efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492262006109 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization YUMA COUNTY ECONOMIC DEVELOPMENT ☐ Address change 84-1058381 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 244 ☐ Final return/terminated (970) 630-4531 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return YUMA, CO 80759 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: ►www consideryumacounty 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) 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  $\checkmark$ 1 61,614 2 2 Program service revenue including government fees and contracts . . . . . 5,245 3 Membership dues and assessments . . . . . . . 3 4 627 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events **6**c 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 . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 67,486 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 54,450 12 Salaries, other compensation, and employee benefits . 12 13 900 13 Professional fees and other payments to independent contractors 14 1,038 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 385 16 Other expenses (describe in Schedule O) 16 13,496 17 17 Total expenses. Add lines 10 through 16 70,269 -2,783 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 102,951 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 21 100,168 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form	990-EZ (2018)			Page 3				
Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е					
	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				
	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						
С	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							
b	Did the organization file Form 1120-POL for this year?	37b		No				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee $\mathbf{or}$ 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						
С	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							
e 41	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				
42a	List the states with which a copy of this return is filed $ ightharpoonup CO$							
	e organization's books are in care of ▶ PHIL RIGGLEMAN Telephone no ▶	<b>(</b> 970)	630-453	1				
	Located at ▶ PO BOX 244 YUMA , CO ZIP + 4 ▶ 80759							
			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		res	No				
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b						
	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)							
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No				
	If "Yes," enter the name of the foreign country							
43	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 • 43							
			Yes	No				
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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				
С	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	AA 3						
4-	explanation in Schedule O	44d		No				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?							
450	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				
		-						

								Yes	
	ne organization engage, directly or indire dates for public office? If "Yes," complete			of or In	opposition t	:0			
	, , , , , , , , , , , , , , , , , , ,	, 		•			46		No
rt VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	l, and	complete t	he table	s for lu	nes 50	and
	51. Check if the organization used Schedul	e O to respond to any d	uestion in this Part VI		•			г	7
							· · · · i	Yes	No
	ne organization engage in lobbying activit s," complete Schedule C, Part II	ties or have a section 50	01(h) election in effect	during	the tax yea	r?	47		
Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)? :	If "Yes," complete Sch	edule E			48		
a Did th	ne organization make any transfers to an	exempt non-charitable	related organization?				49a		
If "Ye	s," was the related organization a section	n 527 organization? .					49b		
	elete this table for the organization's five					rustees a	ind key	employ	ees)
	each received more than \$100,000 of cor Name and title of each employee	npensation from the org	ganization If there is n	<del>-                                    </del>	nter "None " ) Health bei	nefits	(a) Est	ımated	amou
(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contri	butions to e enefit plans erred compe	mployee and			
				+					
	al number of other employees paid over s	•		<u> </u> 		<b>-</b>			
Comp	al number of other employees paid over solete this table for the organization's five ensation from the organization. If there i	highest compensated in	· · · · · · · · · · · · · · · · · · ·	· ·		►d more th	an \$100	0,000 of	 F
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Page **4** 

Form 990-EZ (2018)

## Additional Data

Software ID:

**Software Version:** 

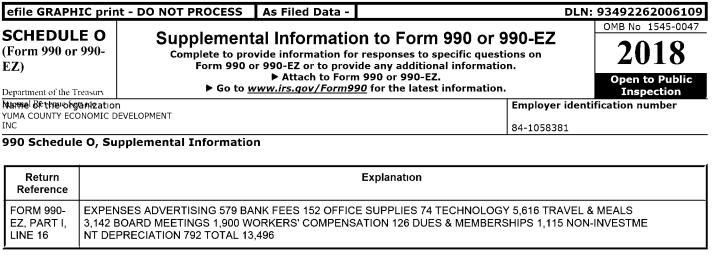
**EIN:** 84-1058381

Name: YUMA COUNTY ECONOMIC DEVELOPMENT

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.		(0	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28	UENTUESONONY TUDOUGU IOD ODEATION DEVELOPMENT OF EVVOTING	28a	68,604		
	HEALTH ECONOMY THROUGH JOB CREATION, DEVELOPMENT OF EXISTING ASED VISIBILITY FOR THE BENEFIT OF YUMA COUNTY AND ITS CITIZENS				
(Grants \$ )	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright \ \Box$				



Return Explanation
Reference

FORM 990-	DEPRECIABLE ASSETS 16,141 16,141 LESS ACCUMULATED DEPRECIATION 13,998 14,790 TOTAL 2,143 1,351
EZ. PART II.	

990 Schedule O, Supplemental Information

LINE 24

Return Explanation

Reference	
FORM 990-	TO PROVIDE LEADERSHIP TO CREATE AND MAINTAIN A HEALTHY ECONOMY THROUGH JOB CREATION. GROWT

EZ. PART III H AND DEVELOPMENT OF EXISTING BUSINESS, AND THE INCREASED VISIBILITY OF YUMA COUNTY

990 Schedule O, Supplemental Information