016

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

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

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| Name of the organization   | Employer identification number            |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| Citizens for Energizing Michigan's Economy 46-4355362  |   |  |  |  |  |  |  |  |  |
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| DART VI SECTION RPolicies and Procedures   |   |  |  |  |  |  |  |  |  |
| FART VI, SECTION D-FOILIES dire Flocedules   | PART VI, SECTION BPolicies and Procedures |  |  |  |  |  |  |  |  |
| The Organization has no employees and has no plans to hire any employees.                              |   |  |  |  |  |  |  |  |  |
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| DART VI CERTION D. LINE 44, ARE ADDROVAL DOLLOW  |   |  |  |  |  |  |  |  |  |
| PART VI, SECTION B, LINE 11990 APPROVAL POLICY   |   |  |  |  |  |  |  |  |  |
| The 990 is presented to the President for approval and reviewed by the Board of Directors subsequent   | ly  |  |  |  |  |  |  |  |  |
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| PART VI, SECTION C, DISCLOSURE   |   |  |  |  |  |  |  |  |  |
| FART VI, SECTION C, DISCESSIVE   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~    |  |  |  |  |  |  |  |  |
| 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 a | nd destruction policies                   |  |  |  |  |  |  |  |  |
| These policies have been drafted, but not yet formally approved by the Organization.                   |   |  |  |  |  |  |  |  |  |
| riese policies have been divined, but not yet formally approved by the organization.                   |   |  |  |  |  |  |  |  |  |
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