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Form 990-EZ

Atchment 17

Peturn of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section
512(c)(10) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to sultisfy state reporting requirements

OMB No. 1545-1150

2008

Open to Public Inspection

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Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accom	plishments (See the insti	uctions for Part	(11.)		Expenses
What is the organization's primary exempt purpose?	ncourage economic deve	lopment in disad	vantaged co	and	quired for 501(c)(3) (4) crganizations
Describe what was achieved in carrying out the organize	ation's exempt purposes. In	a clear and conc	ise manner.	and	4947(a)(1) trusts;
describe the services provided, the number of persons be				opu	onal for others)
28				i	
•••••••••••••••••••••••••••••••••••••••	•••••				
(Grants \$ ) If this amount incl	udes foreign grants, check	here	▶ □	28a	0
29				200	<u>_</u>
29					Į
				ľ	
(Grants \$ ) If this amount incl	udes foreign grants, check	here , , , ,	, ▶ 🗆	29a	0
30					
(Grants \$ ) If this amount inclinate (Grants )	udes foreign grants, check	here	. ▶ ⊔	30a	0
(Grants \$ ) If this amount inclination				31a	0
32 Total program service expenses (add lines 28a th	udes foreign grams, check	116re	<u>. P W</u>	32	0
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n If not compensate	d. (See the ins		<u> </u>
	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen		account and other allowances
Frederick Hash	President, 1 hour/week				
320 N. Meridian Suite 516 Indianapolis, IN 46204		0		0	0
Keith Braodnax	Vice President, 1	_		_	_
2 E. Mifflin Street, Suite 101 Madison, WI 53703	hour/week	0		0	0
Deborah Tohy 1118 S. Washington Avenue Lansing, MI 48910	Secretary/Treasurer, 1	0		0	,
	hour/week				
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		<b>√</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		æ	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? if "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		類	製到
b	Did the organization file Form 1120-POL for this year?	37b	245%	<b>/</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200	ew.	
h	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	rie	1
39 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	露		
	Initiation fees and capital contributions included on line 9	謹		
	Gross receipts, included on line 9, for public use of club facilities		333	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit iransaction from a prior year? If "Yes," complete Schedule	40b		1
	L, Part I	40B	<b>1934</b>	
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
9	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		<u> </u>
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ► Christopher C. Cox  Located at ► 1118 S. Washington Avenue Lansing, Mi 48910  ZIP + 4 ►	4	32-85	55
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	!	Vas	No
	over a financial account 'n a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	7
	If "Yes," enter the name of the foreign country: ▶		33	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	<b>✓</b>
	If "Yes," enter the name of the foreign country: ▶			_
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
7-7	Form 990-EZ , ,	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	#F. 45		

:Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	v. All section 501(c and 51.	:)(3) organiz	ations mu	st answer quest	ions 4	6-49	ı
46	Dld th	e organization engage in direct or indirect p	political campaign as	tivities on be	half of or in	n opposition to		Yes	No
		dates for public office? If "Yes," complete S					46	<b></b>	<u> </u>
47		e organization engage in lobbylng activities					47	<b>├</b>	<b>  </b>
48		organization operating a school as describe				ete Schedule E .	48	<b>├</b>	✓_
		e organization make any transfers to an exc	•	related organ	ization?		49a		<del>  √</del>
b		s,' was the related organization(s) a section	•				49b	<del></del>	1
50		lete this table for the five highest compensate technical more than \$100,000 of compensate					y empi	oyees	;) who
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position		mpensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
n/a									
Total	numb	er of other employees pald over \$100,000	n/a						
	•	ensation from the organization. If there is no (a) Name and address of each independent contractor			(b) Ty	pe of service	(c) Co	mpense	ation
_n/a 									
Tota	numb	er of other independent contractors each re				n/a			
٥.		Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate		accompanying s n officer) is base	chedules and d on all infom	, ,	best of i er has n ク/ろ	ny kno ny kno	wiedge
Sigr Her		Signaldre of officer SECRETARY	4	<del></del>		05/17/20 Date	د ،ر		
		Type or print name and title			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Paid Pren	arer's	Preparer's signature .		Dato	Check if self- employed >	Preparer's Identifying	Number	(See Inst	nuctions
Use		Firm's name (or yours   EIN   I self-employed),   Phone no ▶ ( )							
May	the IR	S discuss this return with the preparer show	wn above? See Instr	uctions .				es [	No
				<u> </u>		F	orm 98		

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