

Department of the Treasury

## **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)

2017

OMB No 1545-1150

**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. Internal Revenue Service A For the 2017 calendar year, or tax year beginning , 2017, and ending January 1 December 31 , 20 17 B Check if applicable C Name of organization 21 D Employer identification number 21 Mason County Economic Development Alliance Address change 382950628 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 5300 West US 10 231-845-0324 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Ludington MI 49431 Number ▶ 7 Application pending Other (specify) G Accounting Method Cash ✓ Accrual H Check ► ☑ If the organization is not I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received . . . . 78,891 ?: 2 Program service revenue including government fees and contracts 2 ?: 3 Membership dues and assessments . . . . . . . . 3 ?: 4 Investment income . . . . . 4 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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 Less direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances. 7a Less, cost of goods sold . . . . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с 8 Other revenue (describe in Schedule O) . . . . . . 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 78,891 10 Grants and similar amounts paid (list in Schedule O) . 10 11 Benefits paid to or for members . . . . . . 11 12 Professional fees and other payments to independent contractors.

Occupancy, rent, utilities, and arrival. Salaries, other compensation, and employee benefits 🔞 12 13 13 14 Occupancy, rent, utilities, and maintenance . . 14 83,761 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O) 77 . 16 1,034 17 Total expenses. Add lines 10 through 16 . 17 84,795 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (5,904)Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . . . . . . 19 2,685 Net 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)

(3,219)

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		Check if the organization used Schedu	ie O to respond to a	iny question in this		· ·	
				L	(A) Beginning of year	Ь.	(B) End of year
22		h, savings, and investments			10,614	-	6,916
23		d and buildings				23	0
24		er assets (describe in Schedule O)			3,259	-	0
25		al assets			13,873	-	6,916
26	Tota	al liabilities (describe in Schedule O) .			11,188	26	10,135
27		assets or fund balances (line 27 of colum	nn (B) <b>must</b> agree wit	th line 21)	2,685	27	(3,219)
Pai	rt III	Statement of Program Service Acco	<b>mplishments</b> (see t	he instructions for F	Part III)	ļ	
		Check if the organization used Schedu	le O to respond to a	iny question in this	Part III 🔲		Expenses
Wha	at is the	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
		ne organization's program service accomp ed by expenses. In a clear and concise					anizations, optional for
	ons be	nefited, and other relevant information for	each program title.	·	·	_	
20		function to act as landlord for three 501(c)6 nerce, Ludington Area Convention & Visitors					
		00 local businesses & members benefit from			Approx		
100					<u> </u>	00-	04.705
121	(Grant	<del></del>	nt includes foreign gr			28a	84,795
29						ŀ	
	(Grant	ts\$ ) If this amou	nt includes foreign gr	ants, check here .	<u> ▶ 📙</u>	29a	·
30							
						}	
	(Grant	ts\$) If this amou	nt i <mark>ncludes foreign gr</mark>	ants, check here .	▶ 🗆	30a	n]
24	Other	program services (describe in Schedule C				$\vdash$	
J I		program services (describe in schedule c	) <i>.</i>			ı	
31		. •		ants, check here		31a	1
	(Grant	ts \$ ) If this amou	nt i <u>ncl</u> udes foreign gr	ants, check here .	▶ □	31a	
32	(Grant	rs \$ ) If this amou program service expenses (add lines 28	nt includes foreign gr a through 31a)	ants, check here .	<b>▶</b> □	32	84,795
32	(Grant	hts \$ ) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and K	nt includes foreign grathrough 31a) ey Employees (list eac	ants, check here ch one even if not comp	pensated—see the in	32 nstru	84,795 ctions for Part IV)
32	(Grant	rs \$ ) If this amou program service expenses (add lines 28	nt includes foreign gr a through 31a) ey Employees (list eac le O to respond to a	ants, check here ch one even if not comp	pensated—see the in	32 nstru	84,795
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32	(Grant	hts \$ ) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and K	nt includes foreign gr a through 31a) ey Employees (list eac le O to respond to a	ants, check here  ch one even if not company question in this  (c) Reportable 22  compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstru	84,795 ctions for Part IV)
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Part				_	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part			-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00	Yes	No	-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33			- 7
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		-	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			_
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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? If "Yes," complete Schedule C, Part III	35b		V	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		$\vdash$	_	
b	Did the organization file Form 1120-POL for this year?	37b		~	_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
<b>L</b>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		~	2
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-			
а	Initiation fees and capital contributions included on line 9				
b	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 ▶ , section 4955 ▶				
b	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? If "Yes," complete Schedule L, Part I	40b			
С	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	100			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		>	
41	List the states with which a copy of this return is filed ► MICHIGAN				_
42a		231-84		4	
b	Located at ► 5300 West US 10, Ludington MI  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	49431	Yes	No	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	~	•
	If "Yes," enter the name of the foreign country ▶				İ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		<b>/</b>	
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	· ·	. •	<b>▶</b> □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	· ·	j
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-		j
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	,
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		_		
	Form 990-EZ (see instructions)	45b		~	

Form	990-EZ	(2017)
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46	Did th to cai	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C	campaign activities o	n behalf	of or in opposi	tion 4	6			
Part \	/1	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					s for lı			
		Check if the organization used Sc	nedule O to respond	l to any question in	this Par	t VI	<u></u>	<u>.</u>	. 🗆		
								Ye	s No		
	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tII				. 4	7			
		organization a school as described in		•				8	<u> </u>		
		ne organization make any transfers t						9a Ph	+		
		'es," was the related organization a section 527 organization?									
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org	anizatıon	. If there is non	e, 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	contribu	lealth benefits, itions to employee plans, and deferred empensation	(e) Estim	ated am compens			
					<del> </del>						
					1						
51 	\$100	olete this table for the organization, 000 of compensation from the orga	nızatıon. If there is no	one, enter "None." (b) Type of se			) Compen				
				-							
				-							
				-							
	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶						
52		the organization complete Scheduleted Schedule A		ection 501(c)(3) org			h a .▶∐ Y	es 🗆	No		
		of perjury, I declare that I have examined this d complete, Declaration of preparer (other than					nowledge	and belie	ef, it is		
0:	Film 2 buyech		1			4-27-201B					
Sign Here	?;	Fabian L Knizacky, Secretary/Tre Type or print name and title	Date								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo		Ň			
Prepa Use (		Firm's name				Firm's EIN ▶	<u>·</u>				
		Firm's address   RS discuss this return with the preparer shown above? See instructions					Phone no				
iviay tr	ie IHS	discuss this return with the prepare	Shown above? See	instructions	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>		<u>es                                    </u>	No (2017)		

## 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.

OMB No 1545-0047
2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Mason County Economic Development Alliance	38-2950628
Line 16: Other Expenses = Depreciation/ammortization	
Line 24 Other Assets = Office Furniture & Equipment, net depreciated value	
Ento E1 Office 7 Office 7 arthur & Equipment 110 approved Value	
Line 26: Total Liabilities = Deferred income ammortized over the life of furniture	
Line 20. Total Endintes - Deterred modific difficultives over the ine of furnities	
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Schedule O (Form 990 or 990-E2) (2017)	Page Z
Name of the organization	Employer identification number
.,,	