

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 instructions and the latest information.

OMB No. 1545-1150
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization
SOUTHWESTERN MICHIGAN ECONOMIC GROW ALLIANCE INC
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
333 NORTH 2ND ST STE 302
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 ▶ \$ 194,014

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

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | |
|---|---|---|--------|---|---|----|----|----|----|----|----|----|----|----|----|---|---------|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | 96,131 | | | | | | | | | | | | | | | |
| | 2 Program service revenue including government fees and contracts | | 97,883 | | | | | | | | | | | | | | | |
| | 3 Membership dues and assessments | | | | | | | | | | | | | | | | | |
| | 4 Investment income | | | | | | | | | | | | | | | | | |
| | 5a Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | |
| | 6 Gaming and fundraising events | | | | | | | | | | | | | | | | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | | | |
| c Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | |
| 7a Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | |
| b Less: cost of goods sold | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | |
| 8 Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | | | 194,014 | |

| | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|--|---|----|----|--------|----|----|---------|----|----|----|----|----|---------|
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | |
| | 11 Benefits paid to or for members | | | | | | | | | | | | |
| | 12 Salaries, other compensation, and employee benefits | | | 53,246 | | | | | | | | | |
| | 13 Professional fees and other payments to independent contractors | | | 40,183 | | | | | | | | | |
| | 14 Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | |
| | 15 Printing, publications, postage, and shipping | | | | | | 409 | | | | | | |
| | 16 Other expenses (describe in Schedule O) | | | | | | 104,181 | | | | | | |
| 17 Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | 198,019 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | -4,005 |
| 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) | | | | | | | | | | | | | 50,197 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | 10,792 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | 56,984 |

Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 49,309 | 22 56,984 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 888 | 24 |
| 25 Total assets | 50,197 | 25 56,984 |
| 26 Total liabilities (describe in Schedule O). | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 50,197 | 27 56,984 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
TO ATTRACT NEW BUSINESS TO THE GREATER NILES AREA AND RETAIN EXISTING BUSINESS IN THE SOUTHWESTERN MICHIGAN AREA.

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.)

| | | |
|--|-----------|---------|
| 28 <u>See Additional Data Table</u> | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | 29a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | |
| 30 | 30a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 198,019 |

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 |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
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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 MARI BISHOP 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, 42c.

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 |
|-------------------------------------|--|---|---|--|
| | | | | |
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| | | | | |

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.

| | |
|--|--------------------|
| ***** Signature of officer | 2021-03-19 Date |
| JEFF REA PRESIDENT & CEO Type or print name and title | |

| | | | | | |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name DAVID P ARANOWSKI CPA | Preparer's signature | Date 2021-03-18 | 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 466173562 | | | Phone no. (574) 289-4821 | |

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

Additional Data

Software ID:

Software Version:

EIN: 38-2433621

Name: SOUTHWESTERN MICHIGAN ECONOMIC GROW
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.</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 198,019 |

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  CHAIRMAN | 000.00 | 0 | | |
| SARA SENICA  DIRECTOR | 000.00 | 0 | | |
| SCOTT TYLER  DIRECTOR | 000.00 | 0 | | |
| DEB JOHNSON  DIRECTOR | 000.00 | 0 | | |
| RON BARGER  DIRECTOR | 000.00 | 0 | | |
| BILL DELUCA  DIRECTOR | 000.00 | 0 | | |
| BARBARA CRAIG  DIRECTOR | 000.00 | 0 | | |
| JEFF REA  PRESIDENT & | 000.00 | 0 | | |
| STEVE HICKS  DIRECTOR | 000.00 | 0 | | |
| RICK HUFF  DIRECTOR | 000.00 | 0 | | |
| JAMES KEENAN  DIRECTOR | 000.00 | 0 | | |
| MARK WEBER  DIRECTOR | 000.00 | 0 | | |
| HEATHER GRACE  DIRECTOR | 000.00 | 0 | | |

TY 2020 Compensation Explanation

Name: SOUTHWESTERN MICHIGAN ECONOMIC GROW
ALLIANCE INC

EIN: 38-2433621

| Person Name | Explanation |
|---------------|-------------|
| DAVID EIFLER | |
| SARA SENICA | |
| SCOTT TYLER | |
| DEB JOHNSON | |
| RON BARGER | |
| BILL DELUCA | |
| BARBARA CRAIG | |
| JEFF REA | |
| STEVE HICKS | |
| RICK HUFF | |
| JAMES KEENAN | |
| MARK WEBER | |
| HEATHER GRACE | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

SOUTHWESTERN MICHIGAN ECONOMIC GROW
ALLIANCE INC

Employer identification number

38-2433621

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES ADVERTISING 4,721 1,205 462 POSTAGE AND SHIPPING 611 TELEPHONE 551 DUES & SUBSCRIPTIONS 8,618 BANK FEES 2,408 MEMORIAL GIFTS 144 SPECIAL EVENTS 84,573 NON-INVESTMENT DEPRECIATION 888 TOTAL 104,181 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|------------------------|
| FORM 990-EZ, PART I, LINE 20 | OTHER INCREASES 10,792 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| FORM 990-EZ, PART II, LINE 24 | FURNITURE AND FIXTURES 3,552 3,552 LESS ACCUMULATED DEPRECIATION 2,664 3,552 TOTAL 888 0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------|---|
| FORM 990-EZ, PART III | TO ATTRACT NEW BUSINESS TO THE GREATER NILES AREA AND RETAIN EXISTING BUSINESS IN THE SOUTHWESTERN MICHIGAN AREA. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990-EZ, PART III, LINE 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. |