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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2005** calendar year, or tax year beginning 7/01/05, and ending 6/30/06

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MICHIGAN PUBLIC EMPLOYEES SEIU LOCAL 517M Number and street (or P O box if mail is not delivered to street address) Room/suite 1026 E. MICHIGAN AVE. City or town, state or country, and ZIP + 4 LANSING MI 48912	D Employer identification no. 38-2601357
		E Telephone number
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

G Website: ▶ N/A

J Organization type (check only one) ▶ 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

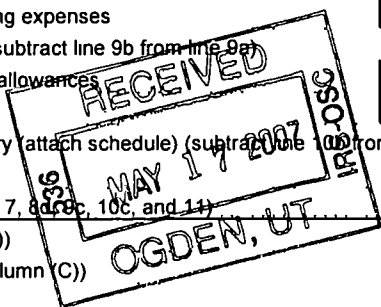
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,356,256

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a			
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d			0
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			4,341,939
	4 Interest on savings and temporary cash investments	4			5,747
	5 Dividends and interest from securities	5			367
	6a Gross rents	6a	8,777		
	b Less rental expenses SEE STATEMENT 1	6b	24,829		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			-16,052
7 Other investment income (describe SEE STATEMENT 2)	7			-574	
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			4,331,427	
13 Program services (from line 44, column (B))	13				
14 Management and general (from line 44, column (C))	14				
15 Fundraising (from line 44, column (D))	15				
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			4,831,346	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-499,919	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			-146,072	
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			-645,991	



SCANNED JUN 27 2007 Revenue

17 P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	118,912		
26	Other salaries and wages	26	1,206,336		
27	Pension plan contributions	27	181,361		
28	Other employee benefits	28			
29	Payroll taxes	29	112,543		
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	66,620		
34	Telephone	34	65,486		
35	Postage and shipping	35	44,794		
36	Occupancy	36	128,090		
37	Equipment rental and maintenance	37			
38	Printing and publications	38	73,530		
39	Travel	39	54,418		
40	Conferences, conventions, and meetings	40	1,387		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	18,936		
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	2,758,933		
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,831,346	0	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► RELATIONS AND BARGAINING

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a THE SOCIETY REPRESENTS ITS MEMBERSHIP IN EMPLOYER/EMPLOYEE RELATIONS AND COLLECTIVE BARGAINING AGREEMENTS.

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 0

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
Assets	45	Cash-non-interest-bearing		45	
	46	Savings and temporary cash investments	104,937	46	186,223
	47a	Accounts receivable	126,643		
	b	Less allowance for doubtful accounts		47b	126,643
	47b		125,646	47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48b	
	48c			48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51b	
	51c			51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments-securities SEE STATEMENT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,242	54	10,035
	55a	Investments-land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		55a	
	55b			55b	
55c			55c		
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis	884,532			
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 5		57a		
57b		338,367	57b		
57c		541,719	57c	546,165	
58	Other assets (describe SEE STATEMENT 6)	72,254	58	84,526	
59	Total assets (must equal line 74) Add lines 45 through 58	854,798	59	953,592	
Liabilities	60	Accounts payable and accrued expenses	692,661	60	1,329,246
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	308,209	64b	270,337
	65	Other liabilities (describe)		65	
66	Total liabilities. Add lines 60 through 65	1,000,870	66	1,599,583	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	-146,072	67	-645,991
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	-146,072	73	-645,991
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	854,798	74	953,592

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with columns for descriptions (a-e) and amounts. Total revenue is 4,331,427.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with columns for descriptions (a-e) and amounts. Total expenses is 4,831,346.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contnb to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 7'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 12		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.	75c	X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions.)	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
N/A			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	X	
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
90b			27
91a	The books are in care of ▶ HALL & ROMKEMA, PLC 3495 COOLIDGE ROAD Located at ▶ EAST LANSING, MI		
Telephone no ▶		517-337-8900	
ZIP + 4 ▶		48823	
b	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)?		
If " Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		
If "Yes," enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
▶		92	▶ <input type="checkbox"/>

	Yes	No
91b		X
91c		X

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,341,939
95 Interest on savings and temporary cash investments			14	5,747	
96 Dividends and interest from securities			14	367	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-16,052			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	-574	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-16,052		5,540	4,341,939
105 Total (add line 104, columns (B), (D), and (E))					4,331,427

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature:  Date: 5-7-07

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): P00014981

Firm's name (or yours if self-employed), address, and ZIP + 4: HALL & ROMKEMA, PLC
3495 COOLIDGE ROAD
EAST LANSING, MI 48823

EIN: 20-4043739

Phone no: 517-337-8900

For calendar year 2005, or tax year beginning 7/01/05, and ending 6/30/06

Name
MICHIGAN PUBLIC EMPLOYEES
SEIU LOCAL 517M

Employer Identification Number
38-2601357

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) UNITED TECHNICAL EMPLOYEES ASSOC.	
(2) NATIONAL CITY BANK	
(3) BANK ONE (MORTGAGE DEBT ASSUMED FROM	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		2/28/05	MONTHLY	5.125
(2) 285,000	1/30/04	1/31/19	MONTHLY	4.500
(3) 53,244	3/01/04	2/08/08	MONTHLY	7.250
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2) REAL ESTATE	REAL ESTATE REFINANCE
(3) REAL ESTATE	REAL ESTATE FINANCE
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	2,098	
(2)	258,083	239,083
(3)	48,028	31,254
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	308,209	270,337

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return MICHIGAN PUBLIC EMPLOYEES SEIU LOCAL 517M	Identifying number 38-2601357
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Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instr	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	179

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	15,005
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,572	5.0	HY	200DB	1,114
c 7-year property		17,462	7.0	HY	200DB	2,494
d 10-year property						
e 15-year property		4,318	15.0	HY	S/L	144
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	18,936
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

Description	Deduction
UNION HALLS	
INTEREST	4,080
CLEANING & MAINTENANCE	5,550
SUPPLIES	959
DEPRECIATION	7,133
TELEPHONE	1,412
CONTRACT/CLERICAL SERVICE	5,362
POSTAGE	333
TOTAL	<u>24,829</u>

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
UNREALIZED LOSS ON INVESTMENT	\$ -574
TOTAL	<u>\$ -574</u>

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
ARBITRATION	46,010			
TRAINING	40,596			
VEHICLE EXPENSE	12,676			
CHAPTER/DELEGATE EXPENSES	74,026			
PROFESSIONAL FEES	69,741			
DIRECTOR'S EXPENSE	66,319			
SMALL GROUPS/COMMITTEES	124,015			
CLERICAL SERVICES	602,388			
INSURANCE	259,770			
SERVICE EMPLOYEES INT'L UNION	1,425,703			
CONTINGENCY RESERVES	33,211			
POLITICAL & LEGISLATIVE	4,478			
TOTAL	<u>\$ 2,758,933</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT			
US GOVERNMENT BOND FUND	10,242	10,035	MARKET
	<u>10,242</u>	<u>10,035</u>	

Federal Statements

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDINGS AND EQUIPMENT	\$ 767,618	\$ 312,299	\$ 798,132	\$ 338,367
LAND	86,400		86,400	
TOTAL	<u>\$ 854,018</u>	<u>\$ 312,299</u>	<u>\$ 884,532</u>	<u>\$ 338,367</u>

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CASH SURRENDER VALUE OF LIFE INS	\$ 72,254	\$ 84,526
TOTAL	<u>\$ 72,254</u>	<u>\$ 84,526</u>

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	Address	Average Hours	Compensation	Benefits	Expenses
PHILLIP THOMPSON	1026 E MICHIGAN AVE EXECUTIVE VP 40		101,912	22,563	LANSING MI 0
ANN KAZANOWSKI	209 HUBBARD ST PRESIDENT 8			0	MIDLAND MI 0
DWAYNE BETCHER	2929 34TH STREET SECRETARY/TR 8		2,004	0	ALLEGAN MI 0
JACKIE ADAMS	1026 E MICHIGAN AVENUE DIVISION VP 12		10,000	0	LANSING MI 0
ROBERT BENNETT	71 CLINTON DRIVE DIVISION VP 8		1,200	0	BATTLE CREEK MI 0
DWINTS BOWMAN	3009 HAROLD DIVISION VP 8		2,560	0	SAGINAW MI 0
SANDRA AVERY	1026 E MICHIGAN AVE DIVISION VP 12			0	LANSING MI 0
JERRY KETCHUM	1887 N AURELIUS RD DIVISION VP 8			0	HOLT MI 488 0
EDWARD NOVAK	1026 E MICHIGAN AVE DIVISION VP 8			0	LANSING MI 0
LYNDA ROBERTS	1026 E MICHIGAN AVENUE DIVISION VP 8		7,000	0	LANSING MI 0
RAY CLOVER	1026 E MICHIGAN AVE EXEC. BOARD 0			0	LANSING MI 0
MIKE MANDRICK	1026 E MICHIGAN AVE EXEC. BOARD 0			0	LANSING MI 0
JOHN ECK	1026 E MICHIGAN AVENUE EXEC. BOARD 0			0	LANSING MI 0
ASSEGID MERSHA	1026 E MICHIGAN AVE EXEC. BOARD 0			0	LANSING MI 0
TOMASA HAIGHT	1026 E MICHIGAN AVENUE EXEC. BOARD 0			0	LANSING MI 0

Federal Statements

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address		Average Hours	Compensation	Benefits	Expenses
	Title					
DEB PERRY		4269 20TH SREET				DORR MI 48
	EXEC. BOARD		0	0	0	0
AMY LIPSET		1026 MICHIGAN AVE				LANSING MI
	EXEC. BOARD		0	0	0	0
WILLIAM RUHF		8633 PETERSEN NE				ROCKFORD MI
	EXEC. BOARD		0	0	0	0
JAMES MARTIN		2488 PHILO				MUSKEGON MI
	EXEC. BOARD		0	0	0	0
GLENDIA SIMON		1913 WALCOTT				SAGINAW MI
	EXEC. BOARD		0	1,000	0	0
ROBERT DAVIS		1026 MICHIGAN AVE				LANSING MI
	EXEC. BOARD		0	0	0	0
MARK STEPHENS		3808 N OLD US 27				GAYLORD MI
	EXEC. BOARD		0	0	0	0

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
94	THE MEMBERSHIP DUES ARE USED TO ADVANCE SOCIAL, ECONOMIC AND EDUCATIONAL WELFARE OF ITS MEMBERSHIP, WHICH IS COMPRISED OF PROFESSIONAL EMPLOYEES IN THE STATE OF MICHIGAN ASSIGNED TO SCIENTIFIC, ENGINEERING, LOCAL GOVERNMENT AND SCHOOL CLASSIFICATIONS. THE UNION REPRESENTS ITS MEMBERSHIP IN EMPLOYER/EMPLOYEE RELATIONS AND COLLECTIVE BARGAINING AGREEMENTS.
95	INTEREST INCOME IS INCIDENTAL TO IDLE FUNDS REQUIRED TO OPERATE.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- You are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization MICHIGAN PUBLIC EMPLOYEES SEIU LOCAL 517M	Employer identification number 38-2601357
	Number, street, and room or suite no. If a P.O. box, see instructions. 1026 E. MICHIGAN AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LANSING MI 48912	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of ▶ **HALL & ROMKEMA, PLC**

Telephone No. ▶ **517-337-8900** FAX No. ▶ **517-337-8906**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **2/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or _____
- ▶ tax year beginning **7/01/05**, and ending **6/30/06**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.