efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492346007098 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable D Employer identification number C Name of organization CLATSOP ECONOMIC DEVELOPMENT RESOURCES \square Address change 26-1221194 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 1455 N ROOSEVELT ☐ Final return/terminated (503) 738-3346 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return SEASIDE, OR 97138 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **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) 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 1 147,169 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) 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) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 147,169 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 2,352 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 576 16 Other expenses (describe in Schedule O) 16 119,138 17 Total expenses. Add lines 10 through 16 17 122,066 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 25,103 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 36,704 end-of-year figure reported on prior year's return) 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 61,807 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Pa	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		🗆			
	-		Yes	No		
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	33		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 change on Schedule O (see instructions)	34		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No		
	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	35c		No		
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		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30				
b	Did the organization file Form 1120-POL for this year?	37ь		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
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				
c	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 sections4912, 4955, and 4958					
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	40e		No		
41	transaction? If "Yes," complete Form 8886-T					
	List the states with which a copy of this return is filed ► 12a The organization's books are in care of ► KEVIN LEAHY Telephone no ► (503) 338-2					
	Located at ▶ 1455 N ROOSEVELT SEASIDE, OR ZIP + 4 ▶ 97138					
b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No No		
	If "Yes," enter the name of the foreign country					
С	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		No		
	If "Yes," enter the name of the foreign country					
43 9	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		
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	103	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		No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
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		No		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b 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		No		

Form	990-E	Z (2017)								Page 4
									Yes	No
46		ne organization engage, directly or indirec dates for public office? If "Yes," complete				opposition to				l
Pari		Section 501(c)(3) organization	· 					46		No
Fell	- 77	All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the	tables	for lir	nes 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pa	art VI				Yes	□ No
									163	
47		ne organization engage in lobbying activiti s," complete Schedule C, Part II	es or have a section 5	01(h) election in	effect during	g the tax year?		47		
40		e organization a school as described in sec	tion 170(h)(1)(A)(u)2	If "Vac " complet	o Schodulo I	-		48		
		-	. , , , , , , ,			_ ,	•	49a		
		ne organization make any transfers to an	·	e related organiza	tion/		•	49b		
		es," was the related organization a section	-				• •			
50		plete this table for the organization's five heach received more than \$100,000 of com					stees a	nd key	employ	ees)
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportation		d) Health benef				amount
			devoted to position	(Forms W-2/10	099- I	benefit plans, ar	nd	or othe	er comp	ensation
				MISC)	det	erred compensa	ation			
NONE										
f 		al number of other employees paid over \$						+40		
51		plete this table for the organization's five hensation If there is		ndependent contr	actors who	each received m	nore th	an \$10	0,000 6	Г
		(a) Name and business address of e	ach independent contr	actor	(b) T	Type of service	(c)	Compe	ensation	1
NONE	:									
										—
d	Tota	al number of other independent contractor	rs each receiving over	\$100,000		•	·			
52	Did	the organization complete Schedule A? N	IOTE All Section 501/	(s)(3) organization	ne muet atta	ach a				
JZ		npleted Schedule A					•	_ □ Ye	s 🗆 r	No
Under	penal	Ities of perjury, I declare that I have exan	nined this return, inclu	ding accompanyir	na schedule:	s and statement	ts. and	to the	best of	mv
knowl	edge a	and belief, it is true, correct, and complete owledge								
	. ,	l k				1				
.		****** 2018-12-07 Signature of officer Date								
Sign Here		KEVIN LEAHY Executive Director								
		Type or print name and title								
		Print/Type preparer's name Rosemary Law	Preparer's signature		Date	Check ıf	PTIN P00417	456		
Paid		<u> </u>	ates LLP			self-employed				
-	oarei Onl									
	J.II.	Firm's dudiess F 010 10th Street	0.7			Phone no (503)	325-51	02		
		Astoria, OR 9710335	υ <i>γ</i>							
								1.50		
viay ti	ne IRS	6 discuss this return with the preparer sho	wn above? See instruc	ctions				Yes	□ No	

Additional Data

Software ID: 17005038

Software Version: 2017v2.2 **EIN:** 26-1221194

Name: CLATSOP ECONOMIC DEVELOPMENT RESOURCES

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's progra services, as measured by expense number of persons benefited, and	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
EXPANDING AND RETAINING THEIR E OPPORTUNITIES TO ASSIST THEM W HOURS CLATSOP ECONOMIC DEVELO	RESOURCES WORKED WITH 157 BUSINESSES TO OFFER ASSISTANCE IN BUSINESS WE HAVE PROVIDED 41 TRAINING, SEMINAR, AND CLASS TE PROVIDED 262 BUSINESS VISIT SESSIONS AND 1332 TOTAL SESSION PMENT RESOURCES HAVE BEEN INSTRUMENTAL IN THE START UP OF 12 29 JOBS, AND HELPED RETAIN 9 JOBS WITHIN THE CLATSOP COUNTY AREA	28a		
(Grants \$)	If this amount includes foreign grants, check here \ldots . \blacktriangleright			

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) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of (Forms W-2/1099devoted to emplovee benefit other compensation position MISC) plans, and deferred compensation (If not paid, enter -0-) 1 00 ROSEMARY BAKER-MONAGHAN 0 Secretary/Treas 1 00 SETH MORRISEY Director 0 1 00 MATT BROWN Director 0 1 00 CHRIS BREITMEYER Director ٥ 1 00 KURT ENGLUND Director 0 1 00 **BRETT ESTES Director** 0 1 00 KEVIN CRONIN Director 0 1 00 TITA MONTERO Director 0 1 00 ALISA DUNLAP Vice President 0 1 00 CAMERON MOORE Director 0 1 00 HAROLD GABLE Director 0 1 00 SCOTT LINDAHL Director 0 1 00 JIM KNIGHT Director 0 1 00 DIRK ROHNE Director ٥ 1 00 COLLEEN RIGGS Director 0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees Ilst 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		
KRISTI WARD Advisory Board	1 00	0				
BRIAN OWEN Director	1 00	0				
MARK MORGANS Director	1 00	0				
CHRIS NEMLOWILL Director	1 00	0				
TAMARA ROBERTS Director	1 00	0				
ZACH SCHMITT Director	1 00	0				
BRUCE ST DENIS Director	1 00	0				
LIANNE THOMPSON Director	1 00	0				
ERIK THORSEN Director	1 00	0				
JIM PAINO Advisory Board	1 00	0				
JEFF HAZEN Advisory Board	1 00	0				
KRISTEN TALAMANTEZ President	1 00	0				
DAVID REID Advisory Board	1 00	0				
KENDALL SAWA Advisory Board	1 00	0				

0

1 00

MARY MCARTHER Advisory Board

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		
MELANIE OLSON Advisory Board	1 00	0				
HENRY BALENSIFER Director	1 00	0	1			
ALI VZ MAYEDA Advisory Board	1 00	0	1			

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SCHEDULE (Form 990 or 9 EZ)	O()- Complete to provide information for responses to sp Form 990 or 990-EZ or to provide any additiona ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) a www.irs.gov/form990.	ecific questions on linformation.	lic			
	DEVELOPMENT RESOURCES O, Supplemental Information	Employer identification number 26-1221194	er			
Return Reference	Explanation					
Other Expenses 1001	Advertising and Promotion \$11888					

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses \$629 Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Travel \$2093 Expenses 1005

Other

990 Schedule O, Supplemental Information Return Explanation Reference Other Depreciation \$90 Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference Other **TRAINING AND EDUCATION \$85617**

990 Schedule O, Supplemental Information Return Explanation Reference

Other CATERING \$9350 Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other **MEALS AND ENTERTAINMENT \$6207**

990 Schedule O, Supplemental Information Return Explanation Reference Other **DUES & SUBSCRIPTIONS \$1417**

990 Schedule O, Supplemental Information Return Explanation Reference

Other OUTSIDE CONTRACT SERVICES \$875
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other MISCELLANEOUS EXPENSES \$525
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other **AWARDS AND PRESENTATIONS \$361**

990 Schedule O, Supplemental Information Return Explanation Reference Other TAXES AND LICENSES \$50

990 Schedule O, Supplemental Information Return Explanation Reference Other **BANK CHARGES \$36**

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explaination	
Other	Machinery and Equipment - Beginning \$117 Machinery and Equipment - Ending \$48	

Assets 1003