

Form 990-EZ

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)

OMB No 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning, 2019, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C: SOUTHWESTERN MICHIGAN ECONOMIC GROWTH ALLIANCE, INC. 333 NORTH 2ND STREET #302 NILES, MI 49120. D: Employer identification number 38-2433621. E: Telephone number (269) 683-1833. F: Group Exemption Number 04

G Accounting Method: [X] Cash. I Website: WWW.SOUTHWESTERNALLIANCE.ORG. H Check [X] if the organization is not required to attach Schedule B. J Tax-exempt status: [X] 501(c)(4)

K Form of organization: [X] Corporation

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total gross receipts: \$ 145,737.

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 [X]

SCANNED APR 19 2021

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total 145,737). Rows 10-17: Expenses (Total 162,764). Row 18: Excess or (deficit) -17,027. Rows 19-21: Net Assets (Total 50,197). Includes a 'RECEIVED' stamp dated MAY 27 2020 from OGDEN, U.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)



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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 

	Yes	No
46		X

**Part VII 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

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 

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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

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

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: [Signature] Date: \_\_\_\_\_

JEFF REA PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name DAVID P. ARANOWSKI	Preparer's signature DAVID P. ARANOWSKI	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 46617-2799			Phone no (574) 289-4821	

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2019**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **SOUTHWESTERN MICHIGAN ECONOMIC GROWTH ALLIANCE, INC.**

Employer identification number  
**38-2433621**

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION .....	\$ 6,978.
BANK & CREDIT CARD FEES .....	939.
DEPRECIATION .....	710.
DUES & SUBSCRIPTIONS .....	8,411.
EQUIPMENT EXPENSE .....	4,088.
INSURANCE .....	1,660.
MEMORIAL GIFTS .....	159.
SPECIAL EVENTS EXPENSES .....	38,735.
SUPPLIES .....	1,345.
TELEPHONE .....	2,104.
TRAVEL .....	1,287.
<b>TOTAL</b>	<b>\$ 66,416.</b>

**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ASSETS TRANSFERED FROM MERGER .....	\$ 24,343.
<b>TOTAL</b>	<b>\$ 24,343.</b>

**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES .....	\$ 1,598.	\$ 888.
<b>TOTAL</b>	<b>\$ 1,598.</b>	<b>\$ 888.</b>

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ATTRACT NEW BUSINESS TO THE GREATER NILES AREA AND RETAIN EXISTING BUSINESS IN THE SOUTHWESTERN MICHIGAN AREA.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

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.

Name of the organization **SOUTHWESTERN MICHIGAN ECONOMIC GROWTH  
ALLIANCE, INC.**

Employer identification number  
**38-2433621**

**FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS &amp; CONTRIB- UTION TO EBP &amp; DC</u>	<u>ESTIMATED AMOUNT OF OTHER COMPEN.</u>
DAVID EIFLER CHAIRMAN	2	\$ 0.	\$ 0.	\$ 0.
SARA SENICA DIRECTOR	2	0.	0.	0.
SCOTT TYLER DIRECTOR	2	0.	0.	0.
DEB JOHNSON DIRECTOR	2	0.	0.	0.
RON BARGER DIRECTOR	2	0.	0.	0.
LARRY REICHNADTER DIRECTOR	2	0.	0.	0.
BILL DELUCA DIRECTOR	2	0.	0.	0.
BARBARA CRAIG DIRECTOR	2	0.	0.	0.
JEFF REA PRESIDENT & CEO	2	0.	0.	0.
STEVE HICKS DIRECTOR	2	0.	0.	0.
RICK HUFF DIRECTOR	2	0.	0.	0.
JAMES KEENAN DIRECTOR	2	0.	0.	0.
BILL MARX DIRECTOR	2	0.	0.	0.
MARK WEBER DIRECTOR	2	0.	0.	0.
BARKLEY GARRETT EXECUTIVE DIRECTOR		20,321.	0.	0.
<b>TOTAL</b>		<u>\$ 20,321.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>