

Form **990-EZ**
 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)

▶ **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.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

- 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 (or P O box, if mail is not delivered to street address) Room/suite
 600 WASHINGTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
 RAYMOND, WA 98577

D Employer identification number
 91-1238922

E Telephone number
 (360) 875-9330

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.pacificcdc.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ 86,869

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	35,976	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	50,717	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	79,838
4	Investment income	4	176	13	Professional fees and other payments to independent contractors	13	325
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	5,260
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	284
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	33,882
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	119,589
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,720
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	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	98,808
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	66,088
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	86,869				

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	98,808	22 66,088
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	98,808	25 66,088
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,808	27 66,088

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 foster economic development in the Pacific County area and to receive, administer and expend funds for such purpose To engage in any activity identical or conducive to the attainment of these purposes

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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	119,589

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
See Additional Data Table				

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 3 main columns: Question, Yes, No. Rows include 33-45b with various questions about IRS reporting, organizational changes, income, and tax-exempt status.

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**

Yes	No
	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

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**

Yes	No

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

Yes	No

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

Yes	No

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

(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 **f** _____

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. **d** _____

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	2017-11-10 Date
James R Sayce Executive Dir Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name Michael Plato CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00215934
Firm's name ▶ Michael Plato CPA			Firm's EIN ▶	
Firm's address ▶ PO Box 111 / 510 Commercial Street Raymond, WA 98577			Phone no (360) 942-5747	

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

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 91-1238922
Name: PACIFIC COUNTY ECONOMIC DEV COUNCIL

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 Promote Business Retention & Tourism (Grants \$ 119,589) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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
James R Sayce Executive Dir	40 00	0		
Doug Miller PUD 2 Board Member	1 00	0		
Toni Williams Sec State Bank President	5 00	0		
Kim Patten WSU Coop Ext Board Member	1 00	0		
Adam Ziegler SeaCrop Board Member	1 00	0		
Laura Smith - Bank of Pacific Sec / Treasurer	5 00	0		
Guy Glenn Jr Port of Ilwaco Vice President	5 00	0		
Matt Winters Chinook Observer Board Member	1 00	0		
Gayle Borchart 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		
Larry Cohen Ocean Beach Hosp Board Member	1 00	0		
Jason Dunsmoor-City of Raymond Board Member	1 00	0		
Tiffany Turner Adrift Hotel Board Member	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
Nancy Estergard GH College Board Member	1 00	0		
Nancy Gorshe The Depot Rest 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		
Jay Personi Port of Peninsula Board Member	1 00	0		
Dian Barker-Sayce Bank of Pac Board Member	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 ServiceName of the organization
PACIFIC COUNTY ECONOMIC DEV COUNCIL**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

2016**Open to Public
Inspection**

Employer identification number

91-1238922

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$322

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2116

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$6363

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$1433

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1637

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Tourism \$13863

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Outside Contract Services \$2121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Supplies \$1908

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Fundraising Expenses \$1665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Equipment Lease \$1389

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Dues & Subscriptions \$727

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Computer, Internet & Software \$276

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Bank Fees \$62