See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-EZ

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

- PROGRESS MICHIGAN

D Employer identification number

26-9900990

E Telephone number

(517) 999-3646

F Group Exemption Number


G Accounting method

- Cash
- Accrual
- Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website

www.progressmichigan.org

J Tax-Exempt status (check only one)

- 501(c)(3)
- 501(c)(4) (insert no.)
- 4947(a)(1)
- 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.


<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>164,053</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>22,313</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>Investment income</td>
<td>963</td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>Gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td></td>
</tr>
<tr>
<td>Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)</td>
<td></td>
</tr>
<tr>
<td>Less: direct expenses from gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)</td>
<td></td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td></td>
</tr>
<tr>
<td>Other revenue (describe in Schedule O)</td>
<td>2,148</td>
</tr>
<tr>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>189,477</td>
</tr>
<tr>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td>214,619</td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>15,663</td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td>205</td>
</tr>
<tr>
<td>Other expenses (describe in Schedule O)</td>
<td>21,978</td>
</tr>
<tr>
<td>Total expenses. Add lines 10 through 16</td>
<td>312,965</td>
</tr>
<tr>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td>159,516</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>Net assets or fund balances at end of year (Combine lines 18 through 20)</td>
<td>36,028</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)
Part II  Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II  .

(See the instructions for Part II )

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>159,516</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>22</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>159,516</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>159,516</td>
</tr>
</tbody>
</table>

Part III  Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III  .

What is the organization’s primary exempt purpose?

THE ORGANIZATION’S MISSION IS TO PROVIDE A STRONG CREDIBLE VOICE THAT HOLDS PUBLIC OFFICIALS AND GOVERNMENT ACCOUNTABLE, ASSISTS IN THE PROMOTION OF PROGRESSIVE IDEAS AND USES STATE-OF-THE-ART WEB-BASED NEWS MEDIA TO CREATIVELY BUILD GRASSROOTS SUPPORT FOR THE PROGRESSIVE IDEAS

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROGRESS MICHIGAN PROVIDED A STRONG, CREDIBLE VOICE FOR GOVERNMENT ACCOUNTABILITY AND THE PROMOTION OF PROGRESSIVE IDEAS FOR MORE THAN 50,000 NETWORK MEMBERS WHO USED PROGRESS MICHIGAN RESOURCES TO SEND MORE THAN 75,000 LETTERS AND OTHER COMMUNICATIONS TO GOVERNMENT OFFICIALS AND OTHER DECISION MAKERS LABOR, ENVIRONMENT, EDUCATION, HUMAN SERVICE, CIVIL LIBERTIES AND OTHER ORGANIZATIONS WITH COMBINED MEMBERSHIP OF MORE THAN 1 MILLION PEOPLE DIRECTLY BENEFITED FROM THE WORK OF PROGRESS MICHIGAN IN 2010 PROGRESS MICHIGAN HAS BEEN A LEAD ORGANIZATION IN BRINGING TOGETHER THE PROGRESSIVE COMMUNITY TO WORK FOR A COMMON ISSUE AGENDA, ESTABLISHING A LEGISLATIVE WORKGROUP OF ORGANIZATIONS AND A PROGRESSIVE LAWMAKERS CAUCUS

(Grants $ )

If this amount includes foreign grants, check here . . .  28a  272,280

29

(Grants $ )

If this amount includes foreign grants, check here . . .  29a

30

(Grants $ )

If this amount includes foreign grants, check here . . .  30a

31 Other program services (describe in Schedule O) (Grants $ )

If this amount includes foreign grants, check here . . .  31a

32 Total program service expenses (add lines 28a through 31a)  . . . . . . . .  32  272,280

Part IV  List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated  (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV  .

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-) (d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See Additional Data Table
Part V

Other Information (Note the statement requirements in the 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 activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.

- 33
- No

34. Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conforming 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
- No

35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

- 35a
- No

b. If “Yes,” has it filed a tax return on Form 990-T for this year? (see instructions).

- 35b
- No

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
- No

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.

- 37a

37b. Did the organization file Form 1120-POL for this year?

- 37b
- No

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

- 38a
- No

b. If “Yes,” complete Schedule L, Part II and enter the total amount involved.

- 38b

39. Section 501(c)(7) organizations:

- Enter

a. Initiation fees and capital contributions included on line 9.

- 39a

b. Gross receipts, included on line 9, for public use of club facilities.

- 39b

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) and 501(c)(4) 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
- No

c. Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

- 40c

41. List the states with which a copy of this return is filed.

- MI

42a. The organization’s books are in care of David Holtz, 115 W Allegan Street 7th Floor, Lansing, MI.

- Telephone no (517) 999-3646

- 48933

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.

- 42b
- No

c. At any time during the calendar year, did the organization maintain an office outside of the U S?

- 42c
- No

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

- 43

44a. Did the organization maintain any donor advised funds? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

- 44a
- No

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
- No

c. Did the organization receive any payments for indoor tanning services during the year?

- 44c
- No

d. If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

- 44d
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ

45a 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 must be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-52.

Check if the organization used Schedule D to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

(a) Name and address of each employee paid more than $100,000

(b) Title and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

50(f) Total number of other employees paid over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

(a) Name and address of each independent contractor paid more than $100,000

(b) Type of service

(c) Compensation

51(d) Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Preparer's signature: VICKIE L CROUCH Date: 2011-11-14
Preparer's taxpayer identification number (See instructions)
EIN: (517) 332-1900

May the IRS discuss this return with the preparer shown above? See instructions

Signature of officer
DAVID HOLTZ EXECUTIVE DIRECTOR

Date
2011-11-15

Type or print name and title

Preparer's signature

Preparer's taxpayer identification number

May the IRS discuss this return with the preparer shown above? See instructions
**Supplemental Information to Form 990 or 990-EZ**

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER REVENUE</td>
<td>FORM 990-EZ, PART I, LINE 8</td>
<td>REFUND 1,148 AV RENTALS 1,000 TOTAL 2,148</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>PAYMENTS TO AFFILIATES</td>
<td>FORM 990-EZ, PART I, LINE 10</td>
<td>PROGRESS MICHIGAN ACTION EDUCATION 60,500 115 W ALLEGAN ST 7TH FLOOR LANSING MI 48933</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>FORM 990-EZ, PART I,</td>
<td>EXPENSES OTHER EXPENSES ADVERTISING 908 OFFICE EXPENSES 2,838 SUPPLIES</td>
</tr>
<tr>
<td></td>
<td>LINE 16</td>
<td>748 BUSINESS EXPENSES 3,100 BUSINESS REGISTRATION FEES 21 TRAVEL AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEETINGS 6,138 TRAVEL &amp; MEETINGS CONFERENCE 1,953 TRAVEL/MEETINGS 257</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COMMUNICATIONS 6,015 TOTAL 21,978</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>OTHER LIABILITIES</td>
<td>FORM 990-EZ, PART II, LINE 26</td>
<td>FUNDS HELD ON BEHALF OF OTHERS 0 39,146 DUE TO RELATED PARTY 0 20,000</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PRIMARY EXEMPT</td>
<td>FORM 990-EZ, PART III</td>
<td>THE ORGANIZATION'S MISSION IS TO PROVIDE A STRONG CREDIBLE VOICE THAT HOLDS PUBLIC OFFICIALS AND GOVERNMENT ACCOUNTABLE, ASSISTS IN THE PROMOTION OF PROGRESSIVE IDEAS AND USES STATE-OF-THE-ART WEB BASED NEWS MEDIA TO CREATIVELY BUILD GRASSROOTS SUPPORT FOR THE PROGRESSIVE IDEAS</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>FIRST ACHIEVEMENT</td>
<td>FORM 990-EZ, PART III, LINE 28</td>
<td>PROGRESS MICHIGAN PROVIDED A STRONG, CREDIBLE VOICE FOR GOVERNMENT ACCOUNTABILITY AND THE PROMOTION OF PROGRESSIVE IDEAS FOR MORE THAN 50,000 NETWORK MEMBERS WHO USED PROGRESS MICHIGAN RESOURCES TO SEND MORE THAN 75,000 LETTERS AND OTHER COMMUNICATIONS TO GOVERNMENT OFFICIALS AND OTHER DECISION MAKERS. LABOR, ENVIRONMENT, EDUCATION, HUMAN SERVICE, CIVIL LIBERTIES AND OTHER ORGANIZATIONS WITH COMBINED MEMBERSHIP OF MORE THAN 1 MILLION PEOPLE DIRECTLY BENEFITED FROM THE WORK OF PROGRESS MICHIGAN IN 2010. PROGRESS MICHIGAN HAS BEEN A LEAD ORGANIZATION IN BRINGING TOGETHER THE PROGRESSIVE COMMUNITY TO WORK FOR A COMMON ISSUE AGENDA, ESTABLISHING A LEGISLATIVE WORKGROUP OF ORGANIZATIONS AND A PROGRESSIVE LAWSMAKERS CAUCUS.</td>
</tr>
</tbody>
</table>
TY 2010 Compensation Explanation

Name: PROGRESS MICHIGAN
EIN: 26-0900990

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID HOLTZ</td>
<td></td>
</tr>
<tr>
<td>RAY PLOWDEN</td>
<td></td>
</tr>
<tr>
<td>AMY CHAPMAN</td>
<td></td>
</tr>
<tr>
<td>CHRIS MICHALAKIS</td>
<td></td>
</tr>
<tr>
<td>ALICIA SKILLMAN</td>
<td></td>
</tr>
</tbody>
</table>
### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-.)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID HOLTZ</td>
<td>EXECUTIVE DI 1000</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115 WALLEGAN ST 7TH FLOOR LANSING, MI 48933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAY FLOWDEN</td>
<td>BOARD CHAIR 200</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115 WALLEGAN ST 7TH FLOOR LANSING, MI 48933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMY CHAPMAN</td>
<td>SECY/TREASUR 200</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115 WALLEGAN 7TH FLOOR LANSING, MI 48933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRIS MICHALAKIS</td>
<td>BOARD MEMBER 200</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115 WALLEGAN 7TH FLOOR LANSING, MI 48933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALICIA SKILLMAN</td>
<td>BOARD MEMBER 200</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115 WALLEGAN ST 7TH FLOOR LANSING, MI 48933</td>
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<td></td>
</tr>
</tbody>
</table>