Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year. Combine lines 18 through 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses. Add lines 10 through 16 Total expenses. Add	Interr	iriment of nal Reven	tine Treasury	► Go to www.irs.gov/Form990EZ for instructions and the	atest informati	on.				
Name of variety Name of v				ar year, or tax year beginning , 2017	, and ending		, 20			
Name change Treat arteam changes Treat	B c	heck if ap	plicable	C Name of organization		D Employe	r identification number			
Instruction	V	Address c	hange	GLEP Education Fund			20-0312462			
The provided provi		Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephon	e number			
City or town, state or province, country, and ZiP or foreign postal code F Group Exemption Application needing Lansing, MI 48933 Accrual Other (specify) Tak-exempt status (chack only one) 501(c)(3) 501(c)(4) 4 4 (insert no) 4947(a)(1) or 527 Form 990, 990-EZ, or 990-PF).	=		I115 W Allegan Street			517.525.4994				
Accounting Method Cash Accrual Other (specify) Method Cash Accrual Other (specify) Accrual (specify) Accrual Other (specify) Accru	=	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code					Group Exemption			
Accounting Method	=			Lansing, MI 48933		Number	• •			
Tax-exempt status (check only one)					H	Check ▶ [If the organization is not			
Form of organization Corporation Trust Association Other	ı v	Vebsite	ı: >			required to	attach Schedule B			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	J T	ах-ехеп	npt status (che	eck only one) — ☐ 501(c)(3)	or	(Form 990,	990-EZ, or 990-PF).			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 90,000										
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Pai	t II	Balance Sheets (see the instructions f					
		Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				_	(A) Beginning of year	00	(B) End of year
22		h, savings, and investments			1,069	23	43,963
23 24		d and buildings				24	
25		al assets			1,069		43,963
26		al liabilities (describe in Schedule O)			1,000	26	0
27		assets or fund balances (line 27 of column		n line 21)	1,069	27	43,963
Par		Statement of Program Service Accom					
		Check if the organization used Schedule			Part III 🔲	(Pa	Expenses guired for section
What	t is the	organization's primary exempt purpose?	Educate the public o	n education reform			(c)(3) and 501(c)(4)
as m	neasure	ne organization's program service accomplied by expenses. In a clear and concise manefited, and other relevant information for each	anner, describe the	f its three largest p	rogram services, I, the number of	orga othe	anizations, optional for ers.)
28		te the public on education reform, promote sc	nool choice for paren	ts, and support legis	tlative change to		
	schoo	I choice and education reform.					
	/C	λ (f the amount	unaludaa faraign gra	unto obook boro		28a	
29	(Grant		includes foreign gra			202	<u> </u>
29							
	(Grant	ts\$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	298	1
30	<u> </u>						
	(Grant		includes foreign gra	ants, check here .	▶ ⊔	30a	1
31		program services (describe in Schedule O)		nta abaak bara		21.	
32	(Grant	program service expenses (add lines 28a	includes foreign gra			31a	
	t IV	List of Officers, Directors, Trustees, and Ke					<u> </u>
		Check if the organization used Schedule					_
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		'	Estimated amount of other compensation
JAM	ES BAF	RRETT, President, Director					
201001			1	1,800		0	
JAC	E BOLG	GER,Secretary, Director					
			1		<u> </u>	0	0
MAR	Y DOS	TER, Treasurer, Director	{			-	
			2	1,800	<u>) </u>	0	0
GRE	G MCN	EILLY , Director					
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Part	The state of the s		ne	age
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Parl		<u>, L</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	_	ľ
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		 	✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter-amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 15,592		\vdash	•
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	¥ 3.85	41 1	-
39	Section 501(c)(7) organizations. Enter:	1	. ""	354
а	Initiation fees and capital contributions included on line 9		N	
b	Gross receipts, included on line 9, for public use of club facilities			3.44
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	Sept. 9		
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	*	pä.	34
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	139		,*
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	3 Natu	₹39	, ·
	on organization managers or disqualified persons during the year under sections 4912,		l	43
	4955, and 4958	, ,	# #:	, 3
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1997	Κ.,	
	40c reimbursed by the organization	5 E	, ,	١
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	- '', 	
41	List the states with which a copy of this return is filed ▶			<u> </u>
42a	The organization's books are in care of ▶ Mary Doster Telephone no. ▶	517.52	5.4994	4
	located at ▶ 2870 Dobie Rd Mason MI		354	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	1 2 1 1 1	"" " " " " " " " " " " " " " " " " " " "	· ·
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u>.</u>
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	1
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here			_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	" -e ziji"	7 %	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	 	

Form 990-EZ*(2017)	
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Page 4

46	Did the organization engage, directly or i	ndirectly in political c	ampaign activities on	hehalf of or in oppo	settion :	Yes	No
40	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	· · · · · ·	· · 46		1
Part	All section 501(c)(3) organization 50 and 51.	ns must answer que		•	the tables f	or line	es
	Check if the organization used So	nedule O to respond	to any question in t	nis Part VI	· · · · ·	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio			162	140
48	Is the organization a school as described						
49a b	Did the organization make any transfers If "Yes," was the related organization a s	•	•			_	-
50	Complete this table for the organization' employees) who each received more that	s five highest compen	sated employees (oth	er than officers, dire	ctors, truste	es, an	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation			
None		-					
				<u> </u>		_	
		-					
		-					
		<u> </u>	L				
f 51	Total number of other employees paid o Complete this table for the organization	n's five highest comp	. ▶0 ensated independent	contractors who ea	ach received	more	thar
	\$100,000 of compensation from the org		T		(a) C		
	(a) Name and business address of each indeper		(b) Type of serv	/ice	(c) Compensati		
None			4				
						-	
				-		_	
			-				
	Title de la la contraction de		0.100.000				
52	Total number of other independent continuous Did the organization complete Sched			nizations must atta	o ach a		
	and the second of the second o				▶∐ Yes	Z	No
Under p	penalties of perjury, I declare that I have examined this birrect, and complete. Declaration of preparer (other the	return, including accompar an officer) is based on all info	nying schedules and stateme ormation of which preparer h	ents, and to the best of my	knowledge and	belief,	ıt ıs
Sign	Signature of officer	<u> </u>			18		
Here	Mary Doster, Treasurer						
	Type or print name and title	Preparer's signature	Da	ate T	C PTIN		
Paid	OF LE DDEDADED	ricpaici s signature		Check self-em	□ f		
•	Only Firm's name			Firm's ElN ▶		<u>-</u>	
	he IRS discuss this return with the prepare	er shown above? See	instructions	Phone no	. ▶ ☐ Yes		No
Iviay t	no mo diacess uno return with the prepart	o. Griottii above: dee	mondonona		· · · · res		10

SCHEDULE O , (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2017

OMB No. 1545-0047

Open to Public Inspection

	Employer identification number
	20-0312462
	•
enses	
4 entity \$2,100	
105	
706	
465	
733	
\$3,376	
	\$3,376