. 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20 | | | | | | | | |
|---|------------------------|--------------------------------------|---|--|---------------|-------------------------------------|--|--|
| В | Check if a | of applicable C Name of organization | | | loyer id | entification number | | |
| | Address o | change | MICHIGAN REDISTRICTING RESOURCE INSTITUTE | | 20-2674360 | | | |
| Name change | | | | | | Telephone number | | |
| 닐 | Initial retu | | | 517-381-2423 | | | | |
| H | | rn/terminated | PO BOX 15173 City or town, state or province, country, and ZIP or foreign postal code | F Gro | | mption | | |
| H | Amended Application | n pending | | Number > | | | | |
| | | ting Method | LANSING, MI 48901 ✓ Cash | Check | <u> </u> | f the organization is not | | |
| | Nebsite | - | ganredistrictingresourceinstitute com | | | ach Schedule B | | |
| | | | eck only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527 | • | | 0-EZ, or 990-PF) | | |
| | | organization | | , J., | | | | |
| | | - | 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total | al accete | | | | |
| | | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ui usscts | . | | | |
| _ | | | | | 3 | 30,000 | | |
| ř | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see the | | | fior Part I) | | |
| | | | the organization used Schedule O to respond to any question in this Part | <u> </u> | $\overline{}$ | <u> </u> | | |
| | 1 | | ons, gifts, grants, and similar amounts received | | 1 | 30,000 | | |
| | 2 | Program s | ervice revenue including government fees and contracts | | 2 | | | |
| | 3 | Membersh | ip dues and assessments | | 3 | | | |
| | 4 | Investment | tincome | | 4 | | | |
| | 5a | Gross amo | ount from sale of assets other than inventory 5a | | | | | |
| | b | Less: cost | or other basis and sales expenses | | | | | |
| | c | Gain or (los | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | | | |
| | 6 | | d fundraising events FD | | | <u></u> | | |
| | а | Gross inc | | | | | | |
| ne | | \$15,000) . | ome from ganijāg (attach Schedule G if greater than | | | | | |
| Revenue | Ь | Gross inco | me from fundraising events (not including \$ of contribution | ns | | | | |
| ě | - | | aising events reported on line-1) (attach Schedule G if the | | | | | |
| <u> </u> | | sum of suc | ch gross (ncome and contributions exceeds \$15,000) 6b | | | | | |
| | | | | | | | | |
| | d | Not incom | et expenses from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b and su | btroot | | | | |
| | u | line 6c) | e or (1055) from garriing and fundraising events (add lines of and ob and so | ibliact | | | | |
| | J _ | • • • | | | 6d | | | |
| | 7a | | s of inventory, less returns and allowances | | | | | |
| | b | | of goods sold | | | | | |
| | С | | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | | | |
| | 8 | | nue (describe in Schedule O) | | 8 | | | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | <u> . </u> | 9 | 30,000 | | |
| | 10 | | similar amounts paid (list in Schedule O) | | 10 | | | |
| | 11 | | aid to or for members | | 11 | | | |
| es | 12 | Salaries, of | ther compensation, and employee benefits | | 12 | | | |
| Su | 13 | Profession | al fees and other payments to independent contractors | | 13 | 1,380 | | |
| Expense | 14 | Occupancy | y, rent, utilities, and maintenance | | 14 | | | |
| | 15 | Printing, pu | ublications, postage, and shipping | | 15 | | | |
| | 16 | | enses (describe in Schedule O) | | 16 | 303 | | |
| | 17 | Total expe | enses. Add lines 10 through 16 | . ▶ | 17 | 1,683 | | |
| Net Assets | 18 | | deficit) for the year (Subtract line 17 from line 9) | | 18 | 28,317 | | |
| | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree | e with | | 20,317 | | |
| | | | r figure reported on prior year's return) | | 19 | eez | | |
| | 20 | - | ges in net assets or fund balances (explain in Schedule O) | | 20 | 667 | | |
| | 21 | | or fund balances at end of year. Combine lines 18 through 20 | | 21 | 20.000 | | |
| For | | | | . • | 41 | 28,984 Form 990-EZ (2014) | | |
| | · upoit | | ion Act Notice, see the separate instructions. Cat No 10642 | | | 1000 000 LE (2014) | | |

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| Form | 990-ÈZ (2 | 2014) | | | | | Page 2 |
|-------|---------------|---|-------------------------------|--------------------------|-------------------------|---|--|
| Pa | rt II | Balance Sheets (see the instructions f | | | | | |
| | | Check if the organization used Schedule | O to respond to a | ny question in this | | 1 | <u>.</u> |
| | | | | } | (A) Beginning of year | | (B) End of year |
| 22 | | n, savings, and investments | | | 667 | - | 28,984 |
| 23 | | and buildings | | | | 23 | |
| 24 | | er assets (describe in Schedule O) | | | | 24 | |
| 25 | | lassets | | | 667 | _ | 28,984 |
| 26 | | Il liabilities (describe in Schedule O) . | • • • • | [| | 26 | |
| 27 | | assets or fund balances (line 27 of column | | | 667 | 27 | 28,984 |
| Par | t III | Statement of Program Service Accom | | | | l | _ |
| | | Check if the organization used Schedule | O to respond to an | ny question in this | Part III | /00 | Expenses quired for section |
| Wha | t is the | organization's primary exempt purpose? | See Schedule O | | | | (c)(3) and 501(c)(4) |
| Desc | cribe the | e organization's program service accomplis | shments for each o | f its three largest p | rogram services, | | anizations, optional for |
| | | d by expenses. In a clear and concise m | | | | oth | ers) |
| pers | ons ber | nefited, and other relevant information for ea | ch program title. | | | | |
| 28 | Protect | t the welfare of the people of Michigan by educ | cating the public in o | rder to protect the co | oncept of one | | |
| | person | one vote and the Voting Rights Act of 1965 | The organization ma | intains a website wh | ich provides | ł | |
| | up-to-c | late research, the only one of its kind with resp | ect to Michigan redi | stricting | | ł | |
| | (Grants | | includes foreign gra | | ▶ 🗆 | 288 | 168 |
| 29 | | | | | | | |
| | | | | | | | |
| | | | | | | l | |
| | (Grants | s.\$) If this amount | includes foreign gra | ints, check here | • 🗖 | 298 | , |
| 30 | <u>(Grant</u> | , ii tiilo dinodit | moldaes foreign gre | ano, one on noro | · · · · · | | <u>- </u> |
| 00 | | | | | | | |
| | | | | | | | |
| | (Grant | h ¢ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | includes foreign are | nte chook boro | | 30a | |
| 24 | 1 | ants \$) If this amount includes foreign grants, check here er program services (describe in Schedule O) | | | <u> </u> | 300 | <u> </u> |
| 31 | | | inalisaha farasan ara | onto obcolchoro | | 312 | |
| 22 | (Grants | program service expenses (add lines 28a t | includes foreign gra | | · · · • | 32 | |
| | | | | | | | |
| Par | L IV | List of Officers, Directors, Trustees, and Key | • • • | | • | nstru | ctions for Part IV) |
| | | Check if the organization used Schedule | O to respond to ar | (c) Reportable | (d) Health benefits, | | <u> </u> |
| | | (a) No see and Alle | (b) Average hours per week | compensation | contributions to employ | ee (e) | Estimated amount of |
| | | (a) Name and title | devoted to position | (Forms W-2/1099-MISC | | | other compensation |
| | | | | (if not paid, enter -0-) | deferred compensatio | <u>" </u> | |
| Jim F | lolcom |) | | | | | |
| Presi | dent | | 1 | (|) <u> </u> | 0 | 0 |
| Mary | Doster | | | | | | |
| Treas | surer | | 1 | 1,380 | 1,38 | 30 | 1,380 |
| Robe | rt LaBra | ant | | | | | |
| Secre | etary | | 1 | (| | О | 0 |
| Dave | Doyle | | | | - | 7 | |
| | Preside | nt | 1 | | | 0 | 0 |
| | | | | | | Ť | <u>-</u> |
| | | ••••••••••••••• | | | | | |
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| | • | | | | | | |

| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements | on th | ie V | |
|--------|---|------------|----------|----------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | v Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 103 | √ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a 35b | | ✓ |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ✓ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | <u> </u> |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | | _ |
| 39 | Section 501(c)(7) organizations. Enter: | 1 | , | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | · ¹ |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | √ |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization of books are in date of a lineary poster. | 17-52 | | 4 |
| b | Located at ► 2870 Dobie Rd, Mason, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 488 | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | √ |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | | ✓_ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | Yes | No |
| _ | completed instead of Form 990-EZ | 44a | | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 440 45a | | |
| b | Did the organization have a controlled entity within the meaning of section 312(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of | 734 | | |
| | Form 990-EZ (see instructions) | 45b | * | √ |

| Form 99 | 0-ÈZ (2 | 014) | | | | | | F | age 4 |
|---|---------|---|--|---|---|--|--------------|---------|-----------|
| 46 | Did t | he organization engage, directly or in | ndirectly, in political c | ampaign activities or | n behalf of o | r in opposition | on [| Yes | No |
| | to ca | ndidates for public office? If "Yes," of | complete Schedule C | , Part I | | | 46 | 1 | ✓ |
| Part | VI | Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci | s must answer que | | | mplete the | tables f | or lin | es \Box |
| | | Officer if the organization accarde | neddie O to respond | to any quodion in | ano r dic vi | <u> </u> | <u> </u> | Yes | No |
| 47 | | he organization engage in lobbying Pif "Yes," complete Schedule C, Par | | section 501(h) election | | | ax 47 | | 1 |
| 48 | | | | | | | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | 49a | ļ | ✓ |
| _ b | | es," was the related organization a se | | | | | 49b | | d ko |
| 50 | | plete this table for the organization's oyees) who each received more thar | | | | | | | |
| - | | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health contributions benefit plans, | benefits, to employee and deferred | (e) Estimate | ed amou | ınt of |
| | | | | (101110111211100111100) | compe | nsation | | | |
| None | •••• | | | | | } | | | |
| | | | | | - | | | | |
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| | | | | | | | | | |
| f | Total | number of other employees paid over | er \$100,000 | . ▶ | | | ~ | | |
| 51 | Com | plete this table for the organization',000 of compensation from the orga | s five highest compe | | contractors | who each | received | more | than |
| - | (a) | Name and business address of each independ | lent contractor | (b) Type of ser | vice | (c) C | Compensati | on | |
| None | | | | | | | <u></u> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | <u></u> | | | | |
| d | Total | number of other independent contra | ictors each receiving | over \$100.000 | > | | | | _ |
| 52 | Did 1 | the organization complete Schedu | · · | | nizations n | | a ▶□ Yes | [7] N | No. |
| | | of perjury, I declare that I have examined this r d complete Declaration of preparer (other than | | | | | wledge and | belief, | ıt ıs |
| | | Signature of officer Date | | | | | | | |
| Sign | | | | | | | | | |
| Here | | Mary Dostor, Type or print name and title | clascerer | | | | | | |
| ———Paid | | Print/Type preparer's name | Preparer's signature | Da | ate | Check [] | PTIN | | |
| Prepa | arer | | <u> </u> | | - | self-employe | 1 | | |
| Use (| | Firm's name | | | | r's EIN ▶ | | | |
| May th | e IRS | Firm's address ► discuss this return with the preparer | shown above? See | nstructions | Pho | ne no | ☐ Yes | | <u> </u> |

SCHEDÙLE 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.

20**14**

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization | | Employer identification number | | | | | |
|---|---|--------------------------------|--|--|--|--|--|
| MICHIGAN REDISTRICTING RESOURCE INSTITUTE | 20-2674360 | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| PART III Organization's Primary Exempt Purpose | | | | | | | |
| Protect the welfare of the people of Michigan by educ | eating the public in order to protect the concept of | one person, one vote | | | | | |
| Protect the welfare of the people of Michigan by educ | ating the public in order to protect the concept of | one person, one vote | | | | | |
| and the Voting Rights Act of 1965 The organization is | maintains a website (www.michiganredistrictingre | sourceinstitute.com) | | | | | |
| MM | | | | | | | |
| which provides up-to-date research on redistricting p | rıncıples. This website ıs the definitive redistricti | ng resource in Michigan. | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART I, LINE 166, OTHER EXPENSES | | | | | | | |
| THE POST OF THE EXTENSES | | | | | | | |
| Website | 168 | | | | | | |
| | | | | | | | |
| Office expenses | 135 | | | | | | |
| T A.1 | *** | | | | | | |
| Total | 303 | | | | | | |
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