				Pg 7				
		000		Return of Organization Exempt From I	ncome Tax	c		3 No. 1545-0047
For	m	990		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e				2016
		of the Treasury		Do not enter social security numbers on this form as it may			555555555555555555555555555555555555555	on to Public
Inter		venue Service		▶ Information about Form 990 and its instructions is at www.		·		ispection
<u>A</u>				rear, or tax year beginning 07/01/16, and ending 06/30	/1/		a a international disconting	
		applicable.	Name of			D Employe	er identificatio	on number
	Addres	s change	Daina hi	UNIVERSITIES		20 1	01706	7
	Name o	hange	•	isiness as and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	.84706	/
	Initial re	eturn	ONE	MICHIGAN AVE			372-9	160
	Final re termina		City or to	wn, state or province, country, and ZIP or foreign postal code				
—		Landara L	LANS			G Gross red	ceipts \$	936,453
			Name ar	id address of principal officer:	tite) in this s ar		autordinatora [Yes X No
	Applica	tion pending		ERT LEFEVRE	H(a) Is this a gr	oup return for s	supordinates?	
				MICHIGAN AVE, SUITE 950	H(b) Are all su	bordinates inc	luded?	Yes No
			LAN	SING, MI 48933	If "No	," attach a list.	. (see instructio	ons)
1	Tax-ex	empt status:		501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527				
J	Websi	ite: 🕨 ₩		ICOLLEGES.ORG	H(c) Group exe		er 🕨	
ĸ		of organization:	X Cor	poration Trust Association Other ► L	Year of formation: 1	.967	M State of I	egal domicile: MI
	art I	Sun	nmary					
	1	Briefly desc	cribe the	e organization's mission or most significant activities:				
e				COORDINATE, SUPERVISE AND FINANCE ACTIVITIES				
Activities & Governance		WELL-	BEIN	G OF THE PRIVATE INSTITUITIONS OF HIGHER LEA	RNING IN M	ICHIGA	N	
ern				<u></u>				
õ	2	Check this	sets.					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		3	26				
ies	4	Number of	er of independent voting members of the governing body (Part VI, line 1b)				26	
ivit	5	Total numb	er of inc	dividuals employed in calendar year 2016 (Part V, line 2a)		5	4	
Act				lunteers (estimate if necessary)		6	0	
				siness revenue from Part VIII, column (C), line 12				130,000
	<u> </u>	Net unrelate	ed busir	ness taxable income from Form 990-T, line 34				-10,095
		o			Prior Ye	ar	Cu	rrent Year
ne	8	Contribution	ns and g	grants (Part VIII, line 1h)	74	0 000		0
Revenue	9	Program se	ervice re	venue (Part VIII, line 2g)		<u>0,000</u> 2,035		806,000 453
Re	10	Investment	Income	(Part VIII, column (A), lines 3, 4, and 7d)		2,035 8,153		
				rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		$\frac{6,153}{6,118}$		130,000 936,453
				d lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,01	0,110		
				amounts paid (Part IX, column (A), lines 1–3)				<u> </u>
	14			for members (Part IX, column (A), line 4)		1 040		747,163
Expenses	15	Salaries, ot	ner con	npensation, employee benefits (Part IX, column (A), lines 5–10)		1,940		141,103
ens	168	a Protessiona	ai tundra	aising fees (Part IX, column (A), line 11e)				
ЦХр				xpenses (Part IX, column (D), line 25) ▶ 0	30	9,503		200 570
_				art IX, column (A), lines 11a–11d, 11f–24e)		<u>9,303</u> 1,443	1	299,570 046,733
				Id lines 13–17 (must equal Part IX, column (A), line 25)		$\frac{1,443}{5,325}$		-110,280
- 2	19	Revenue le	ss expe	nses. Subtract line 18 from line 12	Beginning of Cu			d of Year
ets o ance	20	Total assets	s (Part )	X, line 16)		1,200		904,391
Asse	21		ies (Par			3,691		75,728
Net Assets or Fund Balances	22		•	t X, line 26) balances. Subtract line 21 from line 20		$\frac{5,051}{7,509}$		828,663
	art	Sign		Block			I	
				eclare that I have examined this return, including accompanying schedules and state	ments and to the b	est of my kr	nowledge on	d helief it is
				eclaration of preparer (other than officer) is based on all information of which prepare			iomouye all	a bonor, it io

Sign	Signa	ature of office	r									Date			
Here	F	ROBERT	LEFI	EVRE					PRESID	ENT					
	Туре	or print name	and title												
	Print/Type pr	eparer's name	9			Prepa	rer's signature			Date		Check	if	PTIN	
Paid	AARON SI	EVENS				A	ausi	$M \not\subseteq$	men	01/	26/18	self-empl	loyed	P01083	181
Preparer	Firm's name	•	STEVE	ENS,	KIRIN	IÓÚI	С & Т	UCKER,	PC		Firm's	EIN 🕨	82	-173	4598
Use Only			3511	COOI	IDGE	RD	STE 1	00							
	Firm's addres	ss 🕨	EAST	LANS	SING,	MI	4882	3-6390			Phone	no.	517	-351	-6836
May the IR	S discuss t	his return	with the p	reparer s	hown abo	ve? (se	e instructio	ons)						X Yes	No
	1														100

For Paperwork Reduction Act Notice, see the separate instructions.

Pg 8	
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	1 990 (2016) MICHIGAN INDEPEND		38-1847067	Page 2
P	art III Statement of Program Servi Check if Schedule O contains		e in this Part III	
1	Briefly describe the organization's mission:			<u></u>
	TO PLAN, CONDUCT, SUPERV			
E	BEING OF THE PRIVATE INS	TITUTIONS OF HIGHE	R LEARNING IN MIC	HIGAN.
	•••••••••••••••••••••••••••••••••••••••		,	
2	Did the organization undertake any significant p	program services during the year whi	ch were not listed on the	**************************************
-	nvian Earm 000 an 000 EZO			Yes X No
	If "Yes," describe these new services on Sched		• • • • • • • • • • • • • • • • • • • •	
3	Did the organization cease conducting, or make	e significant changes in how it condu	cts, any program	
				Yes 🗶 No
	If "Yes," describe these changes on Schedule (			
4	Describe the organization's program service ac expenses. Section 501(c)(3) and 501(c)(4) orga			-
	the total expenses, and revenue, if any, for eac		intount of grants and anocations to c	ullers,
		92,737 including grants of \$		
	O PLAN, CONDUCT, SUPERV			
E	BEING OF THE PRIVATE INS	FITUITIONS OF HIGH	ER LEARNING IN MI	CHIGAN
	•••••••••••••••••••••••••••••••••••••••			
	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
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	•••••••••••••••••••••••••••••••••••••••			• • • • • • • • • • • • • • • • • • • •
4b	(Code:) (Expenses \$	including grants of \$	) (Revenı	ie \$)
				• • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••			
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40	(Code: ) (Expenses \$	including grants of \$	) (Revenu	<u>ام (</u>
40	(Code:		) (Revent	νοφ
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	······································			
4d	Other program services (Describe in Schedule (			
40	(Expenses \$ inclue Total program service expenses ►	ding grants of \$ 892.737	) (Revenue \$	)

## Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067 Part IV Checklist of Required Schedules Che

		·····	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	andidates for multip office 1 f "Mas" annulate Schoolule O. Port I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- 3		
4	election in effect during the texture of 15 11/co. Il complete School de C. Dort II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	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		x
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			
	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			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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,"			
	complete Schedule D, Part VI	<u>11a</u>	<u>X</u>	
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	<u>X</u>	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e r	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u> </u>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
1 Lu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	· = a		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2016)

# Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067 Part IV Checklist of Required Schedules (continued) 38-1847067

Page	4
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	
24a				
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 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		X
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):			
а	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
с	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		Х
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		X
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, Parts II, III,			
	or IV, and Part V, line 1	34	Х	
35a	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note, All Form 990 filers are required to complete Schedule O	38	x	i i

CHIGAN	INDEPENDENT	COLLEGES	AND	38-1847067

Forn	1 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-184	7067			F	Page <b>5</b>
P	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	/		<u></u>		
		1	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	5	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)				¥
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fil	nancial				
	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	Accour	ts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons 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				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?	1	· · · · · · · · · · · · · · · · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	_		<b>F</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		<b> </b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					per se
	sponsoring organization have excess business holdings at any time during the year?		• • • • • • • • • • • • • • • • • • •	8		
9	Sponsoring organizations maintaining donor advised funds.					<b>F</b>
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 40-1				
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
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:	44-				
a L	Gross income from members or shareholders	11a	i ii ii iii iii ii iii iii iii iii	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources					
40-	against amounts due or received from them.)	11b	<b>``</b>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	?	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.			4.2		
а			· · · · <i>·</i> · · · · · · · · · · · · · ·	13a		
F-	<b>Note.</b> 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	ا بما				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е U		14b		

### Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND Part VI Governance, Management, and Disclosure For each "Yes" r 38-1847067

Page 6

EV/	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
on A	Governing Rody and Management

14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       X         16a       X       16a       X         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       16b         Section C. Disclosure       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶ NONE       16b       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain in Schedule O)       0ther (exp	Sec	tion A. Governing Body and Management					
If the generalized fiberances in voting rights among members of the governing body, or if the generalized bread attributly 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				0.0		Yes	No
If the governing body delegated bread subonty to an executive committee or similar committee, organin is Schedule 0.      Defer the number of voltage members included in line 1a, above, who are independent      Defer the number of voltage members included in line 1a, above, who are independent      Defer the number of voltage members included in line 1a, above, who are independent      Defer the number of voltage members included in line 1a, above, who are independent      Defer the organization belogate corrido over management dulies customarky performed by or under the direct      direct organization belogate corrido over management dulies customarky performed by or under the direct      direct and offices, director, trustee, or key employees to a management duries inco the prior Form 950 was filed?      Did the organization hower eventse or stackholders?     Did the organization hower eventse or stackholders?     Did the organization hower members, or other persons who had the power to elect or appoint     ore or more members of the organization reserved to (or subject to approval by) members,     stockholders, or persons other than the governing body?     Did the organization notemprovaneously document the meetings held or writes actions undertaken during the year by the following     a The governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to act on befend of the governing body?     b Each committies with subhry to be the order actions and addresses in Schedule 0     b governing body?     b Each committies with subhry to be the order action to realized by the Intermal Revenuee Code.     vestication there any officer, director, trustee, or key	1a		1a	26	-		
committee, explain in Schedule 0.         Its         26           b         Enter the number 6 voting members included in line 1a, above, who are independent.         It         2         Z         X           2         Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?         3         X           3         Did the organization meters any significent changes to its governing documents since the per form 90 was filed?         4         X           4         Did the organization the come aware during the year of a significant diversion of the organization's assets?         5         X           5         Did the organization have members or stockholders?         6         X           6         Did the organization nave members or stockholders?         7         X           8         Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?         7         X           8         Did the organization have members?         Tota is addresser is <i>Notechande</i> 8         X           9         Is there any officer, director, trustee, or key employeed is do not written actions undertaken during the year by the following: a the governing body?         5         X           9         Is there any							
b         Enter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included in line 16, above, who are independent.         Inter the number of voting members included independent is successful to a discipation of discipation researces are of a significant disession of the organization is assats?         Inter the number of the organization researces to (or subject to approval by) members, included independent is assats?         Inter the form the organization researces to (or subject to approval by) members, included independent is and organization is assats?         Inter the organization numbers of the organization researces to (or subject to approval by) members, included independent is a discipation independent in the discipation is above, who are independent in the discipation is a discipation independent is a discipation independent in the discipation is a discipation independent independent is a discipation independent independent is a discipation independent independent independent independent is a discipation independent i							
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or duter person?       3       X         4       Did the organization bace management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or duter person?       4       X         5       Did the organization have members or stockholders?       6       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       X         8       Deft he organization the person people.       7       7       X         8       Deft he organization have members or stockholders?       7       X         9       The governing body?       7       X         8       Deft he organization have members?       5       X         9       Is there any officer, trustee, or key employee Isted in Part VII, Secton A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10         9       Did the organization				0.0			
any other officer, director, trustee, or key employee?       2       X         3       Did the organization displace control over management duikes customarily performed by or under the direct.       3       X         4       Did the organization make any significant changes to its governing documents since the pror Form 900 vas filed?       4       X         4       Did the organization have members as orthologies, or other persons who had the power to elect or appoint one or more members, stochholders, or persons who had the power to elect or appoint one or more members of the organization is the empty of the organization have members, stochholders, or persons who had the power to elect or appoint one or more members of the organization reserved to [or subject to approval by] members, stochholders, or persons other than the governing bod?       7a       X         8       Did the organization have members, stochholders, or other persons who had the power to elect or appoint one or more members, or the organization reserved to [or subject to approval by] members, stochholders, or persons other than the governing bod?       7b       X         8       Did the organization reserved to [or subject to approval by] members, stochholders, or persons other than the governing bod?       8a       X         9       Is there any differ, direct, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization row written policies and procedures governing the activities of such chapters, and filiates, and branches to ensure ther operatorian are consistent with the organization for were written policies anot required by before filing the form?			1b	26	-		
<ul> <li>3 Did the organization delegate control over management dulies customarily performed by or under the direct.</li> <li>3 x</li> <li>2 Did the organization make any significant changes to its governing documents since the prior Fom 990 was filed?</li> <li>4 x</li> <li>5 Did the organization have members or stockholders?</li> <li>6 X</li> <li>7 Did the organization have members or stockholders?</li> <li>8 X</li> <li>9 Did the organization have members or stockholders?</li> <li>9 Did the organization have members or stockholders?</li> <li>9 Did the organization have members of stockholders?</li> <li>9 Did the organization have members of stockholders?</li> <li>9 Did the organization have members of stockholders?</li> <li>9 Did the organization creating body?</li> <li>9 Did the organization creating address?</li> <li>10 Did the organization creating address?</li> <li>10 Did the organization maling address?</li> <li>10 Did the organization nature with a process and addresses and Schedule O</li> <li>11 Has the organization have withen policies and procedures governing the activities of such chapters.</li> <li>11 Has the organization nature with approximation are considered with the organization's exempt purpose?</li> <li>11 Has the organization have withen policies and procedures governing the activities of such chapters.</li> <li>12 Did the organization have withen policies and procedures governing body before filing the form?</li> <li>12 Did the organization have a withen conflict of interest policy?</li> <li>13 X X</li> <li>14 Mas tho activitie</li></ul>	2						p
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?       3       X         4       Did the organization have members, stockholders?       5       X         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the oganization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7a       X         8       Did the organization newered with the governing body?       7a       X         9       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the ognazitation reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following and the organization for more proved at a complete start of the governing body?       X         9       Is there any officer, directry, trustee, or key matrylus, leaderssee in Schedule 0.       9       X         9       Is there any officer, directry, trustee, or any enployee listed in PartVII, Section A, who cannot be resched at the organization have a written ontaxition and estimation.       9       X         9       <			• • • • • • •		2		X
4       Ud the organization make any significant charges 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?       6       X         7       Did the organization have members or stockholders?       6       X         7       Did the organization have members, stockholders?       7       X         8       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons orther than the governing body?       76       X         8       The governing body?       8a       X       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization maling address?       76       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have withen policies and zidrosses on Schedule O       9       X         9       Is there any alticular bandward addresses are darkerses and Schedule O       9       X       No         10a       X       X       No       No       No       No         10a       Did the organization have withen policies and procedures governing body before filing the form?       10a       X	3						
<ul> <li>5 Did the organization become avare during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members, stockholders?</li> <li>7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>9 Are any governance decisions of the organization reserved to (ar subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>8 The governing body?</li> <li>9 Is there any officer, director, trustee, or key penlyose listed the prave list diverse of the statement of the governing body?</li> <li>9 Is there any officer, director, trustee, or key penlyose listed the names and addresses in Schedule O.</li> <li>9 Is there any officer, director, trustee, or key penlyose listed the names and addresses in Schedule O.</li> <li>9 If Yes, "Ide organization have local chapters, branches, or affiliates?</li> <li>10 Did the organization have olicel a chapters, branches, or affiliates?</li> <li>11 A X</li> <li>12 Did the organization have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization advore filing the form?</li> <li>11 A X</li> <li>12 Did the organization nave a written toofhic of interest policy? If 'No," po to line 13</li> <li>13 Were officer, director, or trustee, and key employees required to disclase annually interests that could give rise to conflicts?</li> <li>14 X</li> <li>15 Did the organization nave a written toolmort and destruction policy?</li> <li>14 X</li> <li>15 Did the organization regulary and consistently monitor and enforce compliance with the policy? If 'Yes," describe the process in Schedule O (see instructions).</li> <li>15 Did the organization insees in schedule O (see in</li></ul>							
6       Did the organization have members or stockholders?       6       X         70       Did the organization have members, stockholders?       7       X         70       Did the organization have members, stockholders?       7       X         7       Did the organization near members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         8       Did the organization neares and storesses in Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have inderses /1 'Ves, 'movide the names and addresses in Schedule O       9       X         9       Did the organization have inceil organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to learser their organization are consistent written porticins are consistent written porticins are consistent written organization are and addresses in Schedule O.       10a       X         10       Did the organization have written policies and procedures governing body before filing the form?       11a       X         11       Has the organization have and theres policy?       11a       X       10b       12a					<u> </u>		
7a       Did the organization have members, slockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         9       Are any governance decisions of the organization reserved to (or subject to approval by) members, 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:       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization of theory and the system of the organization have local chapters, branches, or affiliates?       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       Yes       No         11a       Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization governes?       10b       11a       X         12a       Did the organization nave a written outlict of interest policy? If No," go to line for 90.       12a       X         12a       Did the organization nave a written outlict of interest policy? If No," go to line for 90.       12a       X         12a       Did the organiz	_			<i>.</i>		v	X
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, stockholders, or persons other than the governing body?     7b     X       c)     B     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     Ba     X       c)     B     Each committee with authority to act on behalf of the governing body?     Ba     X       c)     Each committee with authority to act on behalf of the governing body?     Ba     X       c)     Each committee with authority to act on behalf of the governing body?     Ba     X       c)     Each committee with authority to act on behalf of the governing body?     Ba     X       c)     Each committee with authority to act on behalf of the governing body?     Ba     X       c)     Each committee with authority to act on behalf of the governing body?     Ba     X       S)     If Yes, "any direct, furstee, or key employees issee in Schedule O     y     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes     No       10a     Did the organization provided a complete coy of this Form 900 tall members of is governing body?     10a     11a       11a     Has the organization nava avritten woritor and efforce compliance with the policy?					6	X	
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stockholders, or persons other than the governing body?     70     X       8     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8     X       9     Esch committee with authority to act on behalf of the governing body?     8     X       9     Is there any officer, director, trustee, or key employee listed in Part VII. Section A. who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).     Yes     No.       10a     Did the organization have local chapters, branches, or affiliates?     10a     X       11a     Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?     11a     X       12a     Did the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?     12a     X       12b     Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nes to conflict?     12a     X       12b     Did the organization requestion for weider and contemporaneous substantiation or tweider and approval by independent persons, (many and consistent) monitor and enforce compliance with the policy? If "Yes," did the organization requestion of the following persons include a review and approval by independent persons. (Tomariand the submation of				· · · · · · · · · · · · · · · ·	7a		X
<ul> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B Each committee with authority to act on behalf of the governing body before filing the form?</li> <li>B Each commotive a written conflict of interest policy? If 'No, 'go to line 13</li> <li>D B the organization news a written whitskelower policy?</li> <li>B Ware officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflict?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>B D Id the organization have a written whitskelower policy?</li> <li>B D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a written whitskelower policy?</li> <li>D Id the organization have a writt</li></ul>	b						v
a       The governing body?       Ba       X         b       Each committee with authority to act on behalf of the governing body?       Ba       X         b       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," groutde the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       X         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         12b       Did the organization have a written continet of interest policy?       13       X       12a       X         12b       Did the organization have a written contine and destruction policy?       14       X       12a       X         12b       Did the organization have a written contemporaneous substantiation of the deliberation and decision?       12a       X	~				/b		
b       Each committee with authority to act on behalf of the governing body?       Bb       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? ("Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes, "rovide the names and addresses in Schedule O         10a       X         It is the organization have local chapters, branches, or affiliates?       Yes         10a       X         It is the organization have written policies and procedures governing the activities of such chapters, artificates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization have a written conflict of interest policy? If "No," go to line 13       12b       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12c       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12c       X         12b       Were officers, directors, or trusteses, and key employees requi			ar by ti	ne following:		v	parati
9       Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," <i>provide the names and addresses in Schedule O</i> 9       X         Section B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )       10a       Did the organization have local chapters, branches, or affiliates?       Yes. No.         10a       Did the organization have local chapters, branches, or affiliates?       Yes. No.         11a       Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization requires the any used by the organization requires the tocold give rise to conflicts?       12a       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         13       Did the organization have a written ocument retention and destruction policy?       11a       X         14       Has the a a written ocument retention and destruction policy?       14a       X         14       Did the organization have a written document retention a							
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Section B. Policies ( <i>This</i> Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       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       X         12b       Describe in Schedule O the process; if any, used by the organization review this Form 990.       11a       X         12a       Did the organization nave a written conflict of interest policy? If "No," go to line 13       12a       X         12b       Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         12c       X       12a       X       12b       X         13       Did the organization have a written whisteblower policy?       13       X       14       X         14       Did the organization have a written whisteblower policy?       13       X       14       X         15       Did the organization investin, contribute assets to, or participate i	9						v
10a       Did the organization have local chapters, branches, or affiliates?       Image: the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       Image: the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Image: the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Image: the organization have a written conflict of interest policy? If "No," go to lime 13       Image: the organization have a written conflict of interest policy?       Image: the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"       Image: the organization have a written whistleblower policy?       Image: the organization have a written document retention and destruction policy?       Image: the organization have a written document retention and destruction policy?       Image: the organization have a written document retention and destruction policy?       Image: the organization have a written document retention and destructions.         113       X       Image: the organization in the organization of the deliberation and decision?       Image: the organization in the organization	<u> </u>						
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11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.       12a       12a       12b       12b       12b       12b       12b       12b       12b       12b       X       12a       12b       X       12a       12b       X	~				105		
<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization have a written conflict of interest policy? <i>If "Ne," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i></li> <li>12 Did the organization have a written whistlebiower policy?</li> <li>13 X</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization incest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture argements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>16b Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>         Own website Another's website Y upon request Other (explain in Schedule O)</li> <li>Describe in Schedule to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶</li> </ul>	11a					x	
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### LANSING

<u>MI 4893</u>3

517-372-9160

### Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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>(B)</b> Average hours per week (list any	bo	x, unle	Pos check ess pe	rsoni	than o is both pr/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RICHARD PAPPAS										
CHAIR	0.50	x		x				0	0	0
(2) JEFF ABERNATHY	0 50									
VICE CUATE	0.50	x		x				0	0	0
VICE CHAIR (3) MICHAEL LE ROY	0.00	<b>^</b>		^				U	0	0
TREASURER	0.50	x		x				0	0	0
(4) JEFFREY DOCKING	0.00	<b>^</b>		<u>^</u>				<u> </u>	U	V
	0.50									
IMMEDIATE PAST CHAIR	0.00	X		X				0	0	0
(5) MAURI DITZLER			ĺ							
	0.50							•	0	•
MEMBER (6) ANDREA LUXTON	0.00	X						0	0	0
(6) ANDREA HOATON	0.50									
MEMBER	0.00	x						0	0	0
(7) JUAN OLIVAREZ										
	0.50									
MEMBER	0.00	X						0	0	0
(8) BART DAIG	0 50									
MEMBER	0.50	x						0	0	0
(9) JAYSON BOYERS	0.00	<b>A</b>						V	V	<u> </u>
	0.50									
MEMBER	0.00	X						0	0	0
(10) RICHARD ROGERS										
	0.50									
MEMBER	0.00	X						0	0	0
(11) CURT GIELOW	0.50									
MEMBER	0.00	x						0	0	0
DAA			L	L	I	Ll			•	Form <b>990</b> (2016)

Form 990 (2016) MICHIGA Part VI Section A. Offic								AND 38-184 nd Highest Compensated		Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any	(d bo	o not o x, unle	(C Pos check ess pe	C) ition more rson i	than or is both a	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) JOSEPH STOW										
MEMBER	0.50	x						0	0	0
(13) PHILLIP JOH	NSON 0.50									
MEMBER	0.00	X						0	0	0
(14) JOHN KNAPP MEMBER	0.50	x						0	0	0
(15) JORGE GONZA	LEZ							¥	Ŭ	<u> </u>
MEMBER	0.50	x						0	0	0
(16) ROBERT MCMA	HAN 0.50									
MEMBER	0.00	x						0	0	0
(17) VIRINDER MO	0.50									
MEMBER (18) MICHAEL GRA	0.00 NDILLO	X						0	0	0
MEMBER	0.50	x						0	0	0
(19) ELIZABETH B									Annual (1999) - 1993 - 1993 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	
MEMBER	0.50	x						0	0	0
1b Sub-total c Total from continuation s	heets to Part VII, S	 Secti	on A	 <b>.</b>		I		260,417		73,360
d Total (add lines 1b and 1c	;)	<u></u> .						260,417		73,360
2 Total number of individuals reportable compensation from the second se				thos	e list	ted at	oove	e) who received more than	\$100,000 of	
<ul> <li>3 Did the organization list any employee on line 1a? <i>If "Ye</i></li> <li>4 For any individual listed on</li> </ul>	es," complete Schei line 1a, is the sum	<i>dule</i> . of re	<i>J for</i> porta	<i>such</i> able	<i>ind</i> com	<i>lividua</i> pensa	a/ atioi	n and other compensation	from the	3 X
organization and related org individual 5 Did any person listed on lin								·		4 X
for services rendered to the		'es, "	сот	plete	Sch	hedule	e J i	for such person		5 X
Section B. Independent Contract Complete this table for your compensation from the organization	r five highest comp	ensa	ted i	ndep tion f	end for th	ent co ne cal	ontr	actors that received more t lar year ending with or with	han \$100,000 of in the organization's tax ve	ar
	(A) and business address	đ							(B) ion of services	(C) Compensation
2 Total number of independent received more than \$100.00								e listed above) who	0	

Pa	rt V	III Stater Check	nent of Reve		itains a	response	or note to any line	in this Part VIII	· · · · · · · · · · · · · · · · · · ·	
							(A)	(B) Related or	(C)	(D)
							Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
								function revenue	revenue	under sections 512-514
nts	1a	Federated car	npaigns	1a						
Gra	b	Membership c		1b						
ts, an	С	Fundraising e		1c						
ilar	d	Related organ		1d						
Sin',	e	Government grants		_1e						
utio	t	All other contribution and similar amounts								
<u>Ot</u>	~		ns included in lines 1a-	1f	\$					
Contributions, Gifts, Grants and Other Similar Amounts	y h		es 1a-1f		• • • • • • • • •	•••••				
		Total / dd lin	<u></u>		<u></u>	Busn. Code				
veni	2a	MEMBERS	HIP DUES			611710	740,000	740,000		
Re	b	ADMINIS	TRATIVE INCO	Æ	<i>.</i>	611699	60,000	60,000		
.vice	С	AFFILIA	TE DUES			611699	6,000	6,000		
Sei	d	· · · · · · · · · · · · · · · · · · ·								
Iram	e		· · · · · · · · · · · · · · · · · · ·							
Program Service Revenue			am service rever			└ <b>▶</b>	806,000			
_	<u> </u>		es 2a–2f come (including o				808,000			
	3		lar amounts)				453			453
	4		nvestment of tax							
	5									
			(i) Real		(ii) F	ersonal				
	6a	Gross rents								
	b	Less: rental exps.								
		Rental inc. or (loss)								
	d 7a	Net rental inco Gross amount from	i) Securities	<u></u>	(ii)	Other				
		sales of assets	(i) Securites		(1)					
	b	other than inventory Less: cost or other								
		basis & sales exps.								
	с	Gain or (loss)								
	d	Net gain or (lo	ss)	,						
Pe	8a		om fundraising ever	nts						
ent.		(not including \$								
Rev			eported on line 1c).							
Other Revenue	h	Jee Part IV, line	18 penses	.a b						
ŏ			(loss) from fund		events	•				
			om gaming activities							
			19							
	b		penses							
			(loss) from gami	ing act	ivities	►				
	10a		inventory, less							
			owances							
			loods sold			<b></b>				
ŀ	C		(loss) from sales cellaneous Revenue		entory	Busn. Code				
ŀ	11a		OMP FUND ADM	IN		524292	130,000		130,000	
	b	* • • • • • • • • • • • • • • • • •	OHE FOND ADM							
	c		•••••							
	d		ue							
	е		s 11a-11d				130,000	***************************************		
	12		. See instruction				936,453	806,000	130,000	453

**Statement of Functional Expenses** 

Part IX

### Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067

### 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 (A) (B) (C) (D) Do not include amounts reported on lines 6b, Fundraising Program service Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees ..... 250,000 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 285,069 7 8 Pension plan accruals and contributions (include 101,808 section 401(k) and 403(b) employer contributions) 76,119 Other employee benefits 9 34,167 Payroll taxes 10 11 Fees for services (non-employees): Management а 7,435 b Legal 12,563 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 5,946 Investment management fees f a Other. (If line 11g amount exceeds 10% of line 25, column 94,327 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 29,675 Office expenses 13 Information technology 14 15 Royalties 65,521 16 Occupancy 36,778 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 22,421 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 11,104 Depreciation, depletion, and amortization 22 1,267 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.) PUBLIC INFORMATION/MISC 12,533 а b С d e All other expenses 1,046,733 0 0 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 following SOP 98-2 (ASC 958-720)

0

### Form 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067

Page	11

P	art )						
		Check if Schedule O contains a response or no	ote to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			74,098		81,213
	2	Savings and temporary cash investments			313,032	2	115,734
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			69,348	4	2,273
	5	Loans and other receivables from current and former	officers, direc	tors,			
		trustees, key employees, and highest compensated e	employees.				
		Complete Part II of Schedule L		ľ		5	
	6	Loans and other receivables from other disqualified p	ersons (as de	fined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(I	3), and contrib	uting employers and			
		sponsoring organizations of section 501(c)(9) volunta		10			
ŝ		organizations (see instructions). Complete Part II of S				6	
Assets	7	Notes and loans receivable, net				7	
¥\$	8	Inventories for sale or use		·····		8	
	9	Prepaid expenses and deferred charges				9	4,204
	10a	Land, buildings, and equipment: cost or					, 
			10a	68,325			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	37,183	37,690	10c	31,142
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line 11			437,032	12	669,825
	13	Investments-program-related. See Part IV, line 11		•••••••••••••••••••••••		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		•••••••••••••••••••••••••••••••••••••••		15	
	16	Total assets. Add lines 1 through 15 (must equal line			931,200	16	904,391
	17	Accounts payable and accrued expenses			11,725	17	75,728
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	• • • • • • • • • • • • • • • • • • • •			20	
	21	Escrow or custodial account liability. Complete Part I'	✓ of Schedule	D		21	
ŝ	22	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated empl					
abil		disqualified persons. Complete Part II of Schedule L	-	ſ		22	
Ξ	23		nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	4). Complete I	Part X			
		of Schedule D			21,966	25	
	26	Total liabilities. Add lines 17 through 25			33,691	26	75,728
	1	Organizations that follow SFAS 117 (ASC 958), ch		X and			
sec		complete lines 27 through 29, and lines 33 and 34					
anc	27	Unrestricted net assets			897,509	27	828,663
Fund Balances	28	Temporarily restricted net assets			28		
pu	29	Permanently restricted net assets			29		
Ъ		Organizations that do not follow SFAS 117 (ASC 9	ere 🕨 📋 and				
o		complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipm				31	
Net Assets or	32	Retained earnings, endowment, accumulated income				32	
Z	33				897,509		828,663
	34	Total liabilities and net assets/fund balances			931,200	34	904,391

******	n 990 (2016) MICHIGAN INDEPENDENT COLLEGES AND 38-1847067			Pa	ge <b>12</b>
. I Pie	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			453
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>280</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89	97,	<u>509</u>
5	Net unrealized gains (losses) on investments	5	4	11,	<u>434</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	82	28,	<u>663</u>
Pe	H XII Financial Statements and Reporting				,,
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				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," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	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	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		T		
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2016)

Easting Section & Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (contract)     We are assessed in the section of the	Form 990 (2016) MICHIGAN										Page <b>8</b>
Instruction         Image of the second state of the second state of the second state of the second state of the state of the second state of the state of	(A)	(B) (C Average Posit hours per (do not check n week box, unless pers (list any officer and a dir				(C) osition ck more than one person is both an			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation
0.50       x       0       0       0       0         0(21)       STEVEN COREY       0.50       x       0       0       0         (22)       PEG ALBERT       0.50       x       0       0       0         (22)       PEG ALBERT       0.50       x       0       0       0         (23)       BRENT ELLIS       0       0       0       0       0         (23)       BRENT ELLIS       0       0       0       0       0         (24)       ANTOINE GARIBALDI       0       0       0       0       0         MEMBER       0.00       X       0       0       0       0         (25)       STEPHANIE BERGERON       0.50       0       0       0       0         (26)       MARSHA KELLHER       0       0       0       0       0       0         (26)       MARSHA KELLHER       0.00       X       260,417       73,360       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       1       1       1       1       0       1       0 </td <td></td> <td>related organizations below dotted</td> <td>Individual trustee or director</td> <td>Institutional trustee</td> <td>Officer</td> <td>Key employee</td> <td>Highest compensated employee</td> <td>Former</td> <td></td> <td>(W-2/1099-MISC)</td> <td>organization and related</td>		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	organization and related
MEMBER       0:00       X       0       0       0         (21)       STEVEN COREY       0.50       X       0       0       0         (22)       PEG ALBERT       0.00       X       0       0       0       0         (22)       PEG ALBERT       0.50       X       0       0       0       0         MEMBER       0.00       X       0       0       0       0       0         MEMBER       0.00       X       0       0       0       0       0         (24)       ANTOINE GARIBALDI       0       0       0       0       0       0         (25)       STEPHANIE BERGERON       0.00       X       0       0       0       0         (26)       MARSHA KELLIHER       0.50       X       0       0       0       0         (27)       ROBERT       0.00       X       260,417       73,360       0       0       0       0       0       0       0       2       2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	(20) KEITH PRETTY	0 50				-					
0.50       x       0       0       0         MEMBER       0.00       x       0       0       0         MEMBER       0.00       x       0       0       0         (23)       BRENT ELLIS       0.50       0       0       0         (24)       ANTOINE GARIBALDT       0       0       0       0         (24)       ANTOINE GARIBALDT       0       0       0       0         (25)       STEPHANIE BERGERON       0       0       0       0         (26)       MARSHA       0.00       X       0       0       0         (26)       MARSHA       0.00       X       0       0       0         (27)       ROBERT       0.00       X       0       0       0       0         (27)       ROBERT       0.00       X       260,417       73,360       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	MEMBER		x						0	0	0
MEMBER       0       0       0       0       0         (22) PEG ALBERT       0.50       x       0       0       0         (23) BRENT ELLIS       0.50       x       0       0       0         (24) ANTOINE GARTBALDT       0       0       0       0       0         (24) ANTOINE GARTBALDT       0       0       0       0       0         MEMBER       0.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td>(21) STEVEN COREY</td><td>0 50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(21) STEVEN COREY	0 50									
(22)       PEG ALBERT       0.50       x       0       0       0         (23)       BRENT ELLIS       0.50       x       0       0       0         (24)       ANTOINE GARIBALDI       0       0       0       0         (24)       ANTOINE GARIBALDI       0       0       0       0         (25)       STEPHANIE BERGERON       0       0       0       0         (25)       STEPHANIE BERGERON       0       0       0       0         (26)       MARSHA       0.00       X       0       0       0         (27)       ROBERT       0.00       X       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <	MEMBER		x						0	0	0
MEMBER       0.00       X       0       0       0         (23)       BRENT ELLIS       0.50       0.00       X       0       0       0         (24)       ANTOINE GARIALDI       0       0       0       0       0       0         (24)       ANTOINE GARIALDI       0       0       0       0       0       0         (25)       STEPHANIE BERGERON       0       0       0       0       0       0         (26)       MARSHA       KELLIHER       0       0       0       0       0         (26)       MARSHA       KELLIHER       0       0       0       0       0         (26)       MARSHA       0.00       X       0       0       0       0         (27)       ROBERT       LEFEVRE       5.0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0											
(23)       BRENT ELLIS       0.50       0.50         MEMBER       0.00       x       0       0       0         (24)       ANTOTNE GARIFALDI       0.50       0       0       0       0         (25)       STEPHANIE BERGERON       0.50       0       0       0       0       0         (26)       MARSHA       0.00       0       0       0       0       0       0         (26)       MARSHA       0.00       X       0       0       0       0       0         (26)       MARSHA       0.00       X       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	MFMRFD		v						0	0	0
VEXABLER       0       0       0       0         (24)       ANTOINE GARIBALDI       0       0       0         0.50       0.00       X       0       0       0         (25)       STEPHANIE BERGERON       0       0       0       0         (26)       MARSHA KELLIHER       0       0       0       0       0         (27)       ROBERT       LEFEVRE       0       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		0.00	<u>^</u>						0	0	<u> </u>
(24) ANTOINE GARTBALDI       0.50         MEMBER       0.00       x       0       0       0         (25) STEPHANIE BERGERON       0.50       0.50       0       0       0       0         (26) MARSHA KELLIHER       0.00       x       0       0       0       0       0         (26) MARSHA KELLIHER       0.00       x       0       0       0       0       0         (27) ROBERT LEFEVRE       0.00       x       260,417       0       73,360         1b Subtotal       50.00       x       260,417       73,360         1c Total (add lines the and to)       x       260,417       73,360         2       Total (add lines to and to)       x       260,417       73,360         2       Total (add lines to and to)       x       260,417       73,360         2       Total (add lines to and to)       x       260,417       73,360         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization or financials (including but not limited to those listed above) who received more than \$100,000 df       3         3       Did the organization ist any former officer, director, or trustee, key employee, or highest compensation from the organization from the organiz	5 APRIS APR THIS.									0	
MEMBER       0.50       x       0       0       0       0         (25)       STEPHANIE BERGERON       0.50       0       0       0       0         (26)       MARSHA KELLIHER       0.50       0       0       0       0         (26)       MARSHA KELLIHER       0.50       0       0       0       0         (27)       ROBERT       LEFEVRE       0       0       0       0         (27)       ROBERT       LEFEVRE       0       0       0       0         (27)       ROBERT       LEFEVRE       0       0       0       0         (27)       ROBERT ILEFEVRE       0       0       0       73,360         c       Total fine ontinuation shets to Part VII, Section A       >       260,417       73,360         c       Total number of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization bits any former officer, director, or trustee, key employee, or highest compensated employee on line 1a, it is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0007 If "Yes," complete Schedule J for such individual for survives: complete Schedule J for such individual for survives: rendered to line 1a, its tesum of reportable compensation from the organization. Report compen			X						U	U	<u> </u>
(25)       STEPHANIE BERGERON       0.50         MEMBER       0.00       0         (26)       MARSHA KELLIHER       0.50         (27)       ROBERT LEFEVRE       0.00         (27)       ROBERT LEFEVRE       0.00         (27)       ROBERT LEFEVRE       0.00         (27)       ROBERT LEFEVRE       73,360         1b       Sub-total       260,417       73,360         1c       Total add lines to Part VII, Section A       260,417       73,360         1c       Total add lines to and to       1       1         2       Total add lines to and to       1       1         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►       1         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►       3         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a ² H ⁻ Yes, "complete Schedule J for such individual for services rendered to the organization? H ⁻ Yes, "complete Schedule J for such person.       3         3       Did the organization? H ⁻ Yes, "complete Schedule J for such person.       5		0.50									
MEXMBER       0       0       0       0       0       0         (26)       MARSHA KELLIHER       0       0       0       0       0         (26)       MARSHA KELLIHER       0       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0       0         (27)       ROBERT LEFEVRE       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			X						0	0	0
(26)       MARSHA KELLTHER       0.50       x       0       0       0         MEMBER       0.00       x       0       0       0       0         (27)       ROBERT LEFEVRE       50.00       x       260,417       0       73,360         PRESIDENT       0.00       x       260,417       0       73,360         to sub-total       260,417       73,360       73,360         c       Total (add lines to Part VII, Section A       -       -       -         d       Total (add lines to band tc)       -       -       -       -         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       Yes       No         3       Did the organization site any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3       4         6       Did the organization site and nine 1a, is the sum of reportable compensation and other compensation from the organization and related organizations are reported be conducted organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         Section B. Independent Contractors       1c complete this table for your five highe		I									
MEMBER       0       0       0       0       0         (27)       ROBERT LEFEVRE       50.00       x       260,417       0       73,360         Total structure       50.00       x       260,417       0       73,360         1b       Sub-total       >       260,417       0       73,360         1c       Total and form continuation sheets to Part VII, Section A       >       -       -       -         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organizations       Yes       No         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       -       -       -         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       -       -       -         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       -       -       -         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.			X						0	0	0
(27)       ROBERT LEFEVRE       50.00       X       260,417       0       73,360         PRESIDENT       0.00       X       260,417       0       73,360         c       Total from continuation sheets to Part VII, Section A       >       >       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	(26) MARSHA KELLIF										
PRESIDENT       50.00       x       260,417       0       73,360         1b Sub-total       260,417       0       73,360         c Total from continuation sheets to Part VII, Section A       260,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         d Total from continuation sheets to Part VII, Section A       200,417       73,360         2 Total number of individual instemation from the organization from the organization of individual instemation from the organization and related organization greater than \$100,000 of individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       1       1       1       1         1       Complete this table for your five highest compensate independent contractors		0.00	X						0	0	0
PRESIDENT       0.00       X       260,417       0       73,360         1b       Sub-total       >       260,417       0       73,360         c       Total from continuation sheets to Part VII, Section A       >       260,417       0       73,360         c       Total fadd lines 1b and 1c)       >       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	(27) ROBERT LEFEVE										
1b       Sub-total       >       260,417       73,360         c       Total from continuation sheets to Part VII, Section A       >       >       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - </td <td>PRESIDENT</td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>260,417</td> <td>0</td> <td>73,360</td>	PRESIDENT				x				260,417	0	73,360
d Total (add lines 1b and 1c)       ▶         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes No         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         1       Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)         (A)       Name and business address       Description of services       Complersation         (B)       Name and business address       Description of services       Complersation							I	V	260,417		73,360
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Teor any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes, "complete Schedule J for such individual     For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual     Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual     for any person listed to the organization? If "Yes," complete Schedule J for such person     Section B. Independent Contractors     Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.     (B)     Name and business address     Description of services     (C)     (C)     (C)     (C)     (C)     (D)     (D)		•					 				
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (in	cluding but not li	mite					oove	e) who received more than	\$100,000 of	
employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       5       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       Name and business address       Description of services       Compensation											Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (B) Description of services	employee on line 1a? If "Yes,"	complete Sched	lule .	J for	such	n ind	lividua	aİ.,			3
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       0         Description of services       Compensation         (B)       (C)         Name and business address       0         (B)       (C)         (C)       (C) <td>organization and related organ</td> <td>izations greater</td> <td>than</td> <td>\$15</td> <td>0,00</td> <td>0? <i>l</i>i</td> <td>f "Yes</td> <td>," с</td> <td>omplete Schedule J for su</td> <td></td> <td>4</td>	organization and related organ	izations greater	than	\$15	0,00	0? <i>l</i> i	f "Yes	," с	omplete Schedule J for su		4
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Compensation	5 Did any person listed on line 1	a receive or acci	rue c	:omp	ensa	ation	from	an	y unrelated organization or		
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       (C)       (C)         Image: Compensation of services       Compensation       (C)       (C)         Image: Compensation of services       Compensation       (C)       (C)       (C)         Image: Compensation of services       Image: Compensation       (C)       (C)       (C)       (C)         Image: Compensation of services       Image: Compensation       Image:			es,"	com	olete	Sch	nedule	9 J 1	for such person	· · · · · · · · · · · · · · · · · · ·	5
(A) Name and business address     (C) Compensation	1 Complete this table for your fiv	e highest compe									
			mpe	ensai		or tr	ie cal	ena			
Total number of independent contractors (including but not limited to those listed above) who		business address							Descript		Compensation
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who											
Total number of independent contractors (including but not limited to those listed above) who									28020000000000000000000000000000000000		
Total number of independent contractors (including but not limited to those listed above) who											
2 Total number of independent contractors (including but not limited to those listed above) who											
received more than \$100,000 of compensation from the organization <b>b</b>									se listed above) who		

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SCHEDULE C	Political C	ampaign and Lobb	ying Activit	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exen	npt From Income Tax Under s	section 501(c) an	d section 527	2016
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization</li> <li>Information about Schedule 0</li> </ul>	C (Form 990 or 990-EZ) and its in	structions is at w		Open to Public Inspection
	ed "Yes," on Form 990, Part IV, lir		line 46 (Political	Campaign Activities),	then
	zations: Complete Parts I-A and B. I an section 501(c)(3)) organizations:		v. Do not complet	to Dort I P	
<ul> <li>Section 527 organization</li> </ul>			w. Do not complet		
•	ed "Yes," on Form 990, Part IV, lir	ie 4, or Form 990-EZ, Part VI,	line 47 (Lobbyin	g Activities), then	
<ul> <li>Section 501(c)(3) organiz</li> </ul>	zations that have filed Form 5768 (e	lection under section 501(h)): (	Complete Part II-A	. Do not complete Parl	II-B.
	zations that have NOT filed Form 57	•		•	
	ed "Yes," on Form 990, Part IV, lir	ie 5 (Proxy Tax) (see separate	e instructions) o	r Form 990-EZ, Part V	line 35c (Proxy
Tax) (see separate instruct	ions), then (6) organizations: Complete Part III				
	CHIGAN INDEPENDEN			Employer iden	tification number
	IVERSITIES			38-18470	
Part I-A Complete	if the organization is exem	npt under section 501(c	) or is a section	on 527 organizati	on.
-	of the organization's direct and indire	ect political campaign activities	in Part IV. (see in	structions for	
definition of "political c				<b>.</b> .	
	vity expenditures (see instructions)	* * * * * * * * * * * * * * * * * * * *			
	itical campaign activities (see instruent if the organization is exem			· · · · · · · · · · · · · · · · · · ·	
	ly excise tax incurred by the organiz			▶ \$	·····
2 Enter the amount of ar	y excise tax incurred by organizatio	n managers under section 495	5	▶ \$	· · · · · · · · · · · · · · · · · · ·
	rred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a Was a correction made					Yes No
b If "Yes," describe in Pa Part I C Complete	e if the organization is exem	nt under section 501/c	ovcont soct	ion 501(o)(2)	
unimitantimate v	tly expended by the filing organization			1011 301(0)(3).	
				▶ \$	
	e filing organization's funds contribu			••••••	• • • • • • • • • • • • • • • • • • • •
527 exempt function ac	ctivities			▶ \$	· · · · · <i>·</i> · · · · · · · · · · · · ·
•	expenditures. Add lines 1 and 2. En	ter here and on Form 1120-PO	L,		
			• • • • • • • • • • • • • • • • • • • •	▶\$	
	on file Form 1120-POL for this year esses and employer identification n			one to which the filing	Yes No
	ments. For each organization listed				
	contributions received that were pro				
as a separate segregat	ted fund or a political action commit	tee (PAC). If additional space is	s needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-,	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)				-	
· ·					
(2)					
(3)					
(4)					
N 7/					
(5)					
(6)					
		J		1	

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

Schedule C (Form 990 or 990-EZ) 2016

WITTERFORMERTER	AN INDEPENDENT COLLEGES AN	D 38-184706	7 Page <b>2</b>
	tion is exempt under section 501(c)(3) a	nd filed Form 5768 (el	ection under
<u>section 501(h)).</u>			
	i belongs to an affiliated group (and list in Pa		oup member's
name, address, EIN, e	xpenses, and share of excess lobbying expe	enditures).	
B Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	ying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
	gislative body (direct lobbying)		·····
c Total lobbying expenditures (add lines 1a an	d 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add line	s 1c and 1d)		
f Lobbying nontaxable amount. Enter the amo	unt from the following table in both		
columns.			
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.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)		

h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year? .....

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 Expendit	ures During 4-Year	<b>Averaging Period</b>		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Yes

No

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90 or 990-EZ) 2016	MICHIGAN	INDEPENDENT	COLLEGES	AND	38-1847067

### Schedule C (Form 99 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

		(	a)		(b)	)	
	," response on lines 1a through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No		Amo	unt	
legislation	<ul> <li>year, did the filing organization attempt to influence foreign, national, state or local</li> <li>, including any attempt to influence public opinion on a legislative matter or</li> <li>m, through the use of:</li> </ul>						
	or management (include compensation in expenses reported on lines 1c through 1i)?						
d Mailings f	rertisements? o members, legislators, or the public? ns, or published or broadcast statements?						
<ul> <li>f Grants to</li> <li>g Direct cor</li> </ul>	other organizations for lobbying purposes?						
i Other act							
2a Did the a	l lines 1c through 1i						
c If "Yes," e	nter the amount of any tax incurred by organization managers under section 4912						
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 50(501(c)(6).	01(c)(5),	or se	ection			
						Yes	No
	stantially all (90% or more) dues received nondeductible by members?				1	<u>X</u>	ļ
2 Did the or	ganization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3 Did the or	ganization agree to carry over lobbying and political campaign activity expenditures from the prior y				3		X
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	," OR (b			line	3, is	
1 Dues, ass	essments and similar amounts from members		1				
	S2(e) nondeductible lobbying and political expenditures <b>(do not include amounts of</b> expenses for which the section 527(f) tax was paid).						
•	ar		2a				
	from last year		2b				
<b>T</b> ( )			2c				
	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• • • • • • • • •	3				
	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
excess do	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying al expenditure next year?		4				
5 Taxable a	nount of lobbying and political expenditures (see instructions)		5				
Part IV	Supplemental Information						
Provide the des	criptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); F	Part II-A, Iir	nes 1 a	and			
2 (see instructio	ns); and Part II-B, line 1. Also, complete this part for any additional information.						
				• • • • • • • • • •			

.....

Schedule C (Form 990 or 990-EZ) 2016 MICHIGAN INDEPENDENT COLLEGES AND

Part IV	Supplemental Information (continued)
,	
<u>.</u>	

38-1847067

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SCH	HEDULE D	Supplemental	Financial Statements		OMB No. 1545-0047
(Fo	rm 990)	Complete if the organiz	ation answered "Yes" on Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2016
	tment of the Treasury	► Atta	ich to Form 990.		Open to Public
·····	al Revenue Service	Information about Schedule D (Form Schedule D)	990) and its instructions is at www.irs.		Inspection
	of the organization	EPENDENT COLLEGES AND		Employer identifica	tion number
	NIVERSITIES			38-18470	)67
Pe		tions Maintaining Donor Advised Fu		Accounts.	
	Complete	if the organization answered "Yes" on I		·····	
	<b>T</b> (1-1) (1-1)		(a) Donor advised funds	(b) Funds a	and other accounts
1 2	Total number at end o	t year ntributions to (during year)			
2		ants from (during year)			
4	Aggregate value of gr	d of year			
5		form all donors and donor advisors in writing tha			
	funds are the organiza	ation's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization in	form all grantees, donors, and donor advisors in	writing that grant funds can be used		
		poses and not for the benefit of the donor or done			
		ble private benefit? ation Easements.			Yes No
		if the organization answered "Yes" on I	Form 990, Part IV, line 7.		
1		ation easements held by the organization (check			
	· · · ·	nd for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area	
	Protection of natur	ral habitat	Preservation of a certified histor		
	Preservation of op	en space			
2	Complete lines 2a thro easement on the last of	bugh 2d if the organization held a qualified conse	rvation contribution in the form of a cons	·····	
а					the End of the Tax Year
a b	Total acreage restricte	ervation easements ed by conservation easements		<u>2a</u> 2b	
c	Number of conservation	on easements on a certified historic structure incl	uded in (a)	<u>20</u> 2c	
d		on easements included in (c) acquired after 8/17/			
			·	2d	
3	Number of conservation	on easements modified, transferred, released, ex			
	tax year 🕨				
4		re property subject to conservation easement is I			
5		have a written policy regarding the periodic mon			Yes No
6		ement of the conservation easements it holds? urs devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation a		Lunul Lunul
U		are devoted to monitoring, inspecting, nandling o		easements during	ule year
7	Amount of expenses in	ncurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation ease	ments during the y	/ear
	▶\$			<b>C</b> <i>I</i>	
8		on easement reported on line 2(d) above satisfy t		.,	[]
_		B)(ii)?			Yes No
9		ow the organization reports conservation easem clude, if applicable, the text of the footnote to the	•		
		ing for conservation easements.	organization's mancial statements that t	describes the	
Pa	rt III Organiza	tions Maintaining Collections of Art, if the organization answered "Yes" on F	Historical Treasures, or Other Form 990, Part IV, line 8.	Similar Asset	s.
		cted, as permitted under SFAS 116 (ASC 958), n		balance sheet	
	-	treasures, or other similar assets held for public	-		
	public service, provide	, in Part XIII, the text of the footnote to its financi	al statements that describes these items		
b		sted, as permitted under SFAS 116 (ASC 958), to			
		treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	
		the following amounts relating to these items:		▶ ♠	
	(i) Revenue included (ii) Assets included in	on Form 990, Part VIII, line 1		►\$ ► ¢	
2		eived or held works of art, historical treasures, or	other similar assets for financial gain, pr	► Ψ ovide the	
-	-	uired to be reported under SFAS 116 (ASC 958)		- 140 110	
а		Form 990, Part VIII, line 1	-	▶ \$	
b	Assets included in For	m 990, Part X		🕨 💲	
For F	aperwork Reduction /	Act Notice, see the Instructions for Form 990.		Sche	dule D (Form 990) 2016

For Paperwork Reduction	Act Notice,	see the	Instructions	for Form	99
DAA					

Sche	edule D (Form 990) 2016 MICHIG	AN INDEPENDE	NT COLLEGE	S AND	38-18470	)67	Page <b>2</b>
P	art III Organizations Maintai	ning Collections o	of Art, Historical	Treasures,	or Other Sim	ilar Asset	s (continued)
3	Using the organization's acquisition, acc collection items (check all that apply):	cession, and other recor	ds, check any of the f	ollowing that a	are a significant us	e of its	
а	Public exhibition	d	Loan or exchange p	rograms			
b		e	Other				
с	Preservation for future generations	L			• • • • • • • • • • • • • • • • • • • •		
4	Provide a description of the organization XIII.	n's collections and expla	in how they further the	e organization	's exempt purpose	e in Part	
5	During the year, did the organization sol	icit or receive donations	of art historical treas	ures or other	similar		
-	assets to be sold to raise funds rather th						Yes No
P	art IV Escrow and Custodial						
*******	Complete if the organiza	-	s" on Form 990, F	art IV, line	9, or reported	an amoun	t on Form
	990, Part X, line 21.				•		
1a	a Is the organization an agent, trustee, cu	stodian or other interme	diary for contributions	or other asse	ets not		
	included on Form 990, Part X?						. Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the f	ollowing table:				· · · · · · · · · · · · · · · · · · ·
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е						1e	
	Ending balance						
	Did the organization include an amount						
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has been	provided on P	art XIII		<u></u>
	Endowment Funds.				<i></i>		
	Complete if the organiza						
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Ti	ree years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
С	Net investment earnings, gains, and						
	losses						
	Grants or scholarships	,					
е	Other expenditures for facilities and						
	programs	·					
	Administrative expenses						
-	End of year balance						
2	J	-	ce (line 1g, column (a	)) held as:			
	Board designated or quasi-endowment						
	<ul> <li>Permanent endowment ▶</li> <li>Temporarily restricted endowment ▶</li> </ul>	, ⁷⁰ %					
L	The percentages on lines 2a, 2b, and 2c						
3 3	Are there endowment funds not in the po		ration that are hold an	d administora	d for the		
54	organization by:			u auministere			Yes No
	(i) unrelated organizations						
	(ii) related organizations				••••••••••••••••••	•••••	3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	anizations listed as requ	ired on Schedule R?	• • • • • • • • • • • • • • • • • • •	•••••••••••••••••	•••••	
4	Describe in Part XIII the intended uses of					• • • • • • • • • • • • • • •	
Pa	Land, Buildings, and E		lowine in the local sector is a sector of the local sector is a sector is a sector of the local sector is a sector is a sector of the local sector is a sector of the local sector is a sector of the local sector is a sector is a sector of the local sector is a sector is a sector is a se				
	Complete if the organiza		s" on Form 990. P	art IV. line	11a. See Form	990, Part	X, line 10.
	Description of property	(a) Cost or other		r other basis	(c) Accumulate		(d) Book value
		(investment		her)	depreciation		
1a	Land						
	Buildings						
c	Leasehold improvements			8,545	5	,253	3,292
	Equipment			59,780		,930	27,850
	Other						
	II. Add lines 1a through 1e. (Column (d) m		rt X, column (B), line	10c.)		►	31,142

Schedule D (Form 990) 2016

Pa	26

ZAN	INDEPENDENT	COLLEGES		3
JHIN	TNDEFENDENT	COTTEGE2	AND	

Schedule D (F		OLLEGES AND	38-1847067	Page <b>3</b>
Part VII	Investments—Other Securities.		14h 0 - E 000 E	
	Complete if the organization answered "Yes" on F			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Einensiel d				
(1) Financial u	erivatives Id equity interests			
	JTUAL FUNDS	669,825	MARKET	
• • • • • • • • • • • • • • • • • • • •		005,025		
(C)	• • • • • • • • • • • • • • • • • • • •			
(D)	•			
(E)	•••••••••••••••••••••••••••••••••••••••			
(F)				
(G)	·····		******	
(H)				
• • • • • • • • • • • • • • • • •	(b) must equal Form 990, Part X, col. (B) line 12.) ►	669,825		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	ar market value
(1)	· · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d. See Form 990, F	
(4)	(a) Description	kinnii		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.			
*******	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11e or 11f. See Form	990. Part X.
	line 25.			, ,
1.	(a) Description of liability	(b) Book value		
· · · · · · · · · · · · · · · · · · ·	ncome taxes			
(2)				
(3)				
(4)				
(5)				

Total. (Column (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 ... DAA

(6) (7) (8) (9)

Sche	dule D (Form 990) 2016 MICHIGAN INDEPENDENT COLLEGES		38-184706		Page 4
P	Reconciliation of Revenue per Audited Financial Stateme			turn.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	e 12a.		077 007
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • •		1	977,887
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	20	41,434		
a b	Net unrealized gains (losses) on investments	2a 2b	41,434		
b	Donated services and use of facilities	20 2c			
c d	Recoveries of prior year grants	20 2d			
e	Other (Describe in Part XIII.)	<u></u>		2e	41 434
3	Add lines 2a through 2d	• • • • • • • • • • • • • • • •		3	<u>41,434</u> 936,453
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		• • • • • • • • • • • • • • • • • • • •	<b>J</b>	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	936,453
·····	Reconciliation of Expenses per Audited Financial Statem				
	Complete if the organization answered "Yes" on Form 990, P			(oturni	
1	Total expenses and losses per audited financial statements			1	1,046,733
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	·		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,046,733
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			
D	Other (Describe in Part XIII.)	4D			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	
С	Add lines to and the			4c 5	1,046,733
с 5 Ра	Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         It XIII         Supplemental Information.	· · · · · · · · · · · · · · · · · · ·		5	
с 5 Ра	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	· · · · · · · · · · · · · · · · · · ·		5	
c 5 Provi	Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         It XIII         Supplemental Information.	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	
c 5 Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b ar	nd 2b; Part V, line 4; P	5	

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Schedule [ Part XI	) (Form 990) 20	016 MICHIC	GAN INDEPE ation (continue	NDENT CC	LLEGES	AND	38-1847067	Page <b>5</b>
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		Pg 29					
SCł	HEDULE J	Com	pensation Information	1	OMB No.	1545-0	047
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				20	16	
			Compensated Employees zation answered "Yes" on Form 990, Part IV, li	ine 23.			
	tment of the Treasury		Attach to Form 990.		Open (	o Put actioi	*****
	al Revenue Service	ICHIGAN INDEPENDENT	(Form 990) and its instructions is at www.irs.,				
Name	5	NIVERSITIES		Employer identification 38-184706			
Pa		s Regarding Compensation		100 00000			
					640444444	Yes	No
1a			of the following to or for a person listed on Form				
			any relevant information regarding these items.				
	First-class or char		Housing allowance or residence for persona Payments for business use of personal resid				
	·	n and gross-up payments	<b>X</b> Health or social club dues or initiation fees	lence			
	Discretionary sper		Personal services (such as, maid, chauffeur	, chef)			
b		-	n follow a written policy regarding payment				p
	•	rovision of all of the expenses described	· · · ·				
	explain	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	1b	X	
2	Did the organization re	equire substantiation prior to reimbursing	or allowing expenses incurred by all				
-	-		Director, regarding the items checked in line				
		-			2	X	
3	•	of the following the filing organization us	•				
	=		o not check any boxes for methods used by a				
	Compensation cor	establish compensation of the CEO/Exemptitee	Image: Second Part Market Se				
		pensation consultant	X Compensation survey or study				
	Form 990 of other		X Approval by the board or compensation com	imittee			
			_				
4			Section A, line 1a, with respect to the filing				
-	organization or a relate	-					
		payment or change-of-control payment?	alified retirement plan?		4a 4b		X X
		ve payment from, an equity-based comp			4c		X
			pplicable amounts for each item in Part III.				
_		s), 501(c)(4), and 501(c)(29) organization	-				
5		Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any				
а		ent on the revenues of:			5a		
b	Any related organization	n?		• • • • • • • • • • • • • • • • • • • •	5b		
	If "Yes" on line 5a or 5	b, describe in Part III.					
6	•	Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any				
_		ent on the net earnings of:					
	The organization?	nr?			6a 6b		
D	If "Yes" on line 6a or 6	b. describe in Part III.					
7		Form 990, Part VII, Section A, line 1a, di					
	payments not describe	ed on lines 5 and 6? If "Yes," describe in	Part III		7		
8	•	•	crued pursuant to a contract that was subject				
		xception described in Regulations sectio			8		
		•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •	ð		
9	If "Yes" on line 8, did th	he organization also follow the rebuttable	e presumption procedure described in				
	Regulations section 53	3.4958-6(c)?		<u></u>	9		
For F		Act Notice, see the Instructions for Fo			nedule J (F	orm 99	0) 2016

Schedule J (Form 990) 2016

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# 38-1847067 MICHIGAN INDEPENDENT COLLEGES AND Schedule J (Form 990) 2016

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

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 1009-MISC compensation (c) Beitement and for the relation (c) Beitement and (n) Montevelte (c) and for relation	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Refirement and			(E) Communication
(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
ROBERT LEFEVRE (0)	260,41	00	00	30,000	43,360	333,777	
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7, and 8, and for Part II. Also complete this part	
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.
Provide	for any

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Schedule J (Form 990) 2016

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) 2016 Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization MICHIGAN INDEPENDENT COLLEGES AND Employer identification number UNIVERSITIES 38-1847067 FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THERE ARE TWO TYPES OF MEMBERS FOR THE TAX YEAR - REGULAR MEMBERS AND AFFILIATE MEMBERS. REGULAR MEMBERS HAVE VOTING RIGHTS. AFFILIATE MEMBERS DO NOT HAVE VOTING RIGHTS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING. THE FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANY AND ALL TRANSACTIONS ARE APPROVED AND MONITORED BY THE ASSOCIATION PRESIDENT. AT THE ANNUAL BOARD MEETING, THE BOARD REVIEWS THE POLICY AND **REQUIRES THE MEMBERS TO EXECUTE THAT YEAR'S DISCLOSURE DOCUMENT** FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE SALARY OF THE ASSOCIATION PRESIDENT IS SET THROUGH CONTRACT NEGOTIATION WITH THE EXECUTIVE COMMITTEE BOARD BASED ON A COMPENSATION STUDY CONDUCTED BY AN INDEPENDENT PARTY USING COMPARABILITY DATA. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE SALARY OF KEY EMPLOYEES IS SET THROUGH CONTRACT NEGOTIATION WITH THE EXECUTIVE COMMITTEE BOARD BASED ON A COMPENSATION STUDY CONDUCTED BY AN INDEPENDENT PARTY USING COMPARABILITY DATA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization

MICHIGAN INDEPENDENT COLLEGES AND	38-1847067
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AN	D FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAI	REVIEW PROCESS
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR BOTH T	HE SELECTION OF AN
INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE AUDIT	PROCESS.
	PAGE 1 OF 1

Page 2

Employer identification number

SCHEDULE R (Form 990)	Related Organ	anizations and Unrelated Partnerships	d Unrelated I	Jartnerships	(0)		OMB No. 1545-0047
	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	on answered "Yes" on Form 9. ► Attach to Form 990.	on Form 990, Part Form 990.	IV, line 33, 34, 35t	), 36, or 37.		2016
Department of the Treasury Internal Revenue Service	▶ Information about Schedule R (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	iule R (Form 990) ar	nd its instructions	is at www.irs.gov/	form990.		Upen to Public Inspection
Name of the organization	MICHIGAN INDEPENDENT COLLEGES AND UNIVERSITIES					Employer identificatio 38-1847067	Employer identification number 38–1847067
Part I Identific	Identification of Disregarded Entities Complete if the or	organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part IV	/, line 33.		
Name	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(1)							
		,					
(5)							
	intersection of Related Tax-Exempt Organizations $\mathbb{C}^n$	- Jumplete if the orc	tanization answi	ared "Yes" on F		Complete if the organization answered "Yes" on Form 990 Part IV line 34 herause it had	it had
	one or more related tax-exempt organizations during the tax year.	ax year.					
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes NO
(1)							
(2)							
(3)							
(4)							
(5)							
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2016

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part if it is a province of the first one of the organizations that as a partnership during the tax year.	ns Taxable as anizations treat	a Partnership	series 100/ Ship Complete if the artnership during the	organization tax year.	answered "Yes"	on Form 990,	Part IV, line 3	4	Page 2
(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)	al Direct controlling sile entity or or ry)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assels	(h) Dispro- portionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
						Г			
part IV line 34 because it had one or more related organizations treated as a corporation or I rust Complete if the organization answered line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ons I axable as ated organizatio	a Corporation ns treated as a	or Irust Comp corporation or t	llete if the or rust during the	janization answei e tax year.	red "Yes" on F	"Yes" on Form 990, Part IV	t I<,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
(1)MICU WORKERS' COMP FUND ONE MICH AVE STE 950 LANSING MI 48933		5						<u>&gt;</u>	Yes No
	- THEY OCHT	TE	N/A	ر					*
				-			Schedule R (Form 990) 2016	K (Form 9	<b>90) 2016</b>

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anization answered "Yes" on Form 990. Part IV. line 34. 35b.
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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	wered "Yes" on For	m 990, Part IV, line	34, 35b, or 36.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE	Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more relat	s with one or more related organizations listed in Parts II-IV?	n Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	)			1a	×
b Giff grant or capital contribution to related organization(c)					<b>&gt;</b>
				2,	<  >
					*
d Loans or loan guarantees to or for related organization(s)				1d	X
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				16	×
: 👝	• • • • • • • • • • • • • • • • • • • •				×
Purchase of assets from related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		2 4	×
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J Lease or lacinities, equipment, or other assets to related organization(s)		•		-	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)				1I X	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
o Sharing of naid employees with related orcanization(s)				e e	<b>×</b>
				2	
				1p	×
<b>q</b> Reimbursement paid by related organization(s) for expenses		•		19	×
r Other transfer of cash or property to related organization(s)				1r	×
s Other transfer of cash or property from related organization(s)				1s	x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ne, including covered re	elationships and transacti	on thresholds.		
(a)	(q)	(c)	(q)		
Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	ount involved	
(1) MICH WORKERS' COMPENSATION FIND	ŀ	130 000	BCTTAL BMOUNT		
	Ŧ		TNOOME HEATON		
(2)					
(3)					
(4)					
Ĩ					
(5)					E.
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Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 MICHIGAN INDEPENDENT C	COLLEGES AND	QN	38-1847067	67					
Part VI Unrelated Organizations Taxable as a Pa	irtnership Co	omplet	e if the orgar	nization	artnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	on Form 990,	Part IV, lin	e 37.	
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	through which regarding exclu	the orga ision for	inization conduc certain investm	sted more ient partn	than five percent of erships.	its activities (mea	sured by tota	l assets	
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene Mana parti
		country)	sections 512-514)	Yes No			Yes No		Yes
(1)									
					and the second				
(2)									
(3)									
(4)									
(5)									

(a) Name address and FIN of entity	(b) Primary activity	(c)	(d) Predominant	(e) Are all partners		(g) Sharo of	(h) Disproportionato	1	()	(k)
		domicile (state or foreion	income (related, unrelated, excluded from tay under	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)	sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)	2									
(3)										
(4)										
	:									
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Schedule R (Form 990) 2016

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Part VII	Suppleme	ntal Information	· · · · · · · · · · · · · · · · · · ·			R (See instructions).	
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