Return of Organization Exempt From Income T	
Refilm of Organization Exempt From Income 1	ay

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

OMB No 1545-0047 2018

Dep	artment o	f the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest in		;.	Open to Public Inspection	
A			dar year, or tax year beginning , 2018, and ending			, 20	
В			Name of organization Michigan Energy First		D Employ	er identification number	
ň		change	Doing business as			47-2568177	
\exists	Name cl			E Telepho	one number		
П	Initial ref	· ·	Number and street (or P O box if mail is not delivered to street address) 2145 Commons Parkway	ľ	•		
Ħ		m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
\exists			Dkemos, MI 48864		G Gross r	ecerpts \$ 18,000,000	
H			H/a) Is this a gr		subordinates? Yes No		
	Applicat	I	Name and address of principal officer Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864			es included? Yes V No	
$\overline{}$	Tay-eye	mpt status	☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert np) ☐ 4947(a)(1) or ☐ 527			a list (see instructions)	
<u>:</u>	Website		2 301(0)(4) 1 (miscrito) 2 4011(a)(1) 6 12 021	H(c) Group	exemption	number ►	
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formatio			e of legal domicile MI	
	art I	Summa			1		
	1		scribe the organization's mission or most significant activities:				
ø		_	gislators and the general public on issues facing Michigan, and to advocate	citizen nar	ticipatio	n and obtain grassroots	
anc			r public policies relating to federal, state, or local legislation, and ballot que				
Governance	2		s box ▶☐ if the organization discontinued its operations or disposed of		25% of	its net assets.	
Š	3		f voting members of the governing body (Part VI, line 1a)		3	3	
ಷ	4		findependent voting members of the governing body (Part VI, line 1b)		4	3	
ies	5		ber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
Activities &	6		ber of volunteers (estimate if necessary)		6	500	
Ac	7a		lated business revenue from Part VIII, column (C), line 12		7a	0	
	ь		ted business taxable income from 990-7 line 38		7b	0	
Revenue			RECEIVED	Prior Ye	ar	Current Year	
	8	Contributi	ons and grants (Part VIII, line 1h) .	15	,000,000	18,000,000	
	9		ervice revenue (Part VIII, line 2g) 🙎 . MAY 1 () 2019 . 🖫				
eve	10	-	t income (Part VIII, column (A), line 28, 4, and 7d)		22,609	84,467	
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)				
	12		nue-add lines 8 through 11 (must equal-Part-VIII, column (A), line-12)	15	,022,609	18,084,467	
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	2	,143,172	4,456,088	
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)				
ø,	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)				
ğ	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶				
Ω̈́	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	,308,014	4,187,503	
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	,451,186	8,643,591		
_	19	Revenue I	ess expenses. Subtract line 18 from line 12	11	<u>,571,423</u>	9,440,876	
Net Assets or Fund Balances			Ве	ginning of Cui	rent Year	End of Year	
sets	20	Total asse	ts (Part X, line 16)	14	,737,652	24,178,528	
ag A	21	Total liabil	ıtıes (Part X, line 26)		0	0	
_			s or fund balances. Subtract line 21 from line 20	14	,737,652	24,178,528	
Pa	art II	Signatu	ire Block				
Un	der pena	Ities of perjury	r, I declare that I have examined this return, including accompanying schedules and stateme re Department of preparer (other than officer) is based on all information of which preparer h	ents, and to th	e best of	my knowledge and belief, it is	
	e, correc	t, and comple	te/Obditaration of preparer (other than onicery)'s based on all imprimation of which preparer h	as any knowle	oge		
٥.			<u>-2-17 </u>				
Sig		Signat	ure of officer	Dat	e •	•	
Here Theresa M. Uzenski, Treasorer							
		1	or print name and title			L DTIN	
Pa	id	Print/Type	e preparer's name Preparer's signature Date		Check		
Pr	epare	r			self-em	pioyed	
Us	e Onl				's EIN ▶		
		Firm's ad		Phor	ne no		
ма	y tne II	15 discuss	this return with the preparer shown above? (see instructions)	<u></u>	<u> </u>	Yes No	

Form 99	0 (2018) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Educate legislators and the general public on issues facing Michigan, and to advocate citizen participation and obtain grassroots
	support for public policies relating to federal, state, or local legislation, and ballot questions.
	Did the arrange in adaptation of the first arrange and the same the same has been as the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 8,041,840 including grants of \$ 4,400,000) (Revenue \$ 18,000,000)
	The organization's program activities were primarily contributions to other non-profits with similar objectives and mission, political
	and advocacy activities, and research. The Organization also conducted surveys and research regarding public policy and
	maintained a website to convey findings to the general public.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Joseph Lesponso V
4d	Other program services (Describe in Schedule (1)
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 8 041 840

arτ	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	L	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	1	
			000	

Form **990** (2018)

Part	V Checklist of Required Schedules (continued)			
	,		Yes	No
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		✓
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		>
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		$\overline{\ }$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓_
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		✓_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a	✓	
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		 -
	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<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	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	·- ·	Yes	U_ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	140
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	7	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		→
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	- 0.5		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	١ - ا		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		!
а	Is the organization licensed to issue qualified health plans in more than one state?	ISA		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
ม	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			_ 1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		-
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	<u></u>		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schooling O.	16		<u>√</u>
	If "Yes," complete Form 4720, Schedule O.	Forn	n 990	(2018)
				,

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	<u>. 口</u>
Secti	ion A. Governing Body and Management			
4.	Enter the number of victing members of the governing hody at the and of the tay year	Г	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 3	}		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			li
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		
	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6	Did the organization have members or stockholders?	6		 -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١,
	stockholders, or persons other than the governing body?	7b		١٠,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			l Ì
•	the year by the following [.] The governing body?	- <u>-</u>	_	
a b	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		_	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
10	describe in Schedule O how this was done	12c	V	
13 14	Did the organization have a written whistleblower policy?	13	✓	 -
15	Did the process for determining compensation of the following persons include a review and approval by	17	•	
.0	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لــِــا
	with a taxable entity during the year?	16a		✓_,
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		 -
Secti	on C. Disclosure	TOD		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion f	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.		_	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
_	Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864 517-977-0417			

Form	990	(2018)
		(20.0)

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

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.	_
(A) Name and Title	(B) Average hours per	box,	unies	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	_
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Theresa Uzenski Director, Treasurer	1	√		\ *\sigma^1					o		0
(2) Renze Hoeksema										-	_
Director, President	1	✓		✓				0	o		0
(3) Eric Doster											_
Director, Secretary	5	✓		✓				84,615	о		0
(4)										-	_
(5)		-									_
(6)											_
(7)										· -	_
(8)											_
(9)							-				_
(10)							_				_
(11)											_
(12)											_
(13)											_
(14)											_

Pari	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C) Position										
	(A)	(B)	(do n	ot ch			e than	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	rson	is both	h an	Reportable	Reportable	Estimated
		hours per week (list any		_	_	_	or/trus	Ť	compensation from	compensation from related	amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	eng H	Former	the	organizations	compensation
		related organizations	irect	tut	ğ	럘	loye	e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	Q 25	na		ğ	e S	l	(** = *********************************		and related
		line)	ste	trus		8	pen				organizations
		1	*	tee			Highest compensated employee	ł			
(15)				_	-			╁╴			
			<u> </u>					<u> </u>			
(16)		ļ									
(17)					-		_	┝	 		
77.17		†	[ĺ_	<u> </u>		Ĺ	_	
(18)			_			-		Ţ			
(10)		 					<u> </u>	┝	ļ		
(19)			1	[]			ĺ	-			
(20)					\vdash	_		1			
			<u> </u>		L	_		_			
(21)		ļ						İ			
(22)		 -			-		_	-	 		
35.57											
(23)											
					_	_		ļ_	ļ		
(24)								l			
(25)					<u> </u>	<u> </u>		 	 		
<u> </u>			ĺ				ŀ				
1b	Sub-total		· ·						84,615		
c	Total from continuation sheets to Part	•						▶			
d	Total (add lines 1b and 1c)							<u> </u>	84,615		<u> </u>
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,00	00 of
	reportable compensation from the organi	zation >									Yes No
3	Did the organization list any former of	ficar direct	tor o	· +-	ueta	30	kov e	amr	Novee or high	est component	
3	employee on line 1a? If "Yes," complete s							5111F		est compensate	3 1
4	For any individual listed on line 1a, is the							n a	and other comp	ensation from th	ne la
	organization and related organizations										
	ındıvıdual	•	•								4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization?										
Section	on B. Independent Contractors	e ii Tes, C	ompi	ele	SCI	leat	ne o i	OI S	such person .	· · · · ·	5 ✓
1	Complete this table for your five highest of	compensate	ed inc		end	ent	contr	acto	ors that receive	d more than \$10	00 000 of
•	compensation from the organization. Rep										
	year.	<u> </u>									
	(A) Name and business add	7055							(B) Description of se	aniicee	(C) Compensation
Magla				4.4				C-1		ervices	
	sky & Partners, LLC 200 Varick St, Ste 601, I att Rossman Group 124 W Allegan, Ste 800,							1	nsulting dia Consulting		169,024 160,162
	The Amegan, Sie 000,			_					oonouning		100,102
2	Total number of independent contracto	rs (includin	ng bu	t no	ot I	ımıt	ed to	th t	nose listed abo	ve) who	

received more than \$100,000 of compensation from the organization ▶

Par	t VIII	Statement of Revenue		5		_
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a		· · · · · · · · · · · · · · · · · · ·		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			1	
is, (Am	C	Fundraising events 1c	Í			
ള	d	Related organizations 1d	ŀ			1
in.	е	Government grants (contributions) 1e	İ			
er S	f	All other contributions, gifts, grants,	1		ĺ	
g th		and similar amounts not included above 1f 18,000,000				
on od	g	Noncash contributions included in lines 1a–1f \$				
	h h	Total. Add lines 1a-1f ▶ Business Code	18,000,000			
Ďua	2a					
Ř	b					
9	C					
ē	d					
Ē	е					
Program Service Revenue	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
	١.	and other similar amounts)	84,467			
	4 -	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses	Ì			
	C	Rental income or (loss)	l			
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)			<u> </u>	
/enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
Oth Th	b	Less: direct expenses b				
_		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				1
	_	See Part IV, line 19 a				
	1	Less direct expenses b				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a		<u> </u>		
	b	Less: cost of goods sold b	ļ		L	
		Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a				ļ <u>.</u>	
	b					
	С	All advantage			<u> </u>	
	d	All other revenue			ļ	}
	е 12	Total. Add lines 11a–11d ▶ Total revenue. See instructions ▶	10.004.407			
	12	Total Tevenue. See Histractions	18,084,467			<u> </u>

Part IX	Statement of Functional Expenses
· GILLIA	Otatement of a distriction Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	II other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, 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	4,456,088	4,456,088		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits			_	
10	Payroll taxes			 _	<u> </u>
11	Fees for services (non-employees)				
a b	Management	87,345		87,345	
c	Accounting	07,343		01,040	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	-			
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .		· -		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Consulting/Sdvocacy	891,990	891,990		
b	Political Activities	2,693,762	2,693,762		
C	Bank fees	508		508	
d	2017 Proxy Tax	513,898		513,898	
e	All other expenses		·		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	8,643,591	8,041,840	601,751	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

	art X		<u></u>		
		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	14,737,652	1	24,178,528
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			<u> </u>
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	ì		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ß		organizations (see instructions). Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	6	····
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a		i	
	b	Less. accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	-
	12	Investments—other securities. See Part IV, line 11		12	<u> </u>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,737,652	16	24,178,528
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			· · · · · · · · · · · · · · · · · · ·
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		ŀ	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			0
ses		complete lines 27 through 29, and lines 33 and 34.		ł	
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	-		
٥ ا		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا≱	32	Retained earnings, endowment, accumulated income, or other funds .	14,737,652	32	24,178,528
ا <u>د</u>	33	Total net assets or fund balances	14,737,652		24,178,528
	34	Total liabilities and net assets/fund balances	14.737.652	34	24.178.528
					Form 990 (2018)

	20 (2010)			, u	gc
Par					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,08	4,467
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,64	3,591
3	Revenue less expenses. Subtract line 2 from line 1	3		9,44	0,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,73	7,652
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		24,17	8,528
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			- 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:		İ		
	Separate basis Consolidated basis Both consolidated and separate basis				ب
b	Were the organization's financial statements audited by an independent accountant?		2b_		✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			- 1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		2c		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the second of the seco		20		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in]]	j
2-		fowth	<u> </u>		
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		За		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		Sa		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	uuns.		n 990	/2018\
			1 0/1	000	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

If the	organization answered "Yes	s," on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	EZ. Part V. line 35c (Proxy
	ee separate instructions), t		, can coparate		, , , , ,
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization		-	Employer iden	tification number
Michig	an Energy First				47-2568177
Part	I-A Complete if th	e organization is exempt und	er section 501(c	c) or is a section 527 o	rganization.
1	Provide a description o definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions) .		▶ \$	3,143,762
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if th	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section	527 exempt function	2,693,762
2		filing organization's funds contrib			450,000
3	Total exempt function	expenditures. Add lines 1 and 2.	. Enter here and	on Form 1120-POL,	3,143,762
4		n file Form 1120-POL for this year			. ✓ Yes 🔲 No
5	Enter the names, addres organization made paym the amount of political co	ses and employer identification nur ents For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organiz paid from the filing organiz delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	- Combine Sind	PO Box 130611	38-1323848	200,000	
(2)	st Century Fund	Ann Arbor, MI 48113 1201 F Street NW Ste 675		50,000	
	p State Leadership Cmte	Washington DC 20004	05-0532524	50,000	
	chigan Republican Party Iministrative Account	520 Seymour Ave. Lansing, MI 48933	38-1221182	100,000	
(4) Pr	ogressive Advocacy Trust	P. O. Box 322 East Lansing, MI 48823	27-3 <u>504026</u>	100,000	
(5)					
(6)					

Pane	2

Part II-A Complete if the organization is exempt under section 501(c)(3) and fil section 501(h)).					01(c)(3) and file	d Form 5768 (elec	ction under
A	Check ►	If the filing organization beloaddress, EIN, expenses, an	•			lliated group membe	er's name,
В	Check ►	☐ if the filing organization che			•		
			bying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.	.)	organization's totals	group totals
1.	a Total lo	bbying expenditures to influence	e public opinion	(grass roots lobby	/ıng)		
	b Total lo	bbying expenditures to influence	e a legislative bo	ody (direct lobbyin	g)		
	c Total lo	bbying expenditures (add lines	1a and 1b) .				
,	d Other e	exempt purpose expenditures .					· <u>-</u>
		xempt purpose expenditures (a		•			<u> </u>
1		ng nontaxable amount. Enter	the amount fi	rom the following	g table in both		
	column						
		nount on line 1e, column (a) or (b)		nontaxable amoun	t is:		Į.
		\$500,000		nount on line 1e.			
		00,000 but not over \$1,000,000		15% of the excess		I	
		,000,000 but not over \$1,500,000		10% of the excess]
		500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		}
		7,000,000	\$1,000,000			 	
		oots nontaxable amount (enter i	•				
		ct line 1g from line 1a. If zero or ct line 1f from line 1c. If zero or					
,		e is an amount other than zer	•	1h or line 1, did	 I the organization	file Form 4720	
,		ng section 4911 tax for this year			_		Yes No
	(Som	e organizations that made a s See th	ection 501(h) ele le separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbyir	ng Expenditures	During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	L obby	ng nontaxable amount					
ſ	,	ng ceiling amount of line 2a, column (e))					
	Total lo	bbying expenditures					
(d Grassro	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
1	Grassro	pots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	la	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed in the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or		-	
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
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			
9	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5).	or se	ction
· art	501(c)(6).	,,-,,		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), (R (b)	or se Part	ction III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	18,000,000
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of		
_	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	3,396,883 33
b	Carryover from last year		2b	
С	Total		2c	
3	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	l	1
4			ŀ	
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
·	and political expenditure next year?	yıng	4	
5	and political expenditure next year?	yıng	4 5	713,345.50
5 Par Provid 2 (see	and political expenditure next year?	/ing	5	
Par Provid 2 (see Part I-	and political expenditure next year?	up lis	5 t), Pa	rt II-A, lines 1 and
Par Provid 2 (see Part I-	and political expenditure next year?	up lis	5 t), Pa	rt II-A, lines 1 and
Par Provid 2 (see Part I-	and political expenditure next year?	up lis	5 t), Pa	rt II-A, lines 1 and
Par Provid 2 (see Part I-	and political expenditure next year?	up lis	5 t), Pa	rt II-A, lines 1 and

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

Open to Public Inspection

2018

OMB No 1545-0047

Employer identification number

Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation Unrestricted Donation (h) Purpose of grant or assistance Part II, continued Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered 47-2568177 "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 25,000 25,000 (d) Amount of cash grant 35,000 15,000 75,000 70,000 300,000 500,000 135,000 000'00 50,000 100,000 (c) IRC section (if applicable) 501(c)6 501(c)6 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 501(c)4 82-5426918 38-0477570 45-5348055 46-1324378 81-2562780 47-4637313 20-0129614 82-2946379 82-0976608 38-0828708 27-4111592 83-1094997 (P) EIN 15094 Township Rd 403, Thornville, OH 43076 (22) Detroit Regional Chamber of Commerce 1 (a) Name and address of organization or government (20) Conservative Leadership & Values Coal PO Box 13272, Lansing, MI 48901 2843 E Grand River, East Lansing, MI 48823 (23) Michigan Manufacturers Association 620 S Capital Ave, Lansing, MI 48933 115 W Allegan Ste 900 Lansing MI 48933 1629 Haslett Rd #162, Haslett, MI 48840 5951 Eastman Ave, Midland, MI 48640 One Woodward Ave, Detroit, MI 48232 201 Townsend St, Lansing, MI 48933 (19) Michigan Conservative Values 106 W Allegan, Lansing, MI 48933 PO Box 287, Reed City, MI 49677 2290 Knotwood, Holt, MI 48842 (15) Better Michigan Coalition (14) Michigan Freedom Fund (18) Detroiters for Change (13) On Duty for Michigan Michigan Energy First (17) Make Michigan First (21) Bipartisan Solutions (16) Kowall for Michigan (24) A Public Voice

Unrestricted Donation

40,000

501(c)4

46-4032393

120 N Washington Sq, Lansing, MI 48933

PO Box 15161, Lansing, MI 48901

(25) Reinvent Michigan Fund

26) Small Business for Michigan

27) Leading Michigan Forward Fund

PO Box 261, DeWitt, MI 48820

100,000

501(c)4

47-3688463

(28) SAM Action Inc, 400 N Columbus St, Alexandria, VA 22314

501(c)4

30-0967440

35,000

501(c)4

45-1738314

Unrestricted Donation

Unrestricted Donation

Unrestricted Donation

SCHEDULE I (Form 990)

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

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

20 18
Open to Public Inspection

► Attach to Form 990.

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

Employer identification number 47-2568177

Michigan Energy First

Department of the Treasury Internal Revenue Service Name of the organization

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- ° □ √Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be diminished if additional space is needed. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	recipient that r	eceived more th	an \$5,000. Part I	I can be duplica	ted if additional	space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Rep State Leadership Cmte							
1201 F Street, Washington DC 20004	05-0532524	527	20,000				Unrestricted Donation
(2) Progressive Advocacy Trust							
PO Box 322, E Lansing, MI 48823	27-3504026	527	100,000				Unrestricted Donation
(3) 21st Century Fund							
PO Box 130611, Ann Arbor, MI 48113	38-1323848	527	200,000				Unrestricted Donation
(4) Michigan Republican Party							
520 Seymour, Lansing, MI 48933	38-1221182	527	100,000				Unrestricted Donation
(5) Healthy Productive MI							
PO Box 2066, Grand Rapids, MI 49501	82-3643922	501(c)(4)	250,000				Unrestricted Donation
(6) Taxpayers for Strong Safe Cmty							
2145 Commons Pky Okemos MI48864	83-2251899	501(c)(4)		56,088	56,088 cost of items	purchased services for org \$ support for BQC efforts	\$ support for BQC efforts
(7) Making Goverment Accountable							
PO Box 13024, Lansing, MI 48933	47-3461382	501(c)(4)	300,000				Unrestricted Donation
(8) Mich Citizens for Fiscal Resp.							
106 W Allegan, Lansing, MI 48933	27-1993953	501(c)(4)	200,000				Unrestricted Donation
(9) American Jobs Council							
106 W Allegan, Lansing, MI 48933	81-1205783	501(c)(4)	20,000				Unrestricted Donation
(10) MI Chamber of Commerce							
600 S Walnut, Lansing, MI 48933	38-1626029	501(c)(6)	350,000				Unrestricted Donation
(11) Michigan Future Fund			_				
201 Townsend, Lansing, MI 48933	45-5074872	501(c)(4)	20,000				Unrestricted Donation
(12) Fund for Michigan Jobs							
PO Box 14097, Lansing, MI 48933	26-3459676	501(c)(4)	275,000				Unrestricted Donation
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table			△
3 Enter total number of other organizations listed in the line 1 table	ganizations lister	In the line 1 table					30

Schedule I (Form 990) (2018)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III S 2 က 4 9

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

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.

Open to Public Inspection

Employer identification number

Michigan Energy First	47-2568177
DART W. CECTION B. LINE 45. BAYDOLL DOLLOW	
PART VI, SECTION B, LINE 15PAYROLL POLICY	
The organization has no employees. Non-employee officer compensation is reviewed by the Presiden	to ensure it is comperable to
similarly-situated corporations for functionally-comparable positions in the geographic area	
PART VI, SECTION B, LINE 11b990 APPROVAL POLICY	
	1
The 990 is reviewed by the Board members before filing.	
PART VI, SECTION B, LINE 12CCONFLICT OF INTEREST POLICY	
At each Board of Directors' meeting, potential conflicts of interest are discussed as these issues arise	Board members do not vote on
issues where there may be a conflict of interest.	
PART VI, SECTION C, DISCLOSURE	
Upon request, the governing documents, financial statements and IRS form 990 are made available to	the public.
PART V, Line 3b	
The Organization filed the 2018 1120-POL and a 990-T for the sole purpose of reporting and paying the	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Michigan Energy First

Part I

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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OMB No 1545-0047

Open to Public Employer identification number Inspection,

47-2568177

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (f)
Direct controlling
entity å Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling , entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income 501(c)(4) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Advocay and education MI (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, £nd EIN (if applicable) of disregarded entity 83-2865018 (a) Name, address, and EIN of related organization 2145 Commons Pkwy, Okemos, MI 48864 (1)Clean and Sustainable Energy Fund Part II € 8 3 9 <u>ල</u> Ę (2) ල € 3 9 Ξ

(a) Name, address, and EIN of related organization	because it had one or more related organizations treated as a partnership during the tax year.	orgal lization is										
	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predor ncome unrel exclude tax u	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) of- Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or 20 managing (<1 partner?)	lor Perc Ing own 17	(k) Percentage ownership
								Yes	No	Yes	S S	
(1)												
(2)											_	
(6)												
(4)											-	
(5)											-	
(9)											-	
(7)		-						-				
Part IV Identification of line 34, because	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	tions Taxable related organi	as a Corpora zations treated	ation or	Frust. Compression or	olete if the trust dun	organizati	on answ year.	ered "Yes" on	Form 990	, Part IN	,
(a) Name, address, and EIN of related organization	ited organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	12(b)(1 olled y?
											Yes	Š
(1)												
(2)												
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(4)							-					
(5)												
(9)												
(7)												

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Les No	>	>	<i>></i>	>	<u> </u>		>	>	>	>	>	<u>_</u>	>	<i>></i>	>	>	<u> </u>	>	>	>	>	sholds.	Involved							990) 2018
ŕ		1a	1p	10	1d	1e		=	10	F	=	1-		1k	11	1m	÷	9	1p	19	÷	1s	in thre	amount							(Form
	II-IV?	•					•																ships and transactio	(d) Method of determining amount involved	cash						Schedule R (Form 990) 2018
	zations listed in Parts																	•					ding covered relation	(c) Amount involved	750.000 cash						
	r more related organi																						mplete this line, inclu	(b) Transaction type (a – s)	<u> </u>						
	Note: Complete line i if any entity is listed in Parts II, III, of IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)		f Dividends from related organization(s)	g Sale of assets to related organization(s)		i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s) .	 m Performance of services or membership or fundraising solicitations by related organization(s) 	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses		اي	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(1) Clean and Sustainable Energy Fund		(3)	(4)	(5)	(9)	

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	tage ship																	
3	Percentage ownership	,																
	U General or managing partner?	8 N																
	Gene man; part	Yes																
- 1	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)												!					
	rtionate ions?	ş													-			
=	Oisproportionate	Yes																
	Share of end-of-year assets																	
WI III WASHINGIII DO	Share of total income																	
	artners on (3)	ŝ					-											
2 3	Are all partners section 501(c)(3) organizations?	Yes No																
gai ulli ig exciusi	Predominant A not come (related, unrelated, excluded from tax under c	sections 512-514)																
I I SU DECUDIO I E	Legal domicile (state or foreign country)	<u></u>																
Jainzauon. See	ctivity																	
or gross revenue) unat was not a refated organization. See instructions regarding exclusion for certain investment particles inpos	laf) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)