

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: PACIFIC COUNTY ECONOMIC DEV COUNCIL. Number and street: 600 WASHINGTON AVENUE. City or town: RAYMOND, WA 98577

D Employer identification number: 91-1238922. Telephone number: (360) 875-9330. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.pacificcdc.org

J Tax-exempt status: 501(c)(6) (checked)

K Form of organization: Corporation (checked), 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. Total: \$142,059

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 (checked)

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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 response columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed WA
42a The organization's books are in care of Pacific County EDC Telephone no (360) 875-9330
Located at 212 Commercial Street Raymond, WA ZIP + 4 98577

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 response columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (black), No (black)

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

Table with 3 columns: Question, Yes, No. Row 47: Yes, No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes, No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes, No

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: 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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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 (Paul Philpot Executive Director), Date (2016-10-21)

Paid Preparer Use Only: Preparer's name (Michael Plato CPA), signature, date, firm's name, address, phone no, PTIN (P00215934), EIN

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 91-1238922

Name: PACIFIC COUNTY ECONOMIC DEV COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Paul Philpot Executive Dir	40 00	63,533		
Doug Miller PUD 2 Board Member	1 00	0		
Toni Williams Sec State Bank Vice President	1 00	0		
Kim Patten WSU Coop Ext Board Member	1 00	0		
Adam Ziegler SeaCrop Board Member	1 00	0		
Bill Wilson-Timberland Library Board Member	1 00	0		
Guy Glenn Jr Port of Ilwaco Board Member	1 00	0		
Matt Winters Chinook Observer Board Member	1 00	0		
Gayle Borchard City L Beach Board Member	1 00	0		
Mike Cassinelli City Ilwaco Board Member	1 00	0		
Julie Struck City of S Bend Board Member	1 00	0		
Jeff Harrell Peninsula Pharma Board Member	1 00	0		
Rich Evans Pacific Transit Board Member	1 00	0		
Theresa McLean Heidi's Inn Board Member	1 00	0		
Jason Dunsmoor-City of Raymond Board Member	1 00	0		

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Tiffany Turner Adrift Hotel Board Member	1 00	0		
Erin Frasier GH College Board Member	1 00	0		
Nancy Gorshe The Depot Rest President	1 00	0		
Ashley Davis Port of Chinook Board Member	1 00	0		
Don Alber Jessie's Ilwaco Board Member	1 00	0		
Rebecca Chaffee Port of WH Board Member	1 00	0		
Randy Dennis Dennis Company Board Member	1 00	0		
Mary DeLong Port of Peninsula Vice President	1 00	0		
Dian Barker-Sayce Bank of Pac Sec / Treas	1 00	0		
Tim Morris Coast Seafoods Board Member	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
PACIFIC COUNTY ECONOMIC DEV COUNCIL

Employer identification number

91-1238922

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$241
Other Expenses 1002	Office Expenses \$4941
Other Expenses 1005	Travel \$7197
Other Expenses 1007	Conferences, Conventions, and Meetings \$2671
Other Expenses 1009	Depreciation \$95
Other Expenses 1012	Insurance \$1542
Other Expenses 1	Outside Contract Services \$23133
Other Expenses 2	Community Development \$4454
Other Expenses 3	Supplies \$2454
Other Expenses 4	Tourism \$1949
Other Expenses 5	Fundraising Expenses \$934
Other Expenses 7	Dues & Subscriptions \$438
Other Expenses 8	Licenses & Fees \$10
Other Assets 1003	Machinery and Equipment - Beginning \$95 Machinery and Equipment - Ending \$0