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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

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

Open to Public Inspection

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC		D Employer identification number 61-1575200
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 390		E Telephone number 815-858-2207
	City or town, state or province, country, and ZIP or foreign postal code ELIZABETH IL 61028-0390		F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.TCEDA-NWIL.ORG**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

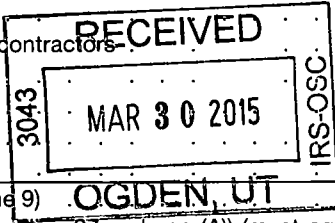
K Form of organization Corporation Trust Association Other

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 ▶ \$ **170366**

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	1	Contributions, gifts, grants, and similar amounts received	1	161950
	2	Program service revenue including government fees and contracts	2	8384
	3	Membership dues and assessments	3	
	4	Investment income	4	32
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	170366	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	122006
	14	Occupancy, rent, utilities, and maintenance	14	460
	15	Printing, publications, postage, and shipping	15	147
	16	Other expenses (describe in Schedule O)	16	22646
	17	Total expenses. Add lines 10 through 16	17	145259
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25107
	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	30229
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	55336



SCANNED APR 02 2015 Revenue

9-5 20

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	31474	56480
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	31474	56480
26 Total liabilities (describe in Schedule O)	1245	1144
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30229	55336

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? FOSTER ECONOMIC DEVELOPMENT IN NW ILLINOIS

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 TCEDA WORKS WITH BUSINESSES CONSIDERING MOVING OPERATIONS FROM NORTHWEST ILLINOIS TO OTHER LOCATIONS. SERVICES INCLUDE COORDINATION OF SUPPORT WITH UPGRADES OR RELOCATION WITHIN THE AREA AS WELL AS RESEARCHING OUTSIDE ASSISTANCE OPTIONS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 TCEDA WORKS ON RETAINING, SUPPORTING AND EXPANDING EXISTING BUSINESSES. THIS INCLUDES THE DEVELOPMENT OF A SMALL BUSINESS RESOURCE CENTER TO FACILITATE EXISTING AND NEW BUSINESS SUCCESS IN THE AREA. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 TCEDA WORKS EXTENSIVELY ON BUILDING AND FOSTERING STRATEGIC PARTNERSHIPS WITH OTHER ECONOMIC DEVELOPMENT ENTITIES AND BUSINESS INTERESTS THROUGHOUT THE REGION TO ASSURE REGIONAL THINKING REGARDING THE NEED FOR SUCCESSFUL ECONOMIC DEVELOPMENT. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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)	32

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
CATHI LITCHER DIRECTOR	1	0	0	0
DR. JOE KANOSKY DIRECTOR	1	0	0	0
ROBERT EBY DIRECTOR	1	0	0	0
MICHAEL DITTMAR DIRECTOR	1	0	0	0
RANDY BOONSTRA DIRECTOR	1	0	0	0
BILL JAHNKE DIRECTOR	1	0	0	0
KURT BRUNNER DIRECTOR	1	0	0	0
JOHN COOKE DIRECTOR	1	0	0	0
MICHAEL HASTINGS CHAIR	1	0	0	0
VICKY TRAGER TREASURER	1	0	0	0
TRACY BAUER SECRETARY	1	0	0	0
JOHN AMBROSE VICE CHAIR	1	0	0	0

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 checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
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		3-26-15
	Signature of officer	Date
	MICHAEL W. HASTINGS, CHAIR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

TRI-COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

Employer identification number

61-1575200

PART I, LINE 16.

MARKETING EXPENSE **\$12313**

PROFESSIONAL MEMBERSHIPS **\$815**

INSURANCE **\$762**

OFFICE SUPPLIES **\$924**

BANK FEES **\$97**

TRAVEL EXPENSE **\$7735**

PART II, LINE 26.

MISC ACCOUNTS PAYABLE **\$1144**