

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SOUTHWESTERN MICHIGAN ECONOMIC GROWTH ALLIANCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
333 NORTH 2ND STREET

City or town, state or province, country, and ZIP or foreign postal code
NILES, MI 49120

D Employer identification number
38-2433621

E Telephone number
(269) 683-1833

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: www.southwesternalliance.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 95,585

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

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	70,413	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	25,110	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	113,652
4	Investment income	4	62	13	Professional fees and other payments to independent contractors	13	2,984
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	6,000
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	3,205
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	22,725
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	148,566
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-52,981
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	96,017
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-155
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,881
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,585				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of DENNIS CORRELL SR Telephone no (269) 683-1833 Located at 333 NORTH 2ND ST STE 302 NILES, MI ZIP + 4 49120

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here Signature of officer	2019-05-08 Date
BARKLEY GARRETT Executive Dir Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID P ARANOWSKI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00240735
	Firm's name ▶ Aranowski & Company			Firm's EIN ▶ 35-2151701	
	Firm's address ▶ 212 E Lasalle Ave Ste 220 South Bend, IN 466172799			Phone no (574) 289-4821	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 38-2433621

Name: SOUTHWESTERN MICHIGAN ECONOMIC
GROWTH ALLIANCE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 WORK IN PROMOTING INDUSTRIAL RETENTION AND THE CREATION OF JOBS IN THE GREATER NILES AREA ATTRACT NEW BUSINESS AND PROVIDE THE NECESSARY SUPPORT SERVICES THAT WILL ENABLE THE NEW BUSINESSES TO OBTAIN AVAILABLE BUSINESS START-UP ASSISTANCE PROGRAMS ASSIST CURRENT BUSINESSES IN EXPANSION AND OTHER GRANT OR ABATEMENT OPPORTUNITIES (Grants \$ 147,617)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID EIFLER President	2 00	0		
SARA SENICA Secretary/Treas	2 00	0		
SCOTT TYLER Vice President	2 00	0		
DR DAN APPELGATE BOARD MEMBER	2 00	0		
MARK CARBONEAU BOARD MEMBER	2 00	0		
PETER CARPENTER President & CEO	2 00	0		
TROY CLAY BOARD MEMBER	2 00	0		
BARB CRAIG BOARD MEMBER	2 00	0		
TIM DYER BOARD MEMBER	2 00	0		
JERRY FRENCH BOARD MEMBER	2 00	0		
ROBERT HABICHT BOARD MEMBER	2 00	0		
TED HALBRITTER III BOARD MEMBER	2 00	0		
LAUREN HAMEL MD BOARD MEMBER	2 00	0		
ED HAMILTON BOARD MEMBER	2 00	0		
BRENDA HESS BOARD MEMBER	2 00	0		

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STEVE HICKS BOARD MEMBER	2 00	0		
RIC HUFF BOARD MEMBER	2 00	0		
JOHN JANICK BOARD MEMBER	2 00	0		
JAMES KEENAN BOARD MEMBER	2 00	0		
SHELLEY KLUG BOARD MEMBER	2 00	0		
DR TREVOR KUBATZKE BOARD MEMBER	2 00	0		
BILL MARX BOARD MEMBER	2 00	0		
DR DAVID MATHEWS BOARD MEMBER	2 00	0		
NEIL MILLER BOARD MEMBER	2 00	0		
TODD OBREN BOARD MEMBER	2 00	0		
WANNIS PARRIS BOARD MEMBER	2 00	0		
RICK REY BOARD MEMBER	2 00	0		
JAMES RINGLER BOARD MEMBER	2 00	0		
DOMINICK SARATORE BOARD MEMBER	2 00	0		
NICK SHELTON BOARD MEMBER	2 00	0		

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JIM STOVER BOARD MEMBER	2 00	0		
MATTHEW TYLER BOARD MEMBER	2 00	0		
MARK WEBER BOARD MEMBER	2 00	0		
BARKLEY GARRETT EXECUTIVE DIRECTOR	0	77,919		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

SOUTHWESTERN MICHIGAN ECONOMIC
GROWTH ALLIANCE INC

Employer identification number

38-2433621

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$578

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$974

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$4074

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$1298

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Return Reference	Explanation
Other Expenses 1009	Depreciation \$710

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Return Reference	Explanation
Other Expenses 1012	Insurance \$1641

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SBERP \$5000

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Return Reference	Explanation
Other Expenses 2	INTERNET \$3485

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	TELEPHONE \$2032

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	ANNUAL MEETINGS \$1491

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Return Reference	Explanation
Other Expenses 7	MEMBERSHIP AND DUES \$735

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	BOOKS, SUBSCRIPTIONS \$386

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	REGISTRATION FEES \$290

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	OTHER COSTS \$31

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$2308 Furniture and Fixtures - Ending \$1598