

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
22 Cash, savings, and investments	100,808	22	98,817
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,143	24	1,351
25 Total assets	102,951	25	100,168
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,951	27	100,168

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?
TO PROVIDE LEADERSHIP TO CREATE AND MAINTAIN A HEALTHY ECONOMY THROUGH JOB CREATION, GROWTH AND DEVELOPMENT OF EXISTING BUSINESS, AND THE INCREASED VISIBILITY OF YUMA COUNTY

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	68,604

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
DAN SEEDORF	1 00	0		
MEMBER				
NATHAN ANDREWS	1 00	0		
MEMBER				
BETHLEEN MCCALL	2 00	0		
TREASURER				
JAMES DEPUE	2 00	0		
SECRETARY				
MIKE LEERAR	2 00	0		
VICE PRESIDE				
TOM JACKSON	2 00	0		
PRESIDENT				
PHIL RIGGLEMAN	40 00	0		
DIRECTOR				
MICHAEL FECHT	1 00	0		
MEMBER				
ROBIN WILEY	1 00	0		
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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

The organization's books are in care of PHIL RIGGLEMAN Telephone no (970) 630-4531
Located at PO BOX 244 YUMA , CO ZIP + 4 80759

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

		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

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.

Sign Here Signature of officer	2019-09-16 Date
TOM JACKSON PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DANIEL PRENTICE CPA	Preparer's signature	Date 2019-09-19	Check <input type="checkbox"/> if self-employed	PTIN P01942629
	Firm's name ▶ BOHALL NEUBAUER & CO			Firm's EIN ▶ 45-4035568	
	Firm's address ▶ 206 MAIN ST WRAY, CO 807580314			Phone no (970) 332-5091	

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 WORKED TO PROMOTE A HEALTH ECONOMY THROUGH JOB CREATION, DEVELOPMENT OF EXISTING BUSINESSES, AND INCREASED VISIBILITY FOR THE BENEFIT OF YUMA COUNTY AND ITS CITIZENS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	68,604

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

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

Name of the organization

YUMA COUNTY ECONOMIC DEVELOPMENT
INC

Employer identification number

84-1058381

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 579 BANK FEES 152 OFFICE SUPPLIES 74 TECHNOLOGY 5,616 TRAVEL & MEALS 3,142 BOARD MEETINGS 1,900 WORKERS' COMPENSATION 126 DUES & MEMBERSHIPS 1,115 NON-INVESTMENT DEPRECIATION 792 TOTAL 13,496

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	DEPRECIABLE ASSETS 16,141 16,141 LESS ACCUMULATED DEPRECIATION 13,998 14,790 TOTAL 2,143 1,351

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO PROVIDE LEADERSHIP TO CREATE AND MAINTAIN A HEALTHY ECONOMY THROUGH JOB CREATION, GROWTH AND DEVELOPMENT OF EXISTING BUSINESS, AND THE INCREASED VISIBILITY OF YUMA COUNTY