

Tel: 616-774-7000 Fax: 616-776-3680

Tel: 269-382-0170 Fax: 269-345-1666 www.bdo.com 200 Ottawa Avenue NW, Suite 300 Grand Rapids, MI 49503

211 East Water Street, Suite 300 Kalamazoo, MI 49007

Ms. Karla A. Campbell The Center for Michigan, Inc. 136 E. Michigan Avenue, Suite 1201 Kalamazoo, Michigan 49007-3936

Dear Ms. Campbell:

Enclosed are your tax return(s) for the year ended December 31, 2018. Instructions for filing your return are included for easy reference.

The return was prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return, please contact us before filing them.

Upon examination of the return by taxing authorities, requests may be made for underlying data. We recommend you preserve all records which you may be called upon to produce in connection with such possible examinations.

Thank you for your confidence in our Firm. We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning your return.

Best regards,

BDO USA, LLP

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.



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THE CENTER FOR MICHIGAN, INC. Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BDO USA, LLP 200 OTTAWA AVE NW STE 300 GRAND RAPIDS MI 49503

or Fax to: Attn: e-file Administrator

> or Email to: efilewmi@bdo.com

The form marked "Copy" should be mailed on or before November 15, 2019 to:

Department of Attorney General Charitable Trusts Section P.O. Box 30214 Lansing, MI 48909

A tax exempt organization must make its signed annual form available for public inspection for three years from the extended due date of the return. We have provided you with an extra copy of the return(s) for this purpose.

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

dar year 2018, or fiscal year beginning $\underline{01}$	/01 , 201	18, and ending $12/31$

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Employer identification number 32 - 0167398

_ , ₂₀ _18

Name of exempt organization

THE CENTER FOR MICHIGAN, INC.

Name and title of officer

Department of the Treasury

Internal Revenue Service

KARLA A. CAMPBELL, TREASURER

For calen

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,281,061.
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here B Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

8009IJ 701U 6/20/2019 5:12:41 PM V 18-5.4F

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

JSA 8E1676 1.000

X	I authorize BDO USA	, LLP		to enter my PIN	6 7	39	8	as m	v signa	ature
		ERO firm name		·····		ve numbe enter all z			,	
	being filed with a state a	year 2018 electronically filed gency(ies) regulating charitie the return's disclosure consert	s as part of the							
	If I have indicated within	nization, I will enter my PIN a this return that a copy of the am, I will enter my PIN on the	return is being f	iled with a state ag	ency(ie					
Officer's	signature			Date						
Part I	Certification and	Authentication								
ERO's	EFIN/PIN. Enter your six-	digit electronic filing identificat	tion	Г						
numbe	er (EFIN) followed by your	five-digit self-selected PIN.		3	88	68	9	38	1 3	5
						Do not	enter a	all zeros		
indicate	ed above. I confirm that I	entry is my PIN, which is my s am submitting this return in a file Providers for Business Ret	ccordance with							leF)
ERO's sig	gnature ►	Daniel w. Julle	1	Date 🕨	00	5/26/2	201	9		
	D	ERO Must Retain o Not Submit This Form			o Do S	0				
For Pa	perwork Reduction Act I	lotice, see back of form.					F	orm 88	79-EO	(2018)

50078-10

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

<u>2018</u>

Open to Public

AI	or the	e 2018	calendar year, or tax year beginning , 2018,	and ending			, 20	
			C Name of organization	•	D Employer ide	ntification	number	
B	Check if ap	pplicable:	THE CENTER FOR MICHIGAN, INC.		32-016	7398		
	Addre chang		Doing business as		_			
		e change		Room/suite	E Telephone nu	mber		
	-	return	136 E. MICHIGAN AVENUE	1201	(269) 38	2-5800)	
-	-	return/	City or town, state or province, country, and ZIP or foreign postal code		(/		-	
	termir Amen		KALAMAZOO, MI 49007-3936		G Gross receipts	2 \$	1 350),968.
	return Applic		F Name and address of principal officer: PHILIP H. POWER		H(a) Is this a group		Yes	-
	pendi	ng	136 E MICHIGAN AVE, SUITE 1201, KALAMAZOO, N	WT 40007	subordinates	?		
-	T				H(b) Are all subord			
<u> </u>		empt sta		or 527			e instruction	5)
J			WWW.THECENTERFORMICHIGAN.NET		H(c) Group exem			МТ
		_	ization: X Corporation Trust Association Other ►	L Year of for	mation: 2006 M	State of lee	gal domicile	: MI
P	art I		mmary		~			
	1		describe the organization's mission or most significant activities: CONDUC			LIC PC	DLICY	
Governance			UES AND EDUCATES CIVIC LEADERS AND CONCERNED (
nar		AS 1	TO MORE EFFECTIVE APPROACHES TO PUBLIC POLICY	AND GOVER	NANCE.			
ver	2	Check	this box 🕨 🔄 if the organization discontinued its operations or dispose	d of more than 2	5% of its net asset	S.		
	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		10.
ა ა	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		9.
itie	5	Total I	number of individuals employed in calendar year 2018 (Part V, line 2a)			5		19.
Activities &	6	Total I	number of volunteers (estimate if necessary)			6		59.
ĕ			unrelated business revenue from Part VIII, column (C), line 12			7a		0.
			nrelated business taxable income from Form 990-T, line 38			7b		
					Prior Year		Current '	Year
~	8	Contri	ibutions and grants (Part VIII, line 1h)		1,336,81	7.	1,233	3,798.
Revenue			am service revenue (Part VIII, line 2g)		139,50	2.	6	5,249.
eve			ment income (Part VIII, column (A), lines 3, 4, and 7d)		16,15	3.	41	,014.
Ř			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		0.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,492,47	2.	1,281	,061.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
			its paid to or for members (Part IX, column (A), line 4)			0.		0.
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,514,58	0	1,796	252
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		7,58		1,190	0.
ben			fundraising expenses (Part IX, column (A), line 25) ▶165, 764		,,50	,		
ĔX					911,76	7	784	1,702.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,433,92			,954.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				-1,299	
- 0	19	Reven	nue less expenses. Subtract line 18 from line 12		-941,45		End of Ye	-
Net Assets or Fund Balances				Бе	ginning of Current			ar .,954.
sse 3ala	20		assets (Part X, line 16)	· · · · · ·	7,494,04			,
et A	21		liabilities (Part X, line 26)	· · · · · ·	23,97			.,776.
			ssets or fund balances. Subtract line 21 from line 20		7,470,07	1.	6,170	,178.
	art II		gnature Block					
Un	der per e. corre	nalties c ect. and	of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of whice	iles and statement ch preparer has an	s, and to the best of v knowledge.	f my know	edge and I	belief, it is
					<u> </u>			
Sig	m							
He			Signature of officer		Date			
ne								
			Type or print name and title		,,			
Paie	4	Print/	Type preparer's signature	Date	Check	if PTIN		
	a parer	DAN	IEL FULLER Daniel W. Julle	06/26/	Con omploy		002381	35
	only	Firm's	s name ▶BDO USA, LLP	`	Firm's EIN 🕨 1	3-5381	L590	
	. Uniy	Firm's	address ▶200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503		Phone no. 6	16-774	<u>1-7000</u>	
Ма	y the	IRS d	iscuss this return with the preparer shown above? (see instructions)	<u></u>	<u> </u>	Σ	Yes	No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form 99	0 (2018)
10.1								
JSA								

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	THE CENTER FOR MICHIGAN, INC.	32-0167398
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	136 E. MICHIGAN AVENUE 1201	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	KALAMAZOO, MI 49007-3936	
	•	0 1

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Re	turn
Is For	Code	Is For	C	ode
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	(07
Form 990-BL	02	Form 1041-A	(08
Form 4720 (individual)	03	Form 4720 (other than individual)	(09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
 The books are in the care of ► 136 E. MICHIGAN 	AVE., S		_	
Telephone No. ► 269 382-5800		Fax No. 🕨	_	
If the organization does not have an office or place of				▶
• If this is for a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GEN)	. If this is	
for the whole group, check this box		irt of the group, check this box \ldots \blacktriangleright	and attach	
a list with the names and EINs of all members the extension				
1 I request an automatic 6-month extension of time up			organization re	turn
for the organization named above. The extension is	for the org	anization's return for:		
► X calendar year 20 <u>18</u> or				
tax year beginning	, 20	, and ending, 2	0	
2 If the tax year entered in line 1 is for less than 12 m Change in accounting period	ionths, cheo	k reason: 🔄 Initial return 📄 Final return		
3a If this application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions.		3	3a \$	0.
b If this application is for Forms 990-PF, 990-T,	4720, o	6069, enter any refundable credits and		
estimated tax payments made. Include any prior yea			3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required, by using EFTPS		
(Electronic Federal Tax Payment System). See instru	ctions.	3	3c \$	0.
Caution: If you are going to make an electronic funds withdrawa	I (direct deb	t) with this Form 8868, see Form 8453-EO and Form 8	3879-EO for pay	ment
instructions.				
For Privacy Act and Paperwork Reduction Act Notice, see instr	ructions.	F	orm 8868 (Rev.	1-2019)

For	rm 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
	Did the exercitedian undertake any cignificant program carries during the year which were not listed on 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?	Yes X No
	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	
3	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,380,267. including grants of \$) (Revenue \$	5,605.)
	INFORM PROGRAM: THE CENTER STRIVES TO PROVIDE INDEPENDENT,	
	BALANCED, THOUGHTFUL AND HIGH-QUALITY JOURNALISM, A SURVIVAL GUIDE	
	FOR MICHIGANDERS WITH A STAKE IN OUR STATE'S FUTURE. THE CENTER	
	ALSO WORKS COLLABORATIVELY WITH VARIOUS MEDIA TO PROVIDE IN-DEPTH	
	REPORTING TO OUR PARTNERS, IN SO DOING, BUILDING JOURNALISM	
	CAPACITY IN WAYS THAT SUPPORT MICHIGAN NEWS MEDIA, CITIZENS,	
	BUSINESS AND PHILANTHROPY. THE CENTER'S MAJOR FOCUS IS BRIDGE	
	MAGAZINE, A FREE ONLINE NEWS MAGAZINE. THE CENTER'S MICHIGAN TRUTH	
	SQUAD EXAMINES AND FACT CHECKS POLITICAL ADVERTISEMENTS.	
4b	• (Code:) (Expenses \$including grants of \$) (Revenue \$)	644.)
	ATTACHMENT 2	
40	: (Code:) (Expenses \$ 324,901. including grants of \$) (Revenue \$)
40		/
	ATTACHMENT 3	
<u>4</u> d	Other program services (Describe in Schedule O.)	
Ŧu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,306,060.	
JSA		Form 990 (2018)
o⊏l	^{1020 1.000} 8009IJ 701U 6/20/2019 5:12:41 PM V 18-5.4F 50078-10	PAGE 4

-	90 (2018)		F	Page 3
Part	V 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,"		37	
-	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
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		Х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			37
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u>л</u>
11	VII, 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,"			
u	complete Schedule D, Part VI	11a	Х	
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		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10.	Х	
	Schedule D, Parts XI and XII.	12a		
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		Х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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		Х
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		Х
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		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
~~	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
ISA		~ 1		L

Form 9	90 (2018)		F	Page 4
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		X
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	X	
24 a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		Х
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		Х
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		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38		20	х	
Dart	19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38		
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Form 990 (2018)

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Par	t V 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			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			v
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	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	7-		x
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	79 7h		· · · · ·
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.			

Form §	90 (2018) THE CENTER FOR MICHIGAN, INC. 32-016	7398	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	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 10			
	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	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		37	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	2	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
Cent	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		100	103	X
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,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
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.	12-	x	
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	4.01-	x	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	x	
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		A
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?	15-	x	
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		21
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
-	with a taxable entity during the year?	10a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$,			04(-)
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.	(Sec	tion 5	601(c)
	Own website Another's website X Upon request Other (explain in Schedule O)			
40		ou= - 1	n e !' -	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
20	financial statements available to the public during the tax year.	la 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record KARLA A. CAMPBELL 136 E. MICHIGAN AVE., SUITE 1201 KALAMAZOO, MI 49007 269-382-5800	5 🕨		
		Form	990	(2018)

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	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	Χ
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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	neck is pe 1 a d	ition more rson lirect	e than c is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)PHILIP H. POWER	40.00									
CHAIRMAN	0.	x		Х				0.	0.	0.
(2)JOHN C. BEBOW	60.00									
PRESIDENT AND CEO	0.	x		Х				249,017.	0.	18,912.
(3)KATHLEEN K. POWER	10.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(4)LOYAL A. ELDRIDGE III	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(5) PAUL C. HILLEGONDS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)DR. GLENDA D. PRICE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)DOUGLAS ROTHWELL	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)DR. MARILYN J. SCHLACK	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)MICHAEL J. JANDERNOA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) PAULA D. CUNNINGHAM	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) KARLA A. CAMPBELL	1.00									
TREASURER	0.			Х				0.	0.	0.
(12) DAVID L. ZEMAN	40.00									
SENIOR EDITOR	0.					Х		157,989.	0.	27,651.
(13)RON L. FRENCH	40.00									
SENIOR WRITER	0.					Х		132,149.	0.	15,591.
(14)CHASTITY M. PRATT-DAWSEY	40.00									
WRITER	0.					Х		100,634.	0.	463.

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(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average hours per week (list any hours for	box,	not ch unles	Posi neck is pe lad	ition more rson	e than o is both or/trust	an	Reportable compensation from the	Reportal compensatio related organizati	n from	an	stimated nount of other pensatio
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fr org and	om the anization d related anization
) JOEL T. KURTH	40.00					v		120 402				F
ASSISTANT EDITOR) WILLIAM F. EMKOW	0. 40.00					Х		120,403.		0.		5
AUDIENCE GROWTH STRATEGIST	0.	{				х		129,711.		ο.		7,0
		_										
		-										
		-										
	+											
b Sub-total							►	639,789.		0.		62,6
c Total from continuation sheets to Part VII, S	-							250,114.		0.		7,5
d Total (add lines 1b and 1c)	limited to t		liste			e) who	► o re	889,903. ceived more than	\$100,000 c	0. of		70,1
												Yes
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	
For any individual listed on line 1a, is the organization and related organizations groups												
individual				•							4	X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	
ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.												
(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) ompens	
TTACHMENT 4												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Par	t VII	Statement of Reven	nue					
		Check if Schedule O co	ontains a respor	nse or note to ar	y line in this Part V	<u>′III</u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
B, G Am	c	Fundraising events						
Giff ilar	d	Related organizations						
ns, Sim	е	Government grants (contribu	utions) 1e					
utio	f	All other contributions, gifts,	grants,					
oth Oth		and similar amounts not included	dabove 1f	1,233,798.				
u qu	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u></u>		1,233,798.			
nue				Business Code				
Seve	2a	PROGRAM INCOME		900099	6,249.	6,249.		
e E	b							
ŝ	c							
n S	d							
Jran	е							
Program Service Revenue	f	All other program service rev Total. Add lines 2a-2f		L	6,249.			
<u> </u>	g 2		cluding divider		0,249.			
	3	Investment income (income of the similar amounts).	0		47,838.			47,838.
	4	Income from investment of			0.			
	5	Royalties			0.			
		.,	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		•••••	0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	63,083.					
	b	Less: cost or other basis						
		and sales expenses	69,907.					
	с	Gain or (loss)	-6,824.					
	d	Net gain or (loss)		· <u>···</u> ▶	-6,824.			-6,824.
e	8a	Gross income from fundra	aising					
/eni		events (not including \$						
Rev		of contributions reported on						
Other Revenue		See Part IV, line 18						
đ		Less: direct expenses			0.			
	с	Net income or (loss) from fu	-		0.			
	9a	Gross income from gaming See Part IV, line 19		0.				
		Less: direct expenses						
	b c	Net income or (loss) from g			0.			
	10a	Gross sales of invent	-					
	TUa	returns and allowances		0.				
	b	Less: cost of goods sold .						
	c	Net income or (loss) from sa	les of inventory		0.			
		Miscellaneous Revenu	ie	Business Code				
	11a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction	ons.	<u> </u>	1,281,061.	6,249.		41,014.

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 267,930. 200,947. 32,152 34,831. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 1,260,041. 1,210,667. 18,243 31,131. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 160,285 145,892 7,684 6,709. 2,977. 107,996. 100,941. 4,078. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 1,080 420 660 **b** Legal 7,398 4,439. 1,480. 1,479. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 60,328. 36,197. 12,065 12,066. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 256,801. 223,099. 4,380 29,322. (A) amount, list line 11g expenses on Schedule O.) 29,656. 29,656 12 Advertising and promotion 100,192. 59,965. 10,071 30,156. 13 Office expenses 70,834. 57,507. 6,409. 6,918. 14 Information technology 0 15 Royalties 29,035. 26,574. 1,230 1,231. Occupancy 16 53,308. 51,391. 309 1,608. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 74,322 73,482. 420 420. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 6,707. 4,024. 1,342 1,341. 22 Depreciation, depletion, and amortization 22,605. 13,423. 4,708. 4,474. Insurance 23 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.) aFREELANCE REPORTING 58,223. 58,223. **b**PUBLIC OPINION POLLING 4,000 4,000. cALL OTHER EXPENSES 10,213. 5,213. 5,000 d e All other expenses 2,580,954 2,306,060. 109,130 165,764. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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following SOP 98-2 (ASC 958-720)

Form 990 (2	2018)
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Part	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	3,461,181.	2	3,292,919.
	3	Pledges and grants receivable, net	3,886,519.	-	2,644,346
	4	Accounts receivable, net	99,902.	4	257,932.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0		0
ß	_	organizations (see instructions). Complete Part II of Schedule L	0.	•	0
Assets		Notes and loans receivable, net	0.	7	0
Ř		Inventories for sale or use		8	14,383
	9	Prepaid expenses and deferred charges	18,209.	9	14,303.
1	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,685.			
			28,236.	4.0	2,374.
					0
	1	Investments - publicly traded securities	0.		0
	2	Investments - other securities. See Part IV, line 11	0.	12	0
	3	Investments - program-related. See Part IV, line 11		10	0
	4 5	Intangible assets	0.	14 15	0
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	7,494,047.		6,211,954.
	17	Accounts payable and accrued expenses	23,976.		41,776
	8	Grants payable	0.	18	0
	10 9			10	0
	20	Deferred revenue	0.	20	0
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0
	22	Loans and other payables to current and former officers, directors,		21	
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0.	22	0
ر ۲	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.		0
	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	0.	25	0
2	26	Total liabilities. Add lines 17 through 25	23,976.	26	41,776.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	3,385,401.	27	3,451,654.
2 g	28	Temporarily restricted net assets	4,084,670.	28	2,718,524.
2 2	29	Permanently restricted net assets	0.	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	7,470,071.	33	6,170,178.
	34	Total liabilities and net assets/fund balances	7,494,047.	34	6,211,954.

THE CENTER FOR MICHIGAN, INC.

Form 99	0 (2018)				Pa	ge 12
Part	XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	81,0	061.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5	80,9	954.
3	Revenue less expenses. Subtract line 2 from line 1	3	-			393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,4	70,0)71.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6,1	70,1	L78.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
5	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversi	aht			
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
54	the Single Audit Act and OMB Circular A-133?	. ioitii		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

		evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
		he organization	-					Employer identifi	cation number
TH	E C	ENTER FOR I						32-01673	
Pa				•	organizations must o			,	
	org		•		t is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-		rganization described				(11) – (11)
4		A medical res hospital's nam	-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
5					a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
				Complete Part II.)					
6			-	-	rnmental unit describe		-		
7	Х	-		-		pport fr	om a go	vernmental unit or fro	om the general public
_				(1)(A)(vi). (Compl		_			
8		-			b)(1)(A)(vi). (Complete	-			
9					ed in section 170(b)(1				
		or university c university:	or a non-land-	grant college of ac	griculture (see instruct	ions). E	nter the I	name, city, and state o	r the college or
10 11		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt for the tincome and u an after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its
12			•	•					arry out the purposes
		of one or mor	re publicly su	pported organizat	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting of	organization.	You must complet	te Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement c	of the supporting c	organization vested in	the sam	e persor	is that control or man	age the supported
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.				
С		Type III fun	ctionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
		_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d			-		porting organization of				
			-		nization generally mus				d an attentiveness
			-	-	omplete Part IV, Sect				
е			-		a written determinatio				I, Type III
4	г.,				ionally integrated sup			ion.	
f				0	orted organization(s).				•••••
<u> </u>		ame of supported	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)		organization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						163	NO		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	aper	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	732,187.	463,904.	8,820,636.	1,336,817.	1,233,798.	12,587,342.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	732,187.	463,904.	8,820,636.	1,336,817.	1,233,798.	12,587,342.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						7,429,516.
6	Public support. Subtract line 5 from line 4						5,157,826.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4.	732,187.	463,904.	8,820,636.	1,336,817.	1,233,798.	12,587,342.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	436.	1,100.	4,724.	14,218.	47,838.	68,316.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						12,655,658.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	229,391.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	40.76%
15	Public support percentage from 2017					15	35.76 %
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			-	-		
	organization.						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization				•		
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 🖂</u>

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Schedule A (Form 990 or 990-EZ) 2018

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota	I
1	Gifts, grants, contributions, and membership fees	.,							
•	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support								
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Tota	I
9	Amounts from line 6								
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
~	carried on								
2	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11,								
-	and 12.)								
4	First five years. If the Form 990 is for	or the organiz	tion's first seco	nd third fourth	or fifth tax ve	ar as	a section	501(c)(3)	
-	organization, check this box and stop here .	0						. , , , ,	
ec	tion C. Computation of Public Sup								
5	Public support percentage for 2018 (line 8,		•	mn (f))		. 15			%
6	Public support percentage from 2017 Sche	.,	-			16			%
	tion D. Computation of Investment					10			70
7	Investment income percentage for 2018 (lir			13 column (f))		17			%
8	Investment income percentage from 2017 S		••••••			18			%
	331/3% support tests - 2018. If the org						331/3%	and line	/0
Ju	17 is not more than 331/3%, check thi								\square
h	331/3% support tests - 2017. If the orga			•		• •	-		
	line 18 is not more than 331/3%, check								
20	Private foundation. If the organization of		•	•		•••	0		$\left \right $
				,,					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

JSA

	THE CENTER FOR MICHIGAN, INC. 32-0167	065		
(C)	le A (Form 990 or 990-EZ) 2018			Page 5
Part	V Supporting Organizations (continued)		Vaa	Na
	the the second state of the second state of the second state of the falls of the second state of the secon		res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
-		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structi	ons).	
с С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	rtione	
U	e e. guintation oupported a governmental onary. Deconde in t art a new you supported a government entry (See		Yes	
2	Activities Test. Answer (a) and (b) below.		103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E	Z) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organized	•		,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			ourrent rour
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity		64	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	2010/13	
- 1 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_	Total annual distributions. Add lines 1 through 6.			
7	Distributions to attentive supported organizations to which	the organization is read		
0	(provide details in Part VI). See instructions.	the organization is resp	OUSIVE	
	Distributable amount for 2018 from Section C, line 6			
9 10	Line 8 amount divided by line 9 amount			
10			(**)	(***)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'				
0	and 4c. Breakdown of line 7:			
8				
<u>а</u>	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			A (Form 990 or 990-EZ) 2

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

THE CENTER FOR MICHIGAN, INC.

Employer identification number

32-0167398

Organization t	ype (chec	< one):
----------------	------------------	---------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I		rs (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	ALLIANCE FOR EARLY SUCCESS		Person X Payroll			
	5901 COLLEGE BLVD	\$196,000.	Noncash			
	OVERLAND PARK, KS 66212		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	JOYCE FOUNDATION		Person			
	321 N CLARK ST, STE 1500	\$\$	Payroll Noncash			
	CHICAGO, IL 60654		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	ADAM AND MICHELLE RICHARD		Person			
	P.O. BOX 227237	\$25,000.	Payroll Noncash			
	DALLAS, TX 75222-7237		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
No.	Name, address, and ZIP + 4		Type of contribution			
No.	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION	Total contributions	Type of contribution Person X Payroll			
No.	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR	Total contributions	X Person X Payroll			
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b)	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d)			
4	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution			
4	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b) Name, address, and ZIP + 4 CHARLES STEWART MOTT FOUNDATION	Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X Payroll X			
4	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b) Name, address, and ZIP + 4 CHARLES STEWART MOTT FOUNDATION 503 S SAGINAW ST, STE 1200	Total contributions	Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.) (d) Type of contribution Image: Contribution Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for			
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b) Name, address, and ZIP + 4 CHARLES STEWART MOTT FOUNDATION 503 S SAGINAW ST, STE 1200 FLINT, MI 48502 (b)	Total contributions	Type of contribution Person X Payroll Image: Second structure Noncash Image: Second structure (Complete Part II for noncash contributions.) (d) Type of contribution Image: Second structure Person X Payroll Image: Second structure Noncash Image: Second structure (Complete Part II for noncash contributions.) Image: Second structure (d) Image: Second structure (d) Image: Second structure			
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 BOSCH COMMUNITY FOUNDATION 38000 HILLS TECH DR FARMINGTON HILLS, MI 48331 (b) Name, address, and ZIP + 4 CHARLES STEWART MOTT FOUNDATION 503 S SAGINAW ST, STE 1200 FLINT, MI 48502 (b) Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Second contribution (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Second contributions.) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) Type of contributions.) X			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Employer identification number 32-0167398

Page 2

Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLINN FOUNDATION		Person X Payroll
	<u>333 W FORT ST, STE 1950</u> DETROIT, MI 48226	\$180,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HUDSON WEBBER FOUNDATION		Person
	333 W FORT ST, STE 1310	\$25,000.	Payroll Noncash
	DETROIT, MI 48226		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MIAMI FOUNDATION		Person
	40 NW 3RD STREET, SUITE 305	\$28,000.	Payroll Noncash
	MIAMI, FL 33128		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MCGREGOR FUND		Person
	333 W FORT ST, STE 2090	\$30,000.	Payroll Noncash
	DETRIOT, MI 48226		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WEGE FOUNDATION		Person
	99 MONROE AVE NW STE 902	\$35,000.	Payroll Noncash
	GRAND RAPIDS, MI 49503		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)

Name of organization THE CENTER FOR MICHIGAN, INC.

Employer identification number 32-0167398

(.)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		⊅	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4		
Name of o	organization THE CENTER FOR MICHIGA	N, INC.		Employer identification number 32-0167398		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.		
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
Part I						
		(e) Transf	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transi		onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018		

Department of the Treasury Internal Revenue Service	 Complete if the organization is described to Go to www.irs.gov/Form990 for 		to Form 990 or Form 990-EZ latest information.	Open to Public Inspection
-	ered "Yes," on Form 990, Part IV, line 3, or Forr ganizations: Complete Parts I-A and B. Do not comp		6 (Political Campaign Activitie	s), then
 Section 501(c) (other 	er than section 501(c)(3)) organizations: Complete	Parts I-A and C below. I	Do not complete Part I-B.	
	ations: Complete Part I-A only.		,	
0	ered "Yes," on Form 990, Part IV, line 4, or Forn	n 990-EZ, Part VI, line 4	7 (Lobbying Activities), then	
 Section 501(c)(3) or 	ganizations that have filed Form 5768 (election u	nder section 501(h)): Co	omplete Part II-A. Do not complete	ete Part II-B.
 Section 501(c)(3) or 	ganizations that have NOT filed Form 5768 (elect	ion under section 501(h)): Complete Part II-B. Do not c	complete Part II-A.
Tax) (see separate instru		/ Tax) (see separate in	nstructions) or Form 990-EZ	, Part V, line 35c (Proxy
• Section 501(c)(4), (3 Name of organization	5), or (6) organizations: Complete Part III.		E mployer identi	fightion number
0			Employer identi	
THE CENTER FOR I	-		32-01673	
	te if the organization is exempt under			
	otion of the organization's direct and indirect ical campaign activities")	political campaign a	ctivities in Part IV. (see inst	ructions for
2 Political campaig	n activity expenditures (see instructions)		▶\$	
3 Volunteer hours f	or political campaign activities (see instruction	ons)		
	te if the organization is exempt under			
1 Enter the amount	of any excise tax incurred by the organization	on under section 495	5▶\$	
2 Enter the amount	of any excise tax incurred by organization m	nanagers under sect	ion 4955 🕨 \$	
	n incurred a section 4955 tax, did it file Form			
-	made?			
b If "Yes," describe				
	te if the organization is exempt under	section 501(c), ex	cept section 501(c)(3).	
1 Enter the amoun	t directly expended by the filing organizatio			
2 Enter the amount	t of the filing organization's funds contribute tion activities	d to other organizat	ions for section	
3 Total exempt fur	nction expenditures. Add lines 1 and 2. Er	nter here and on Fe	orm 1120-POL,	
			▶ \$	
5 Enter the names, organization mad the amount of po	anization file Form 1120-POL for this year? addresses and employer identification numl le payments. For each organization listed, en plitical contributions received that were pror regated fund or a political action committee	per (EIN) of all section nter the amount pair nptly and directly de	on 527 political organizati d from the filing organizat elivered to a separate polit	ion's funds. Also enter ical organization, such
(a) Name	(b) Address	(c) EIN	funds. If none, enter -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)		_		
(2)		_		
(3)		_		
(4)		_		
(5)		-		
(6)		-		
For Paperwork Reductio	n Act Notice, see the Instructions for Form 990 c	」 or 990-EZ.	Schedule C	C (Form 990 or 990-EZ) 2018

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)



Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures . Total exempt purpose expenditures (add lines 1) 	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or I	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-		
j		on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes No
_		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Page	3

THE CENTER FOR MICHIGAN, INC.		32-0	167398			
Schedule C (Form 990 or 990-EZ) 2018			Pa			
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).						
For each "Vea" represented in through 1 holew provide in Port IV a datailed	(8	a)	(b)			
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount			
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1 c through 1i)?.						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
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?						
 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)?						

a ii the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
	s," enter the amount of any tax incurred by organization managers under section 4912		

b If "Yes," enter the amount of any tax incurred under section 4912.....

			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		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

		,	-
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s	sectio	on
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Pa	irt III-/	A, line 3, is
	answered "Yes."		

1	Dues, assessments and similar amounts from members	1	
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	
	Carryover from last year.		
	Total	-	
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		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	4	
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information Part IV

501(c)(6)

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

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Page 4

Part IV Supplemental Information (continued)

Department of the freasury	to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	
THE CENTER FOR MICHIGAN, INC. 32–0167398	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and other acco	ounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year) .	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	<u> </u>
funds are the organization's property, subject to the organization's exclusive legal control?	s 🔄 No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	s 🗌 No
conferring impermissible private benefit?	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
 Purpose(s) of conservation easements held by the organization (check all that apply). 	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important la	nd area
Protection of natural habitat Preservation of a certified historic structu	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
easement on the last day of the tax year. Held at the End of the	e Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d	uring the
 tax year ▶ Number of states where property subject to conservation easement is located ▶ 	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	
violations, and enforcement of the conservation easements it holds?	s 🗌 No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during th	
▶	,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements durin	ng the year
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	s 🗌 No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes organization's accounting for conservation easements.	the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	anco shoot
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt public service, provide the following amounts relating to these items:	herance of
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (For	orm 990) 2018

THE CENTER FOR MICHIGAN, INC.

Schee	lule D (Form 990) 2018								Pag	ge 2
Pa	rt III Organizations Maintainir	ng Collections of	Art, Histo	rical Tre	asures, c	or Other	Similar Assets (continue		<u> </u>
3	Using the organization's acquisition	-							<i>,</i>	its
	collection items (check all that apply						0 0			
а	Public exhibition		d	Loan	or exchang	e progra	ms			
b	Scholarly research		e	Other	-	1 3				
c	Preservation for future genera	ations								_
4	Provide a description of the organ		and expl	ain how t	hev furthe	r the or	ganization's exemp	t nurnose	a in P	Part
•	XIII.				ing rantic		gamzation o oxomp	r puipeet	,	an
5	During the year, did the organization	n solicit or receive (Ionations c	fart hist	orical treas	ures or	other similar			
Ũ	assets to be sold to raise funds rathe							Yes		No
Pa	rt IV Escrow and Custodial Ar				ngamzatio			100		<u> </u>
ľα	Complete if the organizat		s" on For	m 990 F	Part IV lin	e 9 or r	enorted an amou	nt on Foi	m	
	990, Part X, line 21.		.5 011101	in 550, i	art iv, iii	0 0, 01 1	eponed an amou			
10	Is the organization an agent, trustee	o custodian or oth	or intermod	liary for c	ontribution	s or othe	r assots not			
Ia				-			-	Yes		No
h	included on Form 990, Part X? If "Yes," explain the arrangement in						•••••	Tes		NO
b	in res, explain the arrangement in	Fart Ani and Com		nowing lai			Amoun			
-	Decision holence						Amoun			
C L	Beginning balance					-				
	Additions during the year									
e	Distributions during the year									
f	Ending balance						a a a a unt li a hilitu O	Vee		
2a	Did the organization include an amo							Yes	\vdash	No
	If "Yes," explain the arrangement in	Part All. Check h	ere ii the e	xpianation	nas been	provided	on Part XIII		•	
Pa	rt V Endowment Funds. Complete if the organizat	tion answard "V	on For	m 000 E	Port IV/ lin	o 10				
					(c) Two ye			(a) [august		
	-	(a) Current year	(b) Pric	ryear	(c) 1 wo ye	ars back	(d) Three years back	(e) Four y	ears ba	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	of the current year		e (line 1g,	column (a)) held as	:			
а	Board designated or quasi-endowme		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and	-								
3a	Are there endowment funds not in t	he possession of the	ne organiza	ation that	are held a	nd admir	nistered for the			
	organization by:								'es I	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	0	•					3b		
4	Describe in Part XIII the intended us		tion's endo	wment fur	nds.					
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. tion answered "V	es" on Foi	m 000 I	Dart IV/ lin	0 11 0	See Form 990 P	art X line	10	
	Description of property	(a) Cost or		1	or other basis	1		d) Book valu		
		(inves	tment)		ther)		reciation	,	-	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				14,380.		13,197.		1,18	
e	Other				12,305.		11,114.		1,19	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	n 990, Part	X, colum	n (B), line 1	'0c.)			2,37	'4.

Schedule D (Form 990) 2018

Schedule D (THE CENTER FOR (Form 990) 2018	hiemony inc	• 52	-0167398 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financ	ial derivatives			
	y-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(F) (G)				
(U) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
i ai t i iii	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu	
	(-,	(1)	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			O Dant V line 15
	Complete if the organization answered		J, Part IV, line 11d. See Form 99	(b) Book value
(1)	(a) Des	cription		
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		•
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book val	ue	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	►		
. • • • • • • • • • • • • • • • • • • •				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

	The children for Michighn, the.	52 01	207320
Schedu	le D (Form 990) 2018		Page 4
Part		'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,293,061.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	•	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,000.
3	Subtract line 2e from line 1	3	1,281,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,281,061.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,592,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 12,000	·	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,000.
3	Subtract line 2e from line 1	3	2,580,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,580,954.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
∠, rai	TAI, intes 20 and 40, and Fart An, intes 20 and 40. Also complete this part to provide any additional linion	mailon	

SEE PAGE 5

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Schedule D (Form 990	2018

90) 2018 THE CENTER FOR MICHIGAN, INC.

SCHEDULE D, PART X, LINE 2

Part XIII Supplemental Information (continued)

THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES AS A NON-PROFIT ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS.

THE CENTER APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES. TAX BENEFITS THAT HAVE A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES ARE RECOGNIZED.

BASED ON ITS EVALUATION, THE CENTER HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

SCHEDULE J		Compen	sation Information	(OMB No.	1545-0	047
(Forı	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.			
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to	o Pul ectio	
-	of the organization			Employer identification			11
THE	CENTER FO	R MICHIGAN, INC.		32-016739	8		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers provide any relevant information regarding		1		
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to)		
2			to reimbursing or allowing expenses		1b		
2	-		D/Executive Director, regarding the items	-			
					2		
3			nization used to establish the compensation		_		
Ū	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ods used by a			
	Comper	nsation committee	X Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b	-		ental nonqualified retirement plan?		4b		X
С	•		ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
		E01(a)(2) E01(a)(4) and E01(a)(20) a	received complete lines 5.0				
5	-		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue	001/			
5		n contingent on the revenues of:	, line ra, did the organization pay of accide	any			
а	-	-			5a		X
b					5b		X
		e 5a or 5b, describe in Part III.					
6			, line 1a, did the organization pay or accrue	any			
	compensatior	n contingent on the net earnings of:					
а	The organizat	ion?			6a		Х
b	-	-			6b		X
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
~			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? I				x
9			low the rebuttable presumption proced		8		
3		.					
					_ J	1	1

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN C. BEBOW	(i)	207,081.	41,936.	0.	0.	18,912.	267,929.	0
1PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0
DAVID L. ZEMAN	(i)	126,336.	31,653.	0.	0.	27,651.	185,640.	0
2SENIOR EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

JSA

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Schedule J (Form 990) 2018

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. Attach to Form 990 or 990-EZ.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number THE CENTER FOR MICHIGAN, INC. 32-0167398

FORM 990, PART VI, SECTION A, LINE 2:

THE CONNABLE OFFICE, INC. HAS BEEN APPOINTED AGENT BY THE DIRECTORS OF THE ORGANIZATION TO SERVE AS CUSTODIAN AND INVESTMENT MANAGER OF THE FUNDS AND PROPERTY OF THE ORGANIZATION. FOR THESE SERVICES, UNDER THE AGENCY AGREEMENT, THE CONNABLE OFFICE, INC. RECEIVES AN ANNUAL FEE OF 1% OF THE ASSETS MANAGED WITH A MINIMUM ANNUAL FEE OF \$7,500. ADDITIONALLY, THE ORGANIZATION PAYS THE CONNABLE OFFICE, INC. \$2,500 PER MONTH FOR ACCOUNTING, PAYROLL, FINANCIAL REPORTING AND RELATED SERVICES. LOYAL A. ELDRIDGE III AND KARLA A. CAMPBELL ARE EMPLOYED BY, OR HAVE AN INTEREST IN, THE CONNABLE OFFICE, INC. PHILIP H. POWER AND KATHLEEN K. POWER ARE RELATED THROUGH MARRIAGE. THE ORGANIZATION OCCUPIES OFFICE SPACE IN THE BUILDING OWNED BY PHILIP H. POWER (THROUGH A REVOCABLE GRANTOR TRUST). NO PAYMENTS WILL BE REQUIRED FROM THE ORGANIZATION TO MR. POWER ON ACCOUNT OF RENT OR OTHERWISE.

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FORM 990, PART VI, SECTION A, LINE 7A:
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FOUR (4) OF THE DIRECTORS OF THE ORGANIZATION SHALL BE APPOINTED ANNUALLY BY THE POWER FOUNDATION, A MICHIGAN NON-PROFIT CORPORATION (THE "FOUNDATION"). THE REMAINING SIX (6) DIRECTORS OF THE ORGANIZATION SHALL BE ELECTED FOR STAGGERED THREE (3) YEAR TERMS BY A MAJORITY VOTE OF THE FULL DIRECTORSHIP ON AN ANNUAL BASIS. UPON IMPLEMENTATION OF THIS SECTION, TWO (2) DIRECTORS SHALL BE ELECTED TO A ONE-YEAR TERM, TWO (2) DIRECTORS SHALL BE ELECTED TO A TWO-YEAR TERM, AND TWO (2) DIRECTORS SHALL BE ELECTED TO A THREE-YEAR TERM. THEREAFTER, TWO (2) DIRECTORS

SHALL BE ELECTED ANNUALLY AND SHALL SERVE FOR A TERM OF THREE (3) YEARS, OR UNTIL THEIR SUCCESSORS HAVE BEEN ELECTED. IF A VACANCY OCCURS ON THE BOARD OF DIRECTORS DUE TO THE DEPARTURE OF A DIRECTOR APPOINTED BY THE FOUNDATION, THE FOUNDATION SHALL APPOINT A DIRECTOR TO FILL THE VACANCY. IF A VACANCY OCCURS ON THE BOARD OF DIRECTORS DUE TO THE DEPARTURE OF A DIRECTOR ELECTED BY THE FULL DIRECTORSHIP, THE FULL DIRECTORSHIP SHALL ELECT A DIRECTOR TO FILL THE VACANCY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE FIRM WHOM PERFORMS THE AUDIT OF THE FINANCIAL STATEMENTS. THE COMPLETED FORM 990 IS SENT TO THE TREASURER FOR INITIAL REVIEW AND APPROVAL AND THEN FORWARDED TO THE PRESIDENT AND CEO FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY CLEARLY STATES THAT ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST MUST BE DISCLOSED. SPECIFIC PROCEDURES ARE OUTLINED IN THE POLICY THAT ADDRESS THE DETERMINATION OF A CONFLICT, THE PROCEDURES FOR ADDRESSING THE CONFLICT, AND ANY VIOLATIONS OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

JSA

THE CHAIRMAN AND VICE PRESIDENT COMPLETE THE ANNUAL REVIEW OF THE PRESIDENT AND CEO AND FORWARD THE REVIEW TO VARIOUS OFFICERS OF THE CENTER FOR THEIR REVIEW AND FURTHER COMMENTS. THE EMPLOYMENT AGREEMENT WAS APPROVED BY THE BOARD OF DIRECTORS.

Schedule O (Form 990 or 990-EZ) 2018								
Name of the organization								
	THE	CENTER	FOR	MICHIGAN,	INC.			

Employer identification number 32-0167398

ATTACHMENT 1

FORM 990, PART VI, SECTION C, LINE 19:

THE CONNABLE OFFICE, INC. MAINTAINS A PUBLIC INSPECTION FILE ON BEHALF OF

THE CENTER FOR MICHIGAN, INC.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONDUCTING RESEARCH INTO PUBLIC POLICY ISSUES AFFECTING PEOPLE OF THE STATE OF MICHIGAN, DEVELOPING PUBLIC POLICY INITIATIVES FOR THE IMPROVEMENT OF CIVIC LEADERSHIP IN MICHIGAN AND EDUCATING CIVIC LEADERS AND CONCERNED CITIZENS IN MICHIGAN AS TO MORE EFFECTIVE APPROACHES TO PUBLIC POLICY AND GOVERNANCE THROUGH DISSEMINATION OF WRITTEN MATERIALS AND SPONSORSHIP OF CONFERENCES OF FORUMS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ENGAGE PROGRAM: THE CENTER WORKS TO CALL FORTH CITIZEN VIEWS THROUGH OUR INTERACTIVE, SMALL-GROUP COMMUNITY CONVERSATIONS AND OTHER PUBLIC ENGAGEMENT TOOLS THAT PROVIDE OPPORTUNITIES FOR THOUSANDS OF MICHIGAN CITIZENS EACH YEAR TO BETTER UNDERSTAND PUBLIC POLICY ISSUES, DISCUSS THEM WITH FELLOW CITIZENS AND DEVELOP COMMON GROUND POSITIONS. THROUGH THIS PROCESS OF BOTTOM-UP "DELIBERATIVE DEMOCRACY," THE CENTER SETS ITS POLICY PRIORITIES AND WORKS TO ENHANCE CITIZEN PARTICIPATION IN A DEMOCRACY. SINCE OUR FOUNDATION BEGAN, THE CENTER HAS ENGAGED MORE THAN 16,000 MICHIGAN CITIZENS IN OUR VARIOUS OUTREACH PROGRAMS, BY FAR THE LARGEST PUBLIC ENGAGEMENT EFFORT IN MICHIGAN HISTORY. TO ASSURE STATISTICAL RIGOR AND LEGITIMACY OF OUR POLICY POSITIONS, THE CENTER IS CAREFUL TO MAKE SURE THE DEMOGRAPHY OF OUR PARTICIPANTS

JSA

Employer identification number 32-0167398

ATTACHMENT 2 (CONT'D)

- IN GENDER, AGE, RACE AND GEOGRAPHICAL LOCATION MATCHES THE DIVERSITY OF MICHIGAN'S POPULATION.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ACHIEVE PROGRAM: THE CENTER WANTS TO PUT THOUGHTS INTO ACTION CALLING FORTH CITIZEN VOICES THROUGH PUBLIC OUTREACH WORK. THE CENTER INFORMS CITIZENS AND NOURISHES AND AMPLIFIES CITIZEN VIEWS THROUGH JOURNALISM, AND TAKES THE RESULTS INTO THE HALLS OF POWER AS LEGITIMATE EXPRESSIONS OF CITIZEN ATTITUDES. FOR EXAMPLE, IN THE YEARS SINCE THE CENTER'S FOUNDING, ITS WORK HAS RESULTED IN CHANGING STATE LAW TO PREVENT LOCAL SCHOOL BOARDS FROM REDUCING THE SCHOOL YEAR, CUTTING APPROPRIATIONS FOR THE STATE'S PRISON SYSTEM BY \$200 MILLION ANNUALLY AND SHARPLY INCREASING STATE SUPPORT FOR EARLY CHILDHOOD SCHOOLING PROGRAMS. THE CENTER'S RECENT PUBLICATION, THE PUBLIC'S AGENDA FOR PUBLIC EDUCATION, HAS PRECIPITATED WIDESPREAD DISCUSSION OF HOW BEST TO IMPROVE STUDENT LEARNING IN MICHIGAN SCHOOLS.

 ATTACHMENT 4

 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

 NAME AND ADDRESS
 DESCRIPTION OF SERVICES
 COMPENSATION

 PUBLIC SECTOR CONSULTANTS, INC.
 CONSULTING SERVICES
 211,217.

 600 W ST. JOSEPH SUITE 10
 LANSING, MI 48933-2265
 Consulting Services
 211,217.

50078-10

JSA