Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

< 2017Open to Public Inspection

	A F	or the 2017 c	alendar year, or tax year beginning , and ending			
	_	eck if applicable	C Name of organization		D Employe	r identification number
	X Ad	dress change	SAFE AND JUST MICHIGAN			
	X Na	me change	Doing business as			520445
	\equiv		Number and street (or P O box if mail is not delivered to street address) 80 80 80 80 80 80 80 80 80 8	oom/suite	E Telephon 517 –	e number 482-7753
		hal return hal return/	City or town, state or province, country, and ZIP or foreign postal code		<u> </u>	102 1735
	ten	minated	LANSING MI 48933		G Gross reco	eipts 955,628
	X Am	nended return		G Gloss lect		
	☐ Ap	plication pending	F Name and address of principal officer JOHN COOPER	H(a) Is this a gro	up return for si	ubordinates? Yes X No
		, , ,	521 SEYMOUR	H(b) Are all sub	ordinates incli	uded? Yes No
			LANSING MI 48933	If "No,"	attach a list	(see instructions)
~~		ax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
03			AFEANDJUSTMI.ORG	H(c) Group exe	motion numbe	r >
15		orm of organization			000	M State of legal domicile MI
, -	Pa		Immary	orionnation		in oldic of legal conficie ===
			scribe the organization's mission or most significant activities			
	اہ	•	S TO ADVANCE POLICIES THAT END MICHIGAN'S OVERUSE OF	INCARC	ERATIO	N AND
	2		OTES COMMUNITY SAFETY AND HEALING.			
	<u>۾</u> ا					
	Activities & Governance	2 Check the	is box ▶ if the organization discontinued its operations or disposed of more than 25%	_of its net ass	sets	
	Ŏ	3 Number	of voting members of the governing body (Part VI line 1a)	7	3	9
	တ္မ	4 Number of	of independent voting members of the governing body (Part VI line DEENED) of independent voting members of the governing body (Part VI line DEENED) other of individuals employed in calendar year 2017 (Part VI line 2019)	א א	4	9
	iĝ	5 Total nun	ober of individuals employed in calendar year 2017 (Part V line 28	<u>%</u>	5	13
3	∙ ई	6 Total nun	nber of individuals employed in calendar year 2017 (Part V, line 24X 2019) photor of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12 AUG 1 3 2019		6	20
Ę	۱ ۲		elated business revenue from Part VIII, column (C), line 12 0 116 1 3 2010	18/I	7a	0
				# <u>#</u>	7b	0
1 AUG 2 7 2013	o n	. , , , , , , , , , , , , , , , , , , ,	ions and grants (Part VIII, line 1h)	Prior Yea		Current Year
, و:	5	8 Contribut	ions and grants (Part VIII, line 1h)		0,103	947,762
Ę		9 Program	service revenue (Part VIII, line 2g)		2,570	7,329
~~·		10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		407	537
~	_:	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
ૐ	ب∟	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,080	955,628
~	<u>-</u>	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	11	4,000	49,596
042325	$\Theta \mid$	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
3	₩.	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	27	9,648	448,290
. 7 J		16a Professio	inal fundraising fees (Part IX, column (A), line 11e)			<u> 0</u>
**	₹ ĝ	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 29,767			
(ולת ו	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,597	308,873
		18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,245	806,759
		19 Revenue	less expenses Subtract line 18 from line 12		4,835	148,869
	is or			Beginning of Cui	1,315	End of Year 861,177
	Bala		ets (Part X, line 16)		2,629	
	Net Assets or Fund Balances		ilities (Part X, line 26)		8,686	817,158
		**********	ts or fund balances Subtract line 21 from line 20	71	0,000	017,130
				a and to the h	and of mucles	reviledes and helief it is
	true	er penaities of p , correct, and co	perjury, I dealare that I have examined this return, including accompanying schedules and statements complete [pecla]ation of preparer (other than officer) is based on all information of which preparer has	s, and to the bi	estoriny kr je /	/
		<u> </u>			18/	7/2019
	Sign	, P =	ignature of officer		Date	/ - \
	Here	· I.	JOHN COOPER EXECUTI	TVE DIE	RECTOR	?
			ype or print name and title			
		Print/Typi	e preparer's name Preparer's signature	234	Check	ıf PTIN
	Paid	VICKIE	L. CROUCH	1814	self-en	ployed P00163080
	Prepa		TAYMON C DIGITATION TO A TO TO	1 1,	irm's EIN	38-2024865
_	Use (1000 COOLIDGE RD	<u> </u>		
1		Firm's ad	TACE TANGENG ME 40022 2460	,	hone no	517-332-1900
12	May t		s this return with the preparer shown above? (see instructions)			X Yes No
'	For Pa		uction Act Notice, see the separate instructions.	<u> </u>		Form 990 (2017)
	DAA					<i>9</i> 11

*******	990 (2017) SAFE AND JUST			38-3520445		Page 2
Pą	Statement of Program	•		this Dort III		
1	Check if Schedule O co Briefly describe the organization's missi		or note to any line in	this Part III		
-	ORKS TO ADVANCE POLI		END MICHIGAN	s overuse o	F INCARCERATION	N AND
P	ROMOTES COMMUNITY SA	AFETY AND HI	EALING.			
2	Did the organization undertake any sign	ificant program service	es during the year which w	vere not listed on the		
	prior Form 990 or 990-EZ?				Ye	s X No
•	If "Yes," describe these new services or Did the organization cease conducting,		anger in how it conducts	any program		
3	services?	or make significant chi	anges in now it conducts,	any program	Ye	s X No
	If "Yes," describe these changes on Sch	nedule O				_
4	Describe the organization's program ser		-			
	expenses Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,			unt of grants and alloca	tions to others,	
	(Code) (Expenses \$		cluding grants of \$	49,596)	•	7,329)
	AFE AND JUST MICHIGATION OF THE UPPORT FOR REFORM THE					חדדה
	DVOCACY AND OUTREACH					
	•					
4b	(Code) (Expenses \$	ır	icluding grants of \$)	(Revenue \$)
				•		,
			·			
4¢	(Code) (Expenses \$	ır	cluding grants of \$)	(Revenue \$)
	•					
	•					
	• •					
				•		
		•				
4d	Other program services (Describe in Sc	hedule O)				
	(Expenses \$	including grants of) (Revenue \$		
	Total program service expenses ▶	668,6	J.5			n 990 (2017)
DAA					For	n フラび (2017)

			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_	_X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		35
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	X	
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,	_		v
_	Part III	5		<u> </u>
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	_		х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
^	complete Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		-21
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	'.		
• •	VII, VIII, IX, or X as applicable			
а		•	Ì	
•	complete Schedule D, Part VI	11a	x	
b		,,,,		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			٠,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_ v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schooling C. Part III.	19		х
	If "Yes," complete Schedule G, Part III	_	m 990	
		FUI		- (2011)

Checklist of Required Schedules (continued) Part IV

•	_		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
L.	through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		į	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.5
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		,	
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	``	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
~		28b		x
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	Ī		
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		v
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
J-4	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	į	<u> </u>
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,		1	
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 21 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 h Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 13 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 7b 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 X 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? 9a þ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources h against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c 14a X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Form 990 (2017) SAFE AND JUST MICHIGAN 38-3520445 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

360	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	_		
	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		İ			
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7 ``	٠,	
	any other officer, director, trustee, or key employee?			2	1	х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	,		4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			 		
, a	one or more members of the governing body?			7a	x	
.				'a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			76	х	
	stockholders, or persons other than the governing body?		h a fall	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following		v	ŀ
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	15) O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai r	<u>kevenue C</u>	oae.)		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	
b						3.
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	ļ
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?					١.,
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			***		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					١.
	organization's exempt status with respect to such arrangements?			16b		Ι `
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI					

Sec	tion	C.	Disc	losui	re

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records >

ELSIE KETTUNEN

LANSING

521 SEYMOUR AVE

517-482-7753

MI 48933

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

- 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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a d	rson i	than o s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL VIZENA										
	0.00									
PRESIDENT	0.00	X		X				0	0	C
(2) WILLIAM TREGEA										
	0.00									
TREASURER	0.00	X		X				0	0	
(3) GARY ASHBY										
	0.00					1				
DIRECTOR	0.00	X						0	0	C
(4) MONICA JAHNER							ľ			
	0.00					1	j			
DIRECTOR	0.00	X		L		Ш		0	0	
(5) ANNA KOHN							ŀ			
	0.00									
VICE PRESIDENT	0.00	X		X				0	0	
(6) MICHAEL REAGAN										
	0.00									
SECRETARY	0.00	X		X				0	0	C
(7) BRAD WILLIAMS										
	0.00				ŀ					_
DIRECTOR	0.00	X				\vdash		0	0	Ç
(8) EILEEN HAYES	0 00									
DID=3=0-	0.00							ا		_
DIRECTOR	0.00	X		\vdash				0	0	C
(9) SHARI WARE	0 00									
DIRECTOR	0.00							٦	_	
DIRECTOR	0.00	X	-		ļ	\vdash		0	0	C
(10) LAURA SAGER	40.00									
EVECUMINE DIRECTOR	40.00			v				64 004	ام	•
EXECUTIVE DIRECTOR	0.00	\vdash	-	X	_	╁╌┤		64,924	0	C
(11)		1	[ı	ĺ	ıl			i	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
,	(A) Name and title	(B) Average hours per week (list any hours for related	of	ix, unli	Pos check ess pe	rson i	than c s both r/truste	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated emptoyee	mer			and related organizations
1b	Sub-total	-1-1-8-130	<u> </u>	l	l		<u> </u>	>	64,924		
2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	icluding but not l	imite	ed to		e lıs	ted a	bov	64,924 e) who received more than	\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h inc	lıvıdı	ıal			Yes No
4 5	For any individual listed on lin organization and related organ individual Did any person listed on line 1	nizations greater	thar	\$1 5	50,00)0? <i>l</i>	f "Ye	s," c	complete Schedule J for su	ch	4 X
	for services rendered to the or	rganization? <i>If "</i> \									5 X
1	Complete this table for your fir compensation from the organi	ve highest comp									ear
		(A) I business address	Onip	C1136	ition	101 (ne ce			(B) tion of services	(C) Compensation
									, ,		
											
		-									
	Total number of independent	contractors (incli	udino	g but	not	lımıt	ed to	tho	se listed above) who		
_	received more than \$100,000									0	

``		Check if Schedule	O cor	itains a	response		,	····	
۸.				.,	···· ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
ᅙ	b	Membership dues	1b						•
	С	Fundraising events	1c			, ,			•
<u>a</u>	d	Related organizations	1d					Ì	
E	e	Government grants (contributions)	1e					`.	`
Other :	f	All other contributions, gifts, grants, and similar amounts not included above	1f		947,762	; ·		`	· · · · · · · · · · · · · · · · · · ·
힏	_	Noncash contributions included in lines 1a	9-1f	\$	_	047 760		, ,	
ē	<u>h</u>	Total. Add lines 1a-1f			<u> </u>	947,762			
riogram Service Revenue and Other Similar Amounts	2a	CONFERENCE INCOME			611600	7,329	,		7,329
ا و	b								
5	C								
5	d								
<u> </u>	e	All other program service revo	anua				-		
2		Total. Add lines 2a-2f	siiu c			7,329		J	
┿		Investment income (including	dıvider	nds inter		.,,525			
	•	and other similar amounts)	411.001	100, 111101	•	537			537
۱,	4	Income from investment of ta	x-exem	pt bond i	proceeds >				
		Royalties		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	-			
	_	(i) Real		(11)	Personal				
- (6a	Gross rents							`
	b	Less rental exps	-						
		Rental inc or (loss)	-						;
		Net rental income or (loss)			•				
'	7a	Gross amount from sales of assets (i) Securitie	s	(1	ıı) Other		·	,	
		other than inventory				,	`		
	b	Less cost or other				` `	l:		•
		basis & sales exps				`			
	С	Gain or (loss)				. 27			
1	d	Net gain or (loss)			<u> </u>				·····
ا يو	8a	Gross income from fundraising ev	ents						
		(not including \$., `			
		of contributions reported on line 10	c)					`	* *
Other Kevenue		See Part IV, line 18	а			`			,
5		Less direct expenses	þ			```	,	,	
		Net income or (loss) from fun		events	<u> </u>				
'	9a	Gross income from gaming activiti							`
		See Part IV, line 19	a				. .	·	
		Less direct expenses	b				ľ.	<u> </u>	`
		Net income or (loss) from gar	_	tivities			 		
'	va	Gross sales of inventory, less returns and allowances						,	`
	h	Less cost of goods sold	a b	-			,		, , ,
		Net income or (loss) from sal	_	venton		•	`	•	,
┢		Miscellaneous Revenue		veilloi y_	Busn Code				
1	1a	Inigonationa ive settine				F		1	,
'	b								
	C								
	-	All other revenue							
		Total. Add lines 11a-11d						·	many man many many transfer to
1		Total revenue. See instruction	ne			955,628	0	0	7,866

Form **990** (2017)

Sect	con 501(c)(3) and 501(c)(4) organizations must concern the Check if Schedule O contains a response			nplete column (A)	X
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	49,596	49,596		······································
2	Grants and other assistance to domestic		•		•
	individuals See Part IV, line 22				······
3	Grants and other assistance to foreign		<u> </u>		•
	organizations, foreign governments, and foreign		į		
	individuals See Part IV, lines 15 and 16			······································	-1111140-441111111111-441114-4-4414
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	64 024	45 447	10 477	
_	trustees, and key employees	64,924	45,447	19,477	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	348,210	266,389	54,821	27,000
7 8	Other salaries and wages	340,210	200,309	34,021	21,000
0	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	· · · · · · · · · · · · · · · · · · ·			
10	Payroll taxes	35,156	27,407	5,404	2,345
11	Fees for services (non-employees)	33,130	27,107	3,101	2,313
''	Management				
b	Legal	4,024		4,024	
c	, *	3,600		3,600	
d	· · · · · · · · · · · · · · · · ·	9,059	9,059		
e	,	"		.,	_
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)	198,343	188,421	9,922	
12	Advertising and promotion				
13	Office expenses	12,446	11,006	1,018	422
14	Information technology	13,369	9,897	3,472	
15	Royalties				
16	Occupancy	23,677	20,125	3,552	<u> </u>
17	Travel	19,504	19,504		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,339	15,735	604	
20	Interest				
21	Payments to affiliates			505	
22	Depreciation, depletion, and amortization	725		725	
23	Insurance	1,559	234	1,325	······································
24	Other expenses Itemize expenses not covered	'	`* ` [``	
	above (List miscellaneous expenses in line 24e If	,		,	, s
	line 24e amount exceeds 10% of line 25, column		` ‡	`	`
а	(A) amount, list line 24e expenses on Schedule (O) RESEARCH & REPORTS	3,275	3,275		<u> </u>
	FEES & SUBSCRIPTIONS	2,953	2,510	443	
p	1220 & DODDCKIFIIOND	2,333	2,310	773	
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	806,759	668,605	108,387	29,767
26		000,739	330,003	100,301	23,101

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 457,185 256 Cash—non-interest bearing 455,157 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 395,000 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L ĸ Notes and loans receivable, net 7 8 Inventories for sale or use 6,730 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 15,647 other basis Complete Part VI of Schedule D 10a 4,130 11,613 10b 4,034 b Less: accumulated depreciation 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 461,315 861,177 Total assets. Add lines 1 through 15 (must equal line 34) 16 42,629 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 44,019 42,629 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 418,686 589,883 27 Unrestricted net assets 227,275 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds $\overline{4}18,686$ 817,158 33 Total net assets or fund balances 861,177 461,315 Total liabilities and net assets/fund balances

orm	990 (2017) SAFE AND JUST MICHIGAN 38-3520445				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			06,'	
3	Revenue less expenses Subtract line 2 from line 1	3		14	18,	86 <u>9</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4:	L8,	686
5	Net unrealized gains (losses) on investments	5_	ļ			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		2:	50,0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>-</u> :	<u> 397</u>
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		ĺ			
	33, column (B))	10		<u> </u>	17,	<u> 158</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1	Accounting method used to prepare the Form 990			`		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O				.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		<u>X</u>
	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?		ļ	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				`````	
	separate basis, consolidated basis, or both			` .	``	•
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ŀ		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	·····
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ī		`
	Schedule O			٠. ا		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		ļ	3a		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ŀ			
	required guidit or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		1	2h		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part) See instructions.

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

Department of the Treasury

SAFE AND JUST MICHIGAN

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))

Employer identification number 38-3520445

3	A hospital or	a cooperative hospital ser	vice organization described in se	ction 170	(b)(1)(A)(i	iii).						
4	A medical re	search organization operat	ed in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter the ho	ospital's name,					
_	city, and stat											
5	_	·	t of a college or university owned	or operat	ed by a go	overnmental unit described in						
• -	7	(b)(1)(A)(iv). (Complete Pa		45	0/1-1/41/4	A/. A						
6 <u>v</u>	⊒	-	governmental unit described in s									
7 X	described in	section 170(b)(1)(A)(vi). (_	ernmentai	unit or from the general public						
8	1		170(b)(1)(A)(vi). (Complete Par									
9 _		_	escribed in section 170(b)(1)(A)(of agriculture (see instructions)		-		ge					
10 [receipts from support from	activities related to its exe gross investment income	empt functions—subject to certain and unrelated business taxable in	more than 33 1/3% of its support from contributions, membership fees, and gross of functions—subject to certain exceptions, and (2) no more than 33 1/3% of its dunrelated business taxable income (less section 511 tax) from businesses , 1975 See section 509(a)(2). (Complete Part III)								
11 📙	╡ ਁ	•	d exclusively to test for public saf	•		* * * * *						
12 _		•	d exclusively for the benefit of, to	•								
			nizations described in section 50 that describes the type of support									
а	Type I. A	A supporting organization o orted organization(s) the po	perated, supervised, or controlled	d by its su a majority	pported o	rganization(s), typically by givir	•					
b			complete Part IV, Sections A a supervised or controlled in conne		ite eunnoi	tod organization(s), by baying						
U	control o	r management of the supp	orting organization vested in the				ed					
С		` '	te Part IV, Sections A and C. supporting organization operated	d in conne	ction with	and functionally integrated wi	th					
·			nstructions) You must complete				u 1,					
d			ed. A supporting organization ope									
			he organization generally must so must complete Part IV, Sectio				ess					
е	Check th	is box if the organization re	eceived a written determination fr	om the IR	S that it is							
f		nliy integrated, or Type III n mber of supported organiza	on-functionally integrated suppor	ung orgar	ization							
g g			the supported organization(s)									
	me of supported	(II) EIN	(III) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of					
	organization	.,-	(described on lines 1–10	listed in you	ır governing	support (see	other support (see					
			above (see instructions))		ment?	instructions)	instructions)					
/A\	.	· · · · · · · · · · · · · · · · ·		Yes	No							
(A) 												
(B)												
(C)						-						
(D)				 								
(E)												
		10 1 10 10 10 10 10 10 10 10 10 10 10 10		ļ								
otal					`							
			,									

Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	447,172	213,617	149,926	950,103	947,762	2,708,580		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						 		
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	447,172	213,617	149,926	950,103	947,762	2,708,580		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			`		` `			
	shown on line 11, column (f)		`		***************************************	***************************************	1,550,810		
6	Public support. Subtract line 5 from line 4		`				1,157,770		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	447,172	213,617	149,926	950,103	947,762	2,708,580		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	177	345	· 150	407	537	1,616		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					7,329	7,329		
11	Total support. Add lines 7 through 10		٠.	ì	` `		2,717,525		
12	Gross receipts from related activities, etc	(see instructions)				12	16,493		
13	First five years. If the Form 990 is for the		t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)			
	organization, check this box and stop her	•		•			▶ [
Sec	tion C. Computation of Public Su	pport Percen	tage						
14	Public support percentage for 2017 (line 6	, column (f) divide	d by line 11, colum	ın (f))		14	42.60%		
15	Public support percentage from 2016 Scho					15	41.00%		
16a	33 1/3% support test—2017. If the organ	zation did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this			
	box and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			▶ X		
b	33 1/3% support test-2016. If the organ	zation did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or me	ore, check			
	this box and stop here. The organization	qualifies as a publi	cly supported orga	inization			▶ □		
17a	10%-facts-and-circumstances test—201	7. If the organizat	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is			
	10% or more, and if the organization meet	ts the "facts-and-ci	rcumstances" test	, check this box an	id stop here . Expla	aın ın			
	Part VI how the organization meets the "fa organization	icts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly supp	ported	▶ 🗆		
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here.				
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a pu	ublicly			
	supported organization						▶ □		
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee			
	instructions						▶ 🛚		

Schedule A (Form 990 or 990-EZ) 2017

SAFE AND JUST MICHIGAN

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
•	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
	If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) T	otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							,
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)				X	٠		
	tion B. Total Support		T		·			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) T	otal
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b .							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		L					
14	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)		
Sac	organization, check this box and stop her tion C. Computation of Public Su		tage		-			
<u>360</u> 15	Public support percentage for 2017 (line 8	XA		an (fl)		1:		%
16	Public support percentage from 2016 Sch	• • •	•	111 (1))		10		/ %
	tion D. Computation of Investme			·			<u>′ </u>	
<u> </u>	Investment income percentage for 2017 (I	_		3. column (f))		17	7	%
18	Investment income percentage from 2016		· ·	,		18		%
19a	33 1/3% support tests—2017. If the orga			e 14, and line 15 is	more than 33 1/39			
	17 is not more than 33 1/3%, check this be							
b	33 1/3% support tests—2016. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more tha	n 33 1/3%, and		_
	line 18 is not more than 33 1/3%, check th		-					> <u> </u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Schedule A (Form 990 or 990-EZ) 2017

Pa	t IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			·
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		î .	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3,	3	† `
	supervised, or controlled the supporting organization	2		L
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	٠,	٠.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	٠.		ŀ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			,
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		Ī
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization satisfied the Activities Fest Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	ione)		
u	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity (see instruct)		
2	Activities Test Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	.		١.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	.	` 、	•
	• • • • • • • • • • • • • • • • • • • •		`.	
	how the organization was responsive to those supported organizations, and how the organization determined	2a		1
L	that these activities constituted substantially all of its activities Put the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	`		! `
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		,	
	reasons for the organization's position that its supported organization(s) would have engaged in these	21		١.
_	activities but for the organization's involvement	2b		 ,
3	Parent of Supported Organizations Answer (a) and (b) below.		. `	ŀ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		`	Ì
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ا ا		Ī
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		l

Schedule A (Form 990 or 990-EZ) 2017 SAFE AND JUST MICHIGAN		38-3520	7445 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (<u>Organizat</u> i	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o	on Nov 20, 19	970 (explain in Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting organizations	s must compl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	·	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)		<u> </u>	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions)	6	*	
7 Check here if the current year is the organization's first as a non-functionally integral	ated Type III	supporting organization	(see
instructions)	• • • • • • • • • • • • • • • • • • •		

Par	Type III Non-Functionally Integrated 509(a)(3) S	• •	tions (continued)	rage /
	on D - Distributions	organiza	tiono (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		33.7.3.7.3.
	Amounts paid to perform activity that directly furthers exempt purposes			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supplied	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		·	
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions	·		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Dıstributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		` ` ` `	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See	,		; ·
	Instructions Court Court Court		······································	
	Excess distributions carryover, if any, to 2017	<u> </u>		***
<u>a</u>	From 2013			
	From 2014		. ,	
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	_		
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		***************************************	
4	Distributions for 2017 from			
-	Section D, line 7 \$,
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			, , , ,
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013		`	······································
<u>b</u>	Excess from 2014			
c	Excess from 2015			***************************************
d	Excess from 2016			
<u>e</u>	Excess from 2017			

38-3520445

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

DAA

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

► Attach to Form 990 or Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www irs gov/Form990 for instructions and the latest information. 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

Complete if the organization is described below.

- 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) (see separate instructions), then

• S	ection 50	1(c)(4), (5), or (6) organizations Complete Part II	Н			
Name	e of organ	ization			Employer ident	ification number
		SAFE AND JUST MICHI			38-35204	
Par	t I-A	Complete if the organization is exer	npt under section 501(c	or is a section	527 organization	n.
1	Provide a	a description of the organization's direct and indir	ect political campaign activities	in Part IV (see inst	ructions for	
	definition	of "political campaign activities")				
2	Political of	campaign activity expenditures (see instructions)			▶ \$	
3	Voluntee	r hours for political campaign activities (see instr				
Par	t 1-B	Complete if the organization is exer	npt under section 501(c)(3).		
1	Enter the	amount of any excise tax incurred by the organi	zation under section 4955		▶ \$	
2	Enter the	e amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	
3	If the org	anization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
		orrection made?				Yes No
		describe in Part IV			504/-\/0\	
	<u> 1 1-C</u>	Complete if the organization is exer	-1		on 501(c)(3).	
1		e amount directly expended by the filing organizat	tion for section 527 exempt fund	tion		
_	activities				▶ \$	
2		amount of the filing organization's funds contrib	uted to other organizations for s	ection		
_		npt function activities			▶ \$	
3		empt function expenditures. Add lines 1 and 2 Er	iter here and on Form 1120-PO	L,		
	line 17b				▶ \$	
4		iling organization file Form 1120-POL for this year			t talente et e	∐ Yes ∐ No
5		e names, addresses and employer identification r	, ,	•	_	
	-	tion made payments. For each organization listed	•			
		unt of political contributions received that were pr		•	•	
	as a sep	arate segregated fund or a political action commi				(-) A t of orbits of
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds If none, enter -0-	promptly and directly
						delivered to a separate
						political organization If none, enter -0-
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For P	anerwork	Reduction Act Notice, see the Instructions for Forn	n 990 or 990-EZ.	·	Schodule C /Eo	rm 990 or 990-E7\ 201:

Scheddle C (Form aan of aan-EZ) 2017 SAFE	AND UUSI MICHIGAN	30-3320443	Page Z
Part II-A Complete if the organi section 501(h)).	zation is exempt under section 501(c)(3) a	nd filed Form 5768 (elec	tion under
A Check ► ☐ if the filing organization address, EIN, expense	belongs to an affiliated group (and list in Part IV s, and share of excess lobbying expenditures) on checked box A and "limited control" provis	• .	er's name,
Limits on Lol	bying Expenditures	(a) Filing	(b) Affiliated
	means amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)	702	·
b Total lobbying expenditures to influence a	legislative body (direct lobbying)	9,867	
c Total lobbying expenditures (add lines 1a	and 1b)	10,569	
d Other exempt purpose expenditures		796,190	
e Total exempt purpose expenditures (add I	nes 1c and 1d)	806,759	
f Lobbying nontaxable amount Enter the ar columns	nount from the following table in both	146,014	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000	`	
g Grassroots nontaxable amount (enter 25%	of line 1f)	36,504	
h Subtract line 1g from line 1a If zero or les	s, enter -0-	0	
i Subtract line 1f from line 1c If zero or less	s, enter -0-	0	
j If there is an amount other than zero on e reporting section 4911 tax for this year?	ther line 1h or line 1i, did the organization file Form 472i)	☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount	52,578	56,395	125,237	146,014	380,224		
 b Lobbying ceiling amount (150% of line 2a, column (e)) 	***		`		570,336		
c Total lobbying expenditures	11,240	12,624	14,441	10,569	48,874		
d Grassroots nontaxable amount	13,145	14,099	31,309	36,504	95,057		
e Grassroots ceiling amount (150% of line 2d, column (e))					142,586		
f Grassroots lobbying expenditures	1,792	3,626	6,320	702	12,440		

Schedule C (Form 990 or 990-EZ) 2017

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes." response on lines 1a through 11 below, provide in Part IV a detailed Yes No description of the lobbying activity. Amount 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 a Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e 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? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 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)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2017 SAFE AND JUST MICHIGAN

Part IV Supplemental Information (continued)

38-3520445

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer	dentification number
S	AFE AND JUST MICHIGAN		38-3	520445
	art I Organizations Maintaining Donor Advised Fur			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6		
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's exclu-			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	-		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		п., п.,
D-	conferring impermissible private benefit?			Yes No
Гс	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year			leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incli	` '	2c	
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organiza	tion during	the
	tax year >			
4	Number of states where property subject to conservation easement is le			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		
_	violations, and enforcement of the conservation easements it holds?	f		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	r violations, and emorcing conservation e	asements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation easer	nents durir	ig the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	organization's financial statements that d	lescribes th	ne
D.	art III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar /	\eente
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and	balance sh	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ince sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or		ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	_	
a	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

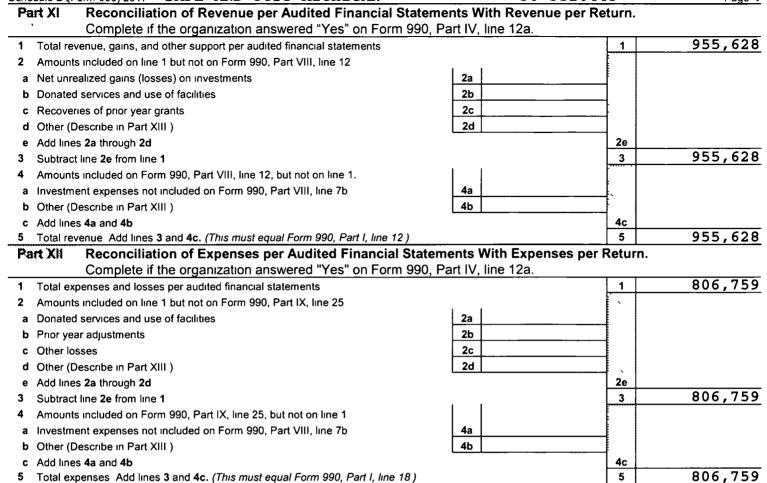
	ation answered "Yes" on Fo			
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,647	11,613	4,034
e Other				
Total. Add lines 1a through 1e (Column (d)	nust equal Form 990, Part X, colu	mn (B), line 10c)	•	4,034

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Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, III	<u> </u>	
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12) ▶	-		, , , , , , , , , , , , , , , , , , ,
Part VIII	Investments—Program Related.			
rant vin		on Form 000 Bort IV Iv	no 110 Soo Form 000 B	art V. lina 12
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)	<u> </u>			
(3)				
(4)				
(5)				
(6)				-
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
· • • ·	Complete if the organization answered "Yes"	on Form 990 Part IV Ju	ne 11d See Form 990 P	art X line 15
	(a) Description			(b) Book value
(1)	(-,			(4, 44, 44, 44, 44, 44, 44, 44, 44, 44,
(2)				
(3)				
(4)		 		
(5)				
(6)				
(7)				
(8)		-		
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, III	ne 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes		┥ ; ; ` ` `	`
(2)			7 .	
(3)			┪ 、	
(4)			1	`
			-	`
(5)			-	`
(6)	 		-	v
(7)			\dashv	
(8)		1	t	

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶



Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

Supplemental Information.

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS ON A MORE LIKELY THAN NOT THRESHOLD AS REQUIRED BY US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. AS OF DECEMBER 31, 2017, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE SAFE & JUST MICHIGAN'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AT DECEMBER 31, 2017, THE ORGANIZATION'S FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THE LAST THREE YEARS.

38-3520445

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public Inspection OMB No 1545-0047 2017

Employer identification number

№ OUTREACH/EDUCATION OUTREACH/EDUCATION (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance RESEARCH NNJ X Yes 38-3520445 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 25,000 5,100 16,750 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section (if applicable) 56-2593271 501C3 81-1323278 501C3 50103 45-3126485 General Information on Grants and Assistance (b) EIN SAFE AND JUST MICHIGAN the selection criteria used to award the grants or assistance? MI 48503 MI 48202 NY 11201 (a) Name and address of organization 7310 WOODWARD AVE STE 445 (1) MICHIGAN FAITH IN ACTION or government (2) STILL STANDING 609 E 5TH AVE 147 PRINCE ST (3) KATAL CENTER BROOKLYN DETROIT Part FLINT

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6

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

E AND JUST	
Schedule I (Form 990	
30) (2017) SAFE A	

38-3520445

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. MICHIGAN

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poescription of noncash assistance FMV, appraisal, other)
-						
7						
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4						
ĸ						
9						
7						
Part IV	Supplemental Information. Provide the information		quired in Part I, line	2; Part III, column (b)	equired in Part I, line 2; Part III, column (b); and any other additional information.	nformation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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

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

SAFE AND JUST MICHIGAN

38-3520445

Employer identification number

AMENDED RETURN EXPLANATION

THE RETURN IS AMENDED TO REPORT ADJUSTMENTS TO CONTRIBUTIONS REVENUE, WITH CORRESPONDING ADJUSTMENTS TO ACCOUNTS RECEIVABLE AND NET ASSETS. THE NET EFFECT OF THESE ADJUSTMENTS ON CURRENT YEAR REVENUE IS \$5,000 (DECREASE).

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS CHANGES TO ORGANIZATIONAL DOCUMENTS TO CHANGE NAME.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERSHIP IS ACCOMPLISHED BY COMPLETING A MEMBERSHIP FORM IN PERSON AT AN EVENT, ONLINE OR BY MAIL.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS GENERAL MEMBERS VOTE ON THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. THE NOMINATING COMMITTEE PRESENTS A SLATE OF CANDIDATES. IN ORDER TO BE CONSIDERED, INDIVIDUALS MUST PRESENT A BIOGRAPHICAL STATEMENT TO THE BOARD BY A FIXED DATE IN ADVANCE OF THE MEETING AND MUST IDENTIFY THE SEAT THEY WISH TO FILL.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS MEMBERS APPROVE CHANGES TO BYLAWS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED AND APPROVED BY EXEC. DIRECTOR AND APPROVED BY THE EXECUTIVE BOARD.

Name of the organization

SAFE AND JUST MICHIGAN

Employer identification number

38-3520445

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE PROVIDED WITH THE CONFLICT OF INTEREST POLICY ANNUALLY.
THE SJM ADMINISTATION AND FINANCE COMMITTEE REVIEWS THE FINANCIAL
TRANSACTIONS AND ENSURES THERE IS NOT CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD APPROVES COMPENSATION FOR THE EXEC. DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EXEC DIRECTOR APPROVES PAY FOR EMPLOYEES WITHIN EMPLOYEE POLICY GUIDELINES

ESTABLISHED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION

P	ROGRAM	SERVICE	MGT & C	EENERAL	FUNDRAISING	;
;	\$ 1	88,421	\$	9,922	\$	0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TO ADJUST PRIOR YEAR DEPRECIATION \$ -397