

Department of the  
Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☒ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
CRAIG-MOFFAT COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP INC

Number and street (or P O box, if mail is not delivered to street address) PO BOX 1232	Room/suite
---	------------

City or town, state or province, country, and ZIP or foreign postal code  
CRAIG, CO 81626

D Employer identification number

68-0503390

E Telephone number

(970) 326-6335

**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:** ► [www.cmedp.com](http://www.cmedp.com)

**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. ▶ \$10,962

**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 ☐

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue

<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	10,962
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0
<b>4</b>	Investment income . . . . .	<b>4</b>	0
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>	0
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	10,962

Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	1,077
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	24,523
	13	Professional fees and other payments to independent contractors . . . . .	13	1,377
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	190
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	1,331
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	28,498
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-17,536
	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	17,536
	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	0

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 10642I

Form **990-EZ** (2019)

**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
<b>22</b> Cash, savings, and investments . . . . .	19,969	<b>22</b> 0
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	482	<b>24</b> 0
<b>25</b> Total assets . . . . .	20,451	<b>25</b> 0
<b>26</b> Total liabilities (describe in Schedule O). . . . .	2,915	<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,536	<b>27</b> 0


**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?  
 PROMOTE AND ENHANCE ECONOMIC CONDITIONS  
 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 )
<b>28</b> See Additional Data Table	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> See Additional Data Table	<b>29a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b> See Additional Data Table	<b>30a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>

**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
DEREK DURAN	0 00	0	0	0
EX-OFFICIO				
CHRIS JONES	0 50	0	0	0
TREASURER				
MICHELLE BALLECK	40 00	22,323	0	0
EXECUTIVE DIRECTOR				
RICH THOMPSON	2 00	0	0	0
VICE CHAIRPERSON/SECRETARY				
LUKE TUCKER	2 00	0	0	0
CHAIRPERSON				
JUSTIN KAWCAK	0 00	0	0	0
BOARD MEMBER				
KELSEA HENRY	0 00	0	0	0
BOARD MEMBER				
DAVID ULRICH	0 00	0	0	0
BOARD MEMBER				

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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 . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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  . . . . .	<b>36</b>	Yes
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter . . . . . <b>39a</b>		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		0
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>JONES &amp; ASSOCIATES INC</u> Telephone no ▶ <u>(970) 824-2010</u>		
Located at ▶ <u>458 YAMPA AVE SUITE 200 CRAIG , CO</u> ZIP + 4 ▶ <u>81625</u>		
<b>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)? . . . . .	<b>42b</b>	No
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)		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .		

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .		

**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.

<b>Sign Here</b>	***** Signature of officer		2020-08-29 Date		
	LUKE TUCKER CHAIRPERSON Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Don D Jones	Preparer's signature	Date 2020-08-28	Check <input type="checkbox"/> if self-employed	PTIN P00358783
	Firm's name ▶ Jones & Associates Inc			Firm's EIN ▶	
	Firm's address ▶ 458 Yampa Avenue Suite 200 Craig, CO 81625			Phone no (970) 824-2010	

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

Additional Data

Software ID:  
Software Version:  
EIN: 68-0503390  
Name: CRAIG-MOFFAT COUNTY ECONOMIC DEVELOPMENT  
PARTNERSHIP INC

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 HOSTED SEMINARS FOR BUSINESS COMMUNITY TO UNDERSTAND CURRENT ECONOMIC CLIMATE AND HOW TO DEAL WITH SUCH CLIMATE DEVELOPED ECONOMIC BLUEPRINT FOR STATEWIDE INITIATIVE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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.)
<div>29</div> <div>COUNSELED INDIVIDUALS CONSIDERING A NEW BUSINESS VENTUREABOUT THE OBSTACLES AND PROCEDURES NECESSARY FOR STARTINGA NEW BUSINESS</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div></div>

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.)
<div>30</div> <div>PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS TO OFFER CLASSES AND TRAINING TO INCREASE THE EFFICIENCY OF THE COMMUNITY'S CURRENT WORKFORCE</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div> <div></div>

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

# 2019

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CRAIG-MOFFAT COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP INC

Employer identification number

68-0503390
------------

**Part I Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization? . . . . .

b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .

c Become a direct or indirect owner of a successor or transferee organization? . . . . .

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . .

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

	Yes	No
2a		
2b		
2c		
2d		



**Part I Liquidation, Termination, or Dissolution** (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . .	<b>3</b> Yes	
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .	<b>4a</b> Yes	
<b>b</b> If "Yes," did the organization provide such notice? . . . . .	<b>4b</b> Yes	
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .	<b>5</b> Yes	
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year? . . . . .	<b>6a</b>	No
<b>b</b> If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	<b>6b</b>	
<b>c</b> If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity	Yes	No
<b>2</b>	Did or will any officer, director, trustee, or key employee of the organization								
<b>a</b>	Become a director or trustee of a successor or transferee organization? . . . . .							<b>2a</b>	
<b>b</b>	Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .							<b>2b</b>	
<b>c</b>	Become a direct or indirect owner of a successor or transferee organization? . . . . .							<b>2c</b>	
<b>d</b>	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .							<b>2d</b>	
<b>e</b>	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►								

Schedule N (Form 990 or 990-EZ) (2019)Page 3

Part III

Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
------------------	-------------

Schedule N (Form 990 or 990-EZ) (2019)

Additional Data

Software ID:  
Software Version:  
EIN: 68-0503390  
Name: CRAIG-MOFFAT COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP INC

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or typeof entity
	COMPUTER	02-01-2019	480	REPLACEMENT VALUE		MOFFAT COUNTY SCHOOL DIST 775 YAMPA AVE CRAIG, CO 81625	501 (C)(3)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

CRAIG-MOFFAT COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP INC

**Employer identification number**

68-0503390

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 10	SUPPORT EDUCATION RESEARCH AND DEVELOPMENT, CONTRIBUTION , MOFFAT COUNTY SCHOOL DISTRICT 775 YAMPA AVE, CRAIG, CO, 81625, NONE, COMPUTER 02/01/2019 480 480 1077

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES & SUBSCRIPTIONS 154

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 201

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PROGRAM EXPENSE 193

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAVEL 49



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 635

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MEALS 99

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	FURNITURE AND FIXTURES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	DUE FROM BUSINESS SUCCESS CENTER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	ACCOUNTS PAYABLE 314

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	PAYROLL LIABILITIES 2601

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	PREPAID MEMEBERSHIP/CONTRIBUTIONS 0