# 990

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

OMB No 1545-0047

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

2019

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

epa nter	artment of nal Revenu	the Treasury ie Service	► Go to www	.irs.gov/Form990 for in	structions and	the latest i	nformation.		Inspection
_			dar year, or tax year begin	nning	, 2019, a	and ending			, 20
3	Check if	applicable	C Name of organization Mich	nigan Energy First				D Emp	loyer identification number
7	Address	change	Doing business as					1	47-2568177
Ī	Name ch	-	Number and street (or P O	box if mail is not delivered t	o street address)	Ro	om/suite	E Telep	hone number
Ĩ	Initial retu	-	2145 Commons Parkway		ŕ			L	
=		n/terminated		nce, country, and ZIP or fore	ign postal code				
=	Amended		Okemos, MI 48864	<u> </u>				<b>G</b> Gros	s receipts \$ 139,25
=		on pending	F Name and address of princip	pal officer			H(a) is this a gr	oup return	for subordinates? Yes V N
	•		Theresa Uzenski, 2145 Co	ommons Parkway, Oke	mos, MI 48864				ites included? 🗌 Yes 🔲 N
	Tax-exen	pt status	501(c)(3)		4947(a)(1) or	527	If "No,"	attach a l	list (see instructions)
	Website:	<b>&gt;</b>			1	7	H(c) Group e	xemption	n number ▶
:	Form of a	rganization 🗸	Corporation Trust As	ssociation ☐ Other ►	LYe	ear of format	on 2014	M State	e of legal domicile MI
P	art I	Summa	ry		•				
	1		cribe the organization's	mission or most signif	icant activities	 ::			
ø	1		gislators and the general	<del>-</del>					nn and ohtain grassroots
Activities & Governance	1		public policies relating to						
E			box ▶ ☐ if the organiza					25% o	f its net assets.
			voting members of the					3	1
,	1		independent voting mer	• • • •	•			4	
}	1		per of individuals employ	-		-		5	
			ber of volunteers (estimate	•	-	,		6	
			ated business revenue fr	* *				7a	
•	1		ted business taxable inco					7b	
_		TOT OTH CIG	tod bdoi/1000 td/tdb/o i/100	01110 110711 1 01111 000 1	,	<del></del>	Prior Yea		Current Year
	8	Contributio	ons and grants (Part VIII,	line 1h)		-		000,000	
Ì	1		ervice revenue (Part VIII,	•		`	10,	000,000	<u></u>
!	1	-	t income (Part VIII, colum			F-		04.467	420.25
וופאפוות	1		·	• • • •	•			84,467	139,25
	l .		nue (Part VIII, column (A)			_	40.	204 467	420.05
			ue-add lines 8 through	<del></del>				084,467	
			d similar amounts paid (P				4,	456,088	69,00
		•	aid to or for members (Pa		•				
			ther compensation, emplo	-			**		
2			al fundralsing fees (Part				<del></del>		
			raising expenses (Part IX						
	1		enses (Part IX, column (A					187,503	
	ı		nses. Add lines 13-17 (m	•		5) .  -		643 <u>,591</u>	
5	19	nevenue le	ess expenses. Subtract li	ine 18 from line 12 .	· · · · <u> </u>	<del>- · · ·  </del> -		440,876	<del> </del>
2						<u>  B</u>	eginning of Curr		
7	1		ts (Part X, line 16)			· ·	24,	17 <u>8,528</u>	19,588,59
rund ball			ties (Part X, line 26)			· ·		0	<del>                                     </del>
			or fund balances. Subtra	act line 21 from line 2	D	<u> </u>	24,	178,528	19,588,59
É	art II	Signatu	re Block	·					
no	der penalt	es of penury,	, I declare that I have examined	this return including accor	npanying schedule	s and stater	nents, and to the	best of	my knowledge and belief, it
ue —	e, correct,	and complete	e Declaration of preparer (other	r than oricer is based on al	information of wh	ich preparer	nas any knowled	ige	1-1100
		<b>Y</b>	Juresalh	· oggve	Ch			4	126/20
_	n	Sighat	ure of officer	1)-Q-CV	~		Date	•	•
)(	re		theresam.	1 NEWSON	1 18ec	<u>isure</u>	er_		
_	1	<del></del>	r print name and title				<del></del>	_	
3	id	Print/Type	preparer's name	Preparer's signature		Da	te	Check	
	 eparer	·						self-em	ployed
	e Only		ne 🕨		/FD		Firm's	EIN ►	
		Firm's add		RECEI			Phone	e no	
ay	the IR	S discuss t	this return with the prepa	arer shpwn above? (se	e instructions)	)		<u> </u>	🗌 Yes 🗌 No
			ion Act Notice, see the se		2020 101		o. 11282Y		Form <b>990</b> (2019
				, long of 1 3					,
					E				
				OGDEN	1, UT	l			
				( ) ( ) ( )		-			

Form 990 (2019)

CIOR

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	1	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b>1</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
20a	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		1
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	

Part	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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
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	04-		
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		<b>✓</b>
c	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
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	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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	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-chantable 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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	No
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   5		. 65	140
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	[_		
•	reportable gaming (gambling) winnings to prize winners?	1c	7	
		For	n <b>990</b>	(2019)

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			. 1
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0	2b		لـــــا
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		-	
4a	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).	İ		. [
<b>E</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<b>√</b>
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
ь _	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	7.		ı
	required to file Form 8282?	7c	-	
d	· · · · · · · · · · · · · · · · · · ·	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			$\neg$
0	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:			. !
а	Initiation fees and capital contributions included on Part VIII, line 12			. [
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			. 1
а	Gross income from members or shareholders			1
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		<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	-	•	. [
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u>i</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note: See the instructions for additional information the organization must report on Schedule O.			ı
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			. }
C	Enter the amount of reserves on hand	140		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	140		
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		
	excess parachute payment(s) during the year?	5		<del>,</del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			
	The second section of the second seco	Fom	990	(2019)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se								
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗆				
Secti	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	.					
	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 on Schedule O.	-						
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	4	-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1				
6	Did the organization have members or stockholders?	6		<u> </u>				
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, stockholders, or persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	✓					
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 on Schedule O	9		1				
<u>Secti</u>	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>านe C</u>						
40	Dilling a man of the state of t	40-	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b> _				
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	✓	<del>                                     </del>				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	<b>√</b>					
13	Did the organization have a written whistleblower policy?	13	1	·				
14	Did the organization have a written document retention and destruction policy?	14	7					
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?	2×41⊞3	10 (t)	in eany				
а	The organization's CEO, Executive Director, or top management official	15a	7					
b	Other officers or key employees of the organization	15b	1					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ī				
16a	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		7				
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 cafeguard the	<u>One.</u> e	Sour Fr	٠٥ <i>٠</i> ٠,				
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)	T (Sec	tion 5	i01(c)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864 517-977-0147	cords	<b>&gt;</b>					

Page	•

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

#### 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any current (	officer, director,	or trustee.
	(C)									
(A)	(B)	Position (do not check more than one						(0)	(E)	(F)
Name and title	Average hours per week	box,	unles	s pe	rson	is both	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any 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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Theresa Uzenskı	1							_		
Director, Treasurer		<b>✓</b>		<b>/</b>				0	0	
(2) Renze Hoeksema Director, President	11	1		1				0	0	(
(3) Eric Doster										
Director, Secretary	5	✓		✓				85,533	0	
(4) Frederick Shell	1									
Director, Vice President		✓		✓				0	0	
(5)										
(6)										
(7)										
(8)										
(9)							-	-		
(10)										
(11)						-				
(12)			-							
(13)										
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Emį	ploy	yee	s, an	ıd F	lighest Compe	nsated	<b>Emplo</b>	yees (d	contini	ued)
		(C) Position						_	_		_			
	(A) Name and title	(B)	(do not check more than one		(E Repor		Estima	(F) ted amo	unt					
	Name and the	hours					is both or/trus		ee) compensation compen		nsation of other			
		per week (list any	y on h o K e H F or organization organiz		from re			oensatio om the	n					
		hours for related	lvidu	tıtutı	Officer	em	hest	Former	(W-2/1099-MISC)	(W-2/109	9-MISC)		zation a organizat	
		organizations	nal tru	onal		employee	ië com	ŀ	:			, marca	n garnza	110113
		below dotted line)	Individual trustee or director	nstitutional trustee		8	Highest compensated employee	j						
				e			ated							
(15)														-
(16)														
(17)			-											
(18)														
(19)														<u>.</u>
(20)										····				
(21)										<u></u>				
(22)														
(23)								-	-					
(24)														
(25)														
1b	Subtotal			<u>.                                    </u>				<b>&gt;</b>	85,533		-			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)							<b>&gt;</b>	85,533					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received more 0	e than \$1	00,000	of		
	roportubio componidation from the organi	za.ioii p										-	Yes	No
3	Did the organization list any former of									t compe	ensated			
	employee on line 1a? If "Yes," complete 3									•		3		✓,
4	For any individual listed on line 1a, is the organization and related organizations													ł
	-	· ·						., 				4		<b>√</b>
5	Did any person listed on line 1a receive o										dıvıdual			لز
Section	for services rendered to the organization?  on B. Independent Contractors	If "Yes," c	ompl	ete	Sch	edu	ile J 1	or s	such person .	• •	<del>: ·</del>	5		<u>✓</u>
1	Complete this table for your five high	est compe	ensate	ed i	inde	per	ndent	co	ontractors that re	eceived	more t	han \$1	00.000	of
	compensation from the organization. Repo													
	(A) Name and business add	ress							(B) Description of serv	ices	(	(C) Compens	ation	
Trusco	tt Rossman Group 124 W Allegan, Ste 800,	Lansing, MI	4893	3				Cor	nsulting				362	,762
								-	<del></del>			<del></del>		
								L						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed above	e) who		-	,	-

Part	: VIII	Statement of Rev				-				_
		Check if Schedule	Осо	ntains a re	spor	nse or note to ar	1			
			,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues			1b					
, G	С	Fundraising events			1c					
ifts ar A	d	Related organization			1d	·				
3, G	е	Government grants			<u>1e</u>					
Sil	f	All other contribution	ns, gif	its, grants,						
er iti		and similar amounts no			1f	<del> </del>				
를 <sup>전</sup>	g	Noncash contributio				, ,				
on de	_	Innes 1a-1f			1 <u>g</u>	19				
	<u>h</u>	Total. Add lines Ta-	-11 .	<u> </u>	•	Business Code				A70 12 NO. 1
ø	2a					Business Code	That should be to the state of the	Shipping Try Barrens	The state of the s	AND CENTER IN SECTION
Program Service Revenue	b								•	1
	c			·						
	d									
	е	,				· ·				
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f .	· .		<u>&gt;</u>			The second second	11/4/2014
	3	Investment income		uding divi	dend	s, interest, and				
		other similar amoun	•				139,251	,		
	4	Income from investr	nent o	of tax-exen	npt bo	ond proceeds				
	5	Royalties	<del></del>	(i) Rea						
•	C-	O	6-	(i) Rea	<u> </u>	(ii) Personal				
	6a	Gross rents Less. rental expenses	6a 6b							
_ ,	b	Rental income or (loss)		<u> </u>		<del> </del>				
ŕ	d	Net rental income o		<u></u>		<u> </u>	Same to the same of the same	<b>国际政策公司,在《阿拉斯斯》。175</b>	Mary Style Warning	MAGESMEN HALVESTON TO THE SHEET E.
•	l	Gross amount from	(1031	(i) Securi	ties	(ii) Other				
	7a	sales of assets			-	1				
		other than inventory	7a							
<u>a</u>	ь	Less cost or other basis								
Ę		and sales expenses	7b							
ev	С	Gain or (loss)	7с			. !			75000	
her Revenue	d	Net gain or (loss)			<u> </u>	<u> </u>	accessor of the second	remains of the second continuous of	Control CAR AMERICA.	CONCRETE TOWNS STO
	8a	Gross income from		ndraising						
Ò		events (not including	\$		1					
		of contributions rej								
		1c) See Part IV, line			8a 8b	ļ <u>-</u>				
	Ь	Less: direct expens Net income or (loss)		 . fundraicin		ents	THE PROPERTY OF THE PARTY OF TH		<b>新的新的证据。在1994年1月19日</b>	A STATE OF THE PARTY OF THE PAR
	С - 9а	Gross income of	-	gaming	9 506					
	94	activities. See Part I			9a					
٠,	ь	Less: direct expens			9b					
	C	Net income or (loss)		gaming a	ctiviti	es <b>&gt;</b>				
	10a	Gross sales of in	•	-						
		returns and allowan	ices		10a					
, .	b	Less: cost of goods			10b	<del></del>			TENNING PROPERTY.	WATER STATE
<u> </u>	С	Net income or (loss)	) from	sales of ir	vent		STRUCTURE STRUCTURE STRUCTURE	Secretary to the North Control of the Control of th	Vicinity of the Lorent Con-	Market Mark of Mark - Property and
Š	}			-		Bućinesć Côdě				
eo ue	11a			· · · · · · · · · · · · · · · · · · ·			•		2.	
llan en	b					-	ļ	ļ	- '	
Miscellaneous Revenue	C	All all an order				ļ				
Mis T	· d	All other revenue	ardda							
	12	Total revenue See					120 251	SPARTS TO THE TREETING TO	(65) 对于中华(625) 整治之代	いなるとなるというのである。

Part IX	Statement of Functional Expenses	P***
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations mus

seca	Check if Schedule O contains a respons				
Do no	of tinclude amounts reported on lines 6b, 7b,			(C)	
3b, 9l	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	69,000	69,000		w , , , , , , , , , , , , , , , , , , ,
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	Benefits paid to or for members				-
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
þ	Legal	85,533		85,533	
C	Accounting	3,285		3,285	
d	Lobbying			-	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,442	<del></del>	1,442	
14	Information technology				-
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	insurance				
21	Other expenses ltemize expenses not covered	त्रेष्ट्रातः विकासिक्यकेत्रेष्ट्रात्रे स्वर्तेष्ट्रात्रे स्वर्तेष्ट्रात्रे स्वर्तेष्ट्रात्रे स्वर्तेष्ट्रात्र	ender in deplete the effect	まって、ないまでいる。 とうしゅ	o The TW, reninger
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				-
	(A) amount, list line 24e expenses on Schedule O)				
а	O	1,429,216	1,429,216		
b	Political activites	1,050,000	1,050,000		
c	2018 Proxy Tax	731,062	1,000,000	731,062	
d	Donations to 501(c) organizationa	1,325,000	1,325,000	··	
e	All other expenses Ballot proposal activity	34,645	34,645		
25	Total functional expenses. Add lines 1 through 24e	4,729,183	3,907,861	821,322	
26	Joint costs. Complete this line only if the			·	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   [ ] if				
	following ŠOP 98-2 (ASC 958-720)				

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Par	tΧ		
		_	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24,178,528	1	9,528,669
	2	Savings and temporary cash investments		2	10,059 927
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		Ì	
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
V)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b	İ	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	- <del></del>	12	
	13	Investments—program-related See Part IV, line 11	<del></del>	13	<del></del>
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11		15	-
	16	Total assets Add lines 1 through 15 (must equal line 33)	24,178,528		19,588,596
_	17	Accounts payable and accrued expenses	24, 170,320	17	19,300,330
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	··	21	<del></del>
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
18	00	i i i i i i i i i i i i i i i i i i i		22	<del></del>
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D			
	26	Total liabilities Add lines 17 through 25		25 26	<del></del>
-			<u>-</u>	20	0
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
d E	28	Net assets with donor restrictions		28	·
Net Assets or Fund Balan		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33			
Ö	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds	24,178,528	31	19,588,596
et,	32	Total net assets or fund balances	24,178,528		19,588,596
Z	33	Total liabilities and net assets/fund balances	24,178,528	33	19,588,596
			· ·		Form <b>990</b> (2019)

Form 9	90 (2019)			Pá	age 12
	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u></u> 39,251
2	Total expenses (must equal Part IX, column (A), line 25)	2			29,183
3	Revenue less expenses. Subtract line 2 from line 1	3		<4,589	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		24,17	78,528
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 on 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		19,58	38,596
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash  Accrual  Other	<u> </u>	<u>···</u>	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	npiled or			
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 audi	ted on a			
	separate basis, consolidated basis, or both:		'	,	"
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			]	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O	xplaın on		***	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2019)

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

**Political Campaign and Lobbying Activities** 

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

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

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

		that have NOT filed Form 5768 (e s," on Form 990, Part IV, line 5 (l			
	ee separate instructions), t		roxy raxy (see separate	modulation of the contract	
• \$e	ection 501(c)(4), (5), or (6) org	anizations: Complete Part III			
Name	of organization			Employer iden	tification number
	an Energy First				47-2568177
Part		e organization is exempt		····	
1	Provide a description o definition of "political car	f the organization's direct ar mpaign activities")	nd indirect political car	npaign activities in Part	IV. (see instructions for
2	Political campaign activity	ty expenditures (see instructio	ns)	<b>▶</b> \$ <sub>.</sub>	1,050,000
3	Volunteer hours for politi	cal campaign activities (see in	structions)	· · ·	
Part	I-B Complete if th	e organization is exempt	under section 501(c	:)(3).	
1	Enter the amount of any	excise tax incurred by the org	anization under section	1 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organiz	ation managers under	section 4955 🕨 💲	
3	If the organization incurr	ed a section 4955 tax, did it fil	e Form 4720 for this ye	ar?	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	under section 501(c	), except section 501	(c)(3).
1		tly expended by the filing or	ganization for section	527 exempt function	_
	activities			· · · · · · • • • • • • • • • • • • • •	
2	527 exempt function act			▶ \$	1,050,000
3		expenditures. Add lines 1 ar	nd 2. Enter here and	on Form 1120-POL,	1.050.000
	line 17b	n file Form 1120-POL for this		· · · · · · · •	<b>✓ Yes</b> No
4				eter 507 political argani	
5	Enter the names, addres	ses and employer identificatio ents. For each organization lis	n number (EIN) of all se	ection 527 political organia	zations to which the filling
		ents. For each organization is ontributions recoived that were			
	as a separate segregated	fund or a political action com	mittee (PAC). If addition	al space is needed, provid	de information in Part IV.
		T			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
		1		funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
		]			If none, enter -0-
44)		PO Box 130611			
(1)	st Century Fund	Ann Arbor, MI 48113	38-1323848	250,000	
	chigan Republican Party	520 Seymour Ave.			
	ministrative Account	Lansing, MI 48933	38-1221182	650,000	
(2)		P O. Box 322			
(3) Pro	ogressive Advocacy Trust	East Lansing, MI 48823	27-3504026	100,000	
(4)		1201 F Street,			
(4) <u>Re</u>	p State Leadership RLCC	Washington DC 20004	05-0532524	50,000	
(5)					
(6)					
F D		and the Instructions for Form 200	or 990 EZ. REGAE	IVED COLUMN	e C (Form 990 or 990-EZ) 2019
ror Paj	DEFWORK MEDUCUON ACT NOTICE	e, see the Instructions for Form 990	0 0 330 EZ. 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO SCHEDUI	e C (FO(111 330 Of 330-62) 2015

OGDEN, UT

50,.00	0 1, 0,,,,						
Par	t II-A	Complete if the organization section 501(h)).					
A C	Check ►	if the filing organization belo address, EIN, expenses, and				filiated group memb	per's name,
вС	Check ▶	I if the filing organization chec	ked box A and	"limited control" p	rovisions apply.		
			bying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures" r	neans amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lo	obbying expenditures to influence	e public opinion	(grassroots lobby	ıng)		
b	Total lo	obbying expenditures to influence	e a legislative b	ody (direct lobbyin	g)		
C	Total lo	obbying expenditures (add lines	1a and 1b) .				
d		exempt purpose expenditures .					
е		xempt purpose expenditures (ad		•			
f	Lobbyi columr	ing nontaxable amount Enter	the amount f	rom the following	g table in both		
	If the ar	mount on line 1e, column (a) or (b)		nontaxable amoun	nt is:	BOOKER COMMENTS AND AND ARREST AND ARREST AR	tel tribule The Louis on Right Alleg traffic Million
		r \$500,000	<del></del>	mount on line 1e		_	
		00,000 but not over \$1,000,000		s 15% of the excess			
		,000,000 but not over \$1,500,000		s 10% of the excess		AL MERCA-THENETING CAST	ச்சித்திரைகள் பெரும்
		,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000		_
		7,000,000 oots nontaxable amount (enter 2	\$1,000,000			+	
g h		ct line 1g from line 1a. If zero or					
i		ct line 1f from line 1c. If zero or l	=				
i		e is an amount other than zero		1h or line 1i dic	the organization	n file Form 4720	<del></del>
,		ng section 4911 tax for this year					Yes No
	(Som	e organizations that made a s See th	ection 501(h) el e separate inst	ructions for lines	re to complete al 2a through 2f.)	l of the five colum	ns below.
		Lobbyin	g Expenditures	During 4-Year A	veraging Period	1	
	Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
<b>2</b> a	Lobby	ng nontaxable amount					
t	•	ng ceiling amount of line 2a, column (e))					
C	Total lo	obbying expenditures					
d	Grassr	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))	····				
f	Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For (	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(4	B)		(b)	
desc	ription of the lobbying activity.	Yes	No	A	mount	Ł
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?		<del></del>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			~ ~	`~ ~ ·	ra yalapid
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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Total. Add lines 1c through 1)					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			% 79L -	<del>==</del>	7.
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?				-	në 1
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	$\vdash \vdash \vdash$	1
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		1
	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" Of answered "Yes."		Part		ine 3	
1	Dues, assessments and similar amounts from members		1			0
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	or	_			
а	Current year		2a		1,44	0,864
þ	Carryover from last year		2b			0
C	Total	.	2c		1,44	0,864
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5		1,44	0,864
	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groen instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	); Par	t II-A, Ii	nes 1	and

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

2019

OMB No 1545-0047

Open to Public Inspection **Employer identification number** 

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

Michig	Michigan Energy First	47.2568177	
Par	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	
	the selection criteria used to award the grants or assistance?		<b>≗</b> □
N	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 duplicated 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 if additional space is needed.	y recipient that	received more tr	ian \$5,000. Part II	i can pe duplica	ited it additional	space is needed.	
1 (a) Name and address of organization or government	( <b>b</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) Detroit Assn of Black Orgs 12048 Grand River, Detroit, MI 48204	47-3081843	501(c)(3)	16.000				Further tax exempt purpose
(2) New Faith Temple CDC	45.2871411		13 000				First av exempt purpose
(3) Arab American & Chaldean Cnc							
26400 Lasher Rd, Southfield MI 48033	38-2311840		10,000				Further tax exempt purpose
(4) Courageous Inc 12925 Auburn St, Detroit, MI 48223	90-0786010	501(c)(3)	10,000				Further tax exempt purpose
(5) Face to Face Outreach	20 2632330		40.00				Cooking to the south
(6) People's Centy Hope for Home	30-305-33		000				נימו חופו נפע בעבווואר אמו אחב
29745 Annapolis, Westland MI 48186	38-3054418		10,000				Further tax exempt purpose
(7) Detroit Regional Partnership							
1 Woodward #900, Detroit, MI 48226	83-1370004	501(c)(6)	470,000				Further tax exempt purpose
(8) Mich Citizens for Fiscal Resp							
106 W Allegan #200 Lansing MI 48933	27-1993953	501(c)(4)	150,000				Further tax exempt purpose
(9) Council of Mich Foundations							
1 S Harbor Dr, Grand Haven, MI 4941	38-6263347	501(c)(4)	50,000				Further tax exempt purpose
(10) Peninsula Fund							
201 Townsend 900 Lansing MI 48933	82-2145075	501(c)(4)	95,000				Further tax exempt purpose
(11) Protecting MI's Future Fund							
PO Box 10030, Lansing, MI 48933	83-3961442	501(c)(4)	45,000				Further tax exempt purpose
(12) Michigan Municipal League							
PO Box 7409, Ann Arbor, MI 48105	38-6005974	501(c)(6)	25,000	:			Further tax exempt purpose
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 li	ne 1 table .			. •

Schedule I (Form 990) (2019)

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)

Department of the Treasury Infernal Revenue Service

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

OMB No 1545 0047

2019
Open to Public Inspection

Employer identification number 47-2568177	lete if the organization answered	f additional space is needed	(b) EIN (c) IRC section (d) Amount of non- (f) Method of (g) Description of (h) Purpose of grant or grant cash assistance (if applicable) grant cash as a	Further tax exempt	Further tax exempt	Further tax exempt purpose	Further tax exempt purpose	Unrestricted Donation	Unrestricted Donation	Unrestricted Donation	Unrestricted Donation							
	vernments. Comp	can be duplicated i	of non- (f) Method of tance valuation (book, FMV appraisal, other)										-					
	ns and Domestic Go	e than \$5,000 Part II	Amount of cash (e) Amount grant cash assis	170,000	20,000	100,000	200,000	250.000	650,000	100,000	50,000						-	
	estic Organization	t that received more	(c) IRC section (d) A (if applicable)	501(c)(3)	501(c)(4)	501(c)(4)	501(c)(3)	527	527	527	527							_
	stance to Dom	or any recipien	( <b>b</b> ) EIN	38-3353746	82-2589129	83-4138898	38-6005974	38-1323848	38-1221182	27-3504026	05-0532524							_
Name of the organization Michigan Energy First	Part II. continued 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	1 (a) Name and address of organization or government	(13) Detroit Employment Solutions 440 E Congress St, Detroit, MI 48226	(14) Moving Northern Michigan Forward 201 Townsend St #400, Lansing, MI 48933	(15) Michiganders for Good Government 120 W Ottawa St, Lansing, MI 48933	(16) Michigan Municipal League Foundation 1675 Green Road, Ann Arbor, MI 48105	(17) 21th Century Fund PO Box 130611, Ann Arbor, MI 48113	(18) Michigan Republican Party Admin Acct 520 Seymour, Lansing, Mi 48933	(19) Progressive Advocacy Trust PO Box 322, E Lansing, MI 48823	(20) Republican State Leadership Cmte 1201 F Street, Washington DC 20004	(21)	(22)	(23)	(24)	(25)	(26)	_

Part III	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	smestic Individua	als. Complete if the	organization answ	ered "Yes" on Form 990	Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal other)	(f) Description of noncash assistance
-						
2						
ဗ						
4						
5						
9						
_						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and	the information re	equired in Part I, lin	e 2, Part III, column	(b), and any other addit	any other additional information
1						
		-				
1						
						Schedule I (Form 990) (2019)

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

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Michigan Energy First	47-2568177
PART VI, SECTION B, LINE 15PAYROLL POLICY	
The organization has no employees. Non-employee officer compensation is reviewed by the President	ent to ensure it is comperable to
similarly-situated corporations for functionally-comparable positions in the geographic area.	
DADT VI SECTION R. LINE 115, 900 ADDDOVAL BOLICY	
PART VI, SECTION B, LINE 11b990 APPROVAL POLICY	
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 are	se. 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.
	·
	·

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Michigan Energy First

Partl

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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

2019

•1 • •

OMB No 1545-0047

Open to Public Inspection

**Employer Identification number** 

47-2568177

(g) Section 512(b)(13) controlled entity? ŝ (f)
Direct controlling
entity 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 (d) Exempt Code section 501(c)(4) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity Advocay and education MI (b) Primary activity (4) (a)
Name, address, and 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 € Q ල ල 9 Ξ 3

Schedule R (Form 990) 2019

Cat No 50135Y

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

ω

(2)

(9)

•

Section 512(b)(13) controlled Schedule R (Form 990) 2019 (k) Percentage ownership ž 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. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (g) Share of end-of- I year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)

1 Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (J) (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (9) Part III Part IV E 9 8 8 ල € ত 9 Ξ (2) € Ξ

Page 3

~;

9

Schedule R (Form 990) 2019

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
-	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?	e related organiz	rations listed in Parts	: II-IV?	·	
æ	Receipt of (ii) interest. (iii) annuities. (iii) rovalties, or (iv) rent from a controlled entity				1a	>
9					45	>
•						
U '	Girt, grant, or capital contribution from related organization(s)				2	>
0	Loans or loan guarantees to or for related organization(s)				19	>
ø	Loans or loan guarantees by related organization(s)				<b>1e</b>	<u>&gt;</u>
					,	
<b>-</b>	Dividends from related organization(s)				<u> </u>  ≠	>
•	Cala of accate to ralated organization(s)				5	
ב מ	Cale of assets to regard update and the second seco				20 -4	
_	Furchase of assets from related organization(s)				5	>
	Exchange of assets with related organization(s) .				<b>=</b>	>
-	Lease of facilities, equipment, or other assets to related organization(s)				Έ	>
•					_	
¥	Lease of facilities, equipment, or other assets from related organization(s)					>
_	Performance of services or membership or fundraising solicitations for related organization(s)				=	>
Ε	Performance of services or membership or fundraising				Ε.	>
	Sharing of facilities equipment mailing lists or other a	· · ·	•	•	ţ	,
: (						.\
<b>o</b>	Sharing or paid employees with related organization(s)		•		2	<b>&gt;</b>
						]
۵					<u>a</u>	<b>&gt;</b>
σ	Reimbursement paid by related organization(s) for expenses .	•			<b>-</b>	>
_	Other transfer of cash or property to related organization(s)				1r	<b>&gt;</b>
Ø	Other transfer of cash or property from related organization(s)				1s	>
7	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.	e this line, includ	Jing covered relation:	ships and transacti	on thresh	olds.
	(6)	4	[	5		
	Name of related organization	(o) Transaction type (a – s)	(c) Amount involved	(a) Method of determining amount involved	ig amount in	volved
Ð						
6			•			
9						
(9)						
<b>₹</b>						
(2)						
9					,	
				Schedule I	Schedule R (Form 990) 2019	30) 2019