

Form **990EZ**
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)

OMB No. 1545-1150
2019
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.

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
CLATSOP ECONOMIC DEVELOPMENT RESOURCES
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1455 N ROOSEVELT
City or town, state or province, country, and ZIP or foreign postal code
SEASIDE, OR 97138

D Employer identification number
26-1221194
E Telephone number
(503) 738-3346
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 140,655**

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	140,655
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	0
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	0
c	Less: direct expenses from gaming and fundraising events	6c	0
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	0
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	9	140,655

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	2,155
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	75
16	Other expenses (describe in Schedule O)	16	156,229
17	Total expenses. Add lines 10 through 16	17	158,459
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,804
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	121,711
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	103,907

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		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.		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)?		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		
c	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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		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?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0		
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 sections 4912, 4955, and 4958 ▶ _____ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
e	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 No
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>KEVIN LEAHY</u> Telephone no. ▶ <u>(503) 338-2402</u> Located at ▶ <u>1455 N ROOSEVELT SEASIDE, OR</u> ZIP + 4 ▶ <u>97138</u>		

		Yes	No
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		No
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		

		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		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		No
c	Did the organization receive any payments for indoor tanning services during the year?		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		No

	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.	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

	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	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	

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
NONE				

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
NONE		

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 ***** KEVIN LEAHY Executive Director	2020-12-30 Date
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Rosemary Law	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00417456
	Firm's name ▶ Bussert Law & Associates LLP	Firm's EIN ▶ 54-2131314			
	Firm's address ▶ 610 18th Street Astoria, OR 97103	Phone no. (503) 325-5102			

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

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 26-1221194

Name: CLATSOP ECONOMIC DEVELOPMENT RESOURCES

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

CLATSOP ECONOMIC DEVELOPMENT RESOURCES WORKED WITH 176 BUSINESSES TO OFFER ASSISTANCE IN EXPANDING AND RETAINING THEIR BUSINESS. WE HAVE PROVIDED 58 TRAINING, SEMINAR, AND CLASS OPPORTUNITIES TO ASSIST THEM. WE PROVIDED 241 BUSINESS VISIT SESSIONS AND 1199 TOTAL SESSION HOURS. CLATSOP ECONOMIC DEVELOPMENT RESOURCES HAVE BEEN INSTRUMENTAL IN THE START UP OF 12 NEW BUSINESSES, HELPED CREATE 35 JOBS, AND HELPED RETAIN 88 JOBS WITHIN THE CLATSOP COUNTY AREA DURING THE CURRENT FISCAL YEAR.

28a

(Grants \$)

If this amount includes foreign grants, check here . . .

Form 990EZ, Part IV — List of Officers, 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
DON BOHN Director	1.00	0		
SETH MORRISEY Director	1.00	0		
MATT BROWN Director	1.00	0		
CHRIS BREITMEYER Director	1.00	0		
KURT ENGLUND Director	1.00	0		
BRETT ESTES Director	1.00	0		
JED ARNOLD Director	1.00	0		
MARK KUJALA Director	1.00	0		
ALISA DUNLAP President	1.00	0		
STEVEN SINKLER Director	1.00	0		
HAROLD GABLE Director	1.00	0		
COLLEEN DICK Director	1.00	0		
WILL ISOM Director	1.00	0		
DIRK ROHNE Director	1.00	0		
SARA MEYER Director	1.00	0		

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
KRISTI WARD Advisory Board	1.00	0		
BRIAN OWEN ADVISORY BOARD	1.00	0		
MARK MORGANS Vice President	1.00	0		
CHRIS NEMLOWILL Director	1.00	0		
TAMARA ROBERTS Director	1.00	0		
ZACH SCHMITT ADVISORY BOARD	1.00	0		
BRUCE ST DENIS Director	1.00	0		
ERIK THORSEN ADVISORY BOARD	1.00	0		
JIM PAINO ADVISORY BOARD	1.00	0		
JEFF HAZEN Advisory Board	1.00	0		
KRISTIN TALAMANTEZ Secretary	1.00	0		
DAVID REID Director	1.00	0		
DON LEMMON Director	1.00	0		
MARY MCARTHER Advisory Board	1.00	0		
MELANIE OLSON Advisory Board	1.00	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
HENRY BALENSIFER Director	1.00	0		
ALI VZ MAYEDA Advisory Board	1.00	0		
TITA MONTERO Director	1.00	0		
MONICA STEELE Director	1.00	0		
SARA LU HEATH ADVISORY BOARD	1.00	0		
LAURIE OXLEY ADVISORY BOARD	1.00	0		
JENNIFER PURCELL ADVISORY BOARD	1.00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Department of the Treasury

Internal Revenue Service

Name of the organization
CLATSOP ECONOMIC DEVELOPMENT RESOURCES

Employer identification number

26-1221194

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$5974

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$1155

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1005	Travel \$1407

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses. 1009	Depreciation \$21

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$1744

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	TRAINING AND EDUCATION \$134734

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	MEALS AND ENTERTAINMENT \$2937

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	DUES & SUBSCRIPTIONS \$2675

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	JOB AND CAREER FAIR \$2293

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	AWARDS AND PRESENTATIONS \$1625

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	MISCELLANEOUS EXPENSES \$1211

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	CATERING \$403

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	TAXES AND LICENSES \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1003	Machinery and Equipment - Beginning \$10 Machinery and Equipment - Ending \$10