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

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization: EXPLORE MINNESOTA GOLF ALLIANCE
Number and street (or P O box, if mail is not delivered to street address) Room/suite: C/O MGA 6550 YORK AVE S RM 211
City or town, state or province, country, and ZIP or foreign postal code: EDINA, MN 55435

D Employer identification number: 41-1923994
E Telephone number: (952) 928-9299
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____
I Website: EXPLOREMINNESOTAGOLF.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not 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. \$ 105,648

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 32,600
2	Program service revenue including government fees and contracts 17,000
3	Membership dues and assessments 56,048
4	Investment income
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
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) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	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
b	Less cost of goods sold 7b
c	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 8 105,648
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 2,665
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 108,725
17	Total expenses. Add lines 10 through 16 111,390
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -5,742
Net Assets	
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) 18,509
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 12,767

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2017-01-31 Date STEVE DOWLING EXEC DIR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JAMES E STEVENSON CPA Preparer's signature Date 2017-02-07 Check if self-employed PTIN P00163024 Firm's name LETHERT SKWIRA SCHULTZ & CO LLP Firm's EIN 41-0738189 Firm's address 170 7TH PL E STE 100 SAINT PAUL, MN 551012361 Phone no (651) 224-5721

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

Additional Data

Software ID:

Software Version:

EIN: 41-1923994

Name: EXPLORE MINNESOTA GOLF ALLIANCE

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.)	
28 PROMOTION OF GOLF TOURISM IN MINNESOTA (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	73,151

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
STEVE DOWLING EXEC DIR	000 00	22,800		
ERIC PETERSON CHAIRMAN	000 00	0		
DAVE GRAVDAHLBOARD MEMBER	000 00	0		
JAN KROELLSBOARD MEMBER	000 00	0		
BRIAN THRUINGERBOARD MEMBER	000 00	0		
DAVE MOOTYBOARD MEMBER	000 00	0		
MIKE MALONEBOARD MEMBER	000 00	0		
DEREK STENDAHLBOARD MEMBER	000 00	0		
EINAR ODLANDBOARD MEMBER	000 00	0		
SHAD GORDONBOARD MEMBER	000 00	0		
JEFF KENNEDYBOARD MEMBER	000 00	0		
DON BERRYBOARD MEMBER	000 00	0		
GARY THOMPSONBOARD MEMBER	000 00	0		
JOE ABOODBOARD MEMBER	000 00	0		
JOHN KENDALLBOARD MEMBER	000 00	0		

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(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
BRUCE MCINTOSHBOARD MEMBER	000 00	0		
MARK RONNEIBOARD MEMBER	000 00	0		
KENT BLASCHKOBOARD MEMBER	000 00	0		
TOM BEAUDRYBOARD MEMBER	000 00	0		
JOEL BERGERBOARD MEMBER	000 00	0		
JEFF KENNEDY BOARD MEMBER	000 00	0		
JOHN KELLEN BOARD MEMBER	000 00	0		
DAN WALKER BOARD MEMBER	000 00	0		
DAVE LOOBY BOARD MEMBER	000 00	0		
SHARI PRAUSE BOARD MEMBER	000 00	0		
BRAD STEVENS BOARD MEMBER	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization
EXPLORE MINNESOTA GOLF ALLIANCE

Employer identification number

41-1923994

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 61,767 INSURANCE 502 GOLF SHOW EXPENSES 11,384 WEBSITE/INTERNET 5,330 ADMINISTRATIVE 25,650 AUTO EXPENSES 3,314 OFFICE SUPPLIES 59 MISCELLANEOUS 719 TOTAL 108,725

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 1,794 1,794 LESS ACCUMULATED DEPRECIATION 1,794 1,794 TOTAL 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	SALES TAX PAYABLE 6 0