

Form **990EZ**
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.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
LINCOLN COUNTY ECONOMIC DEVELOPMENT CORPORATION
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 716
City or town, state or province, country, and ZIP or foreign postal code
NEWPORT, OR 97365

D Employer identification number
94-3206648
E Telephone number
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)
I Website: N/A
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 **\$ 199,948**

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			
1	Contributions, gifts, grants, and similar amounts received	1	199,864
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	84
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	
c	Less: direct expenses from gaming and fundraising events	6c	
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	7a	
b	Less: cost of goods sold	7b	
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	199,948

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	70,698
13	Professional fees and other payments to independent contractors	13	20,954
14	Occupancy, rent, utilities, and maintenance	14	13,832
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	10,721
17	Total expenses. Add lines 10 through 16	17	116,205
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	83,743
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	106,353
20	Other changes in net assets or fund balances (explain in Schedule O)	20	542
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	190,638

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
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		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.		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)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	Did the organization file Form 1120-POL for this year?		No
38a	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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	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 ▶ _____		
40b	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		
40c	c 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 ▶ _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e 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		No
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>LINCOLN CO ECONOMIC DEVEL ALLIANCE</u> Telephone no. ▶ <u>(541) 265-4544</u> Located at ▶ <u>P O BOX 716 NEWPORT, OR</u> ZIP + 4 ▶ <u>97365</u>		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	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		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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)		No

	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.

***** Signature of officer	2020-11-12 Date
TRACY ANTHONY BAILEY CHAIR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BRYAN P FITZSIMMONS	Preparer's signature	Date 2020-11-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00420947
	Firm's name ▶ BRYAN P FITZSIMMONS CPA			Firm's EIN ▶	
	Firm's address ▶ 2015 NW 39TH STREET SUITE 200 LINCOLN CITY, OR 97367			Phone no. (541) 994-3333	

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

Additional Data

Software ID:

Software Version:

EIN: 94-3206648

Name: LINCOLN COUNTY ECONOMIC DEVELOPMENT
CORPORATION

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.)	
<p>28 STRATEGIC PLANNING: THE ECONOMIC DEVELOPMENT ALLIANCE OF LINCOLN COUNTY WAS CREATED IN 1994 AND CHARGED WITH MAKING A ROAD MAP FOR ECONOMIC DEVELOPMENT IN THE COUNTY. CONSEQUENTLY, WE CONSULT WITH ECONOMIC DEVELOPMENT LEADERS IN THE COMMUNITY TO SET AND UPDATE THE GOALS OF THE COUNTY, AND PARTICIPATE IN REGIONAL AND STATEWIDE GOAL SETTING SUCH AS THE CEDS AND OREGON BUSINESS PLAN.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	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
KERRY KEMP VICE CHAIR	000.00	0		
DOUG HOLBROOK BOARD MEMBER	000.00	0		
LINDA ROY BOARD MEMBER	000.00	0		
BRYAN FITZSIMMONS BOARD MEMBER	000.00	0		
CURT ABBOTT BOARD	000.00	0		
DOUG HUNT BOARD MEMBER	000.00	0		
LESLEY OGDEN SECRETARY	000.00	0		
TRACY ANTHONY BAILEY CHAIR	000.00	0		
CARRIE LEWIS BOARD MEMBER	000.00	0		
MICHAEL SMITH TREASURER	000.00	0		
ROBERT COWEN BOARD MEMBER	000.00	0		
BIRGITTE RYSLINGE BOARD MEMBER	000.00	0		
ZACH DAHL BOARD	000.00	0		
ROXIE CUELLAR BOARD	000.00	0		
PAUL SCHUYTEMA EXECUTIVE DI	000.00	0		

SCHEDULE O
(Form 990 or 990-EZ)

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

LINCOLN COUNTY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

94-3206648

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MARKETING & PROMOTION 1,014 MILEAGE REIMBURSE 2,309 MEALS 1,618 CONFERENCE 1,730 PROFESSIONAL DEVEL 400 WORK COMP 229 LIABILITY D&O 1,530 ORGANIZATIONAL AFFILIATIO 1,639 M EMBESHIP SERVICES 240 NON-INVESTMENT DEPRECIATION 12 TOTAL 10,721

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PY ADJUSTMENTS 542

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 500 1,040 5,538 5,538 LESS ACCUMULATED DEPRECIATION 5,526 5,538 TOTAL 512 1,040

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 2,994 1,891

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO DELIVER ECONOMIC DEVELOPMENT SERVICES TO FACILITATE CREATION, GROWTH AND RETENTION OF LINCOLN COUNTY BUSINESSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	STRATEGIC PLANNING: THE ECONOMIC DEVELOPMENT ALLIANCE OF LINCOLN COUNTY WAS CREATED IN 1994 AND CHARGED WITH MAKING A ROAD MAP FOR ECONOMIC DEVELOPMENT IN THE COUNTY. CONSEQUENTLY, WE CONSULT WITH ECONOMIC DEVELOPMENT LEADERS IN THE COMMUNITY TO SET AND UPDATE THE GOALS OF THE COUNTY, AND PARTICIPATE IN REGIONAL AND STATEWIDE GOAL SETTING SUCH AS THE CEDS AND OREGON BUSINESS PLAN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	COMMUNITY AND ECONOMIC DEVELOPMENT GRANT REVIEW: THE BOARD OF DIRECTORS SERVES AS THE REVIEW COMMITTEE FOR THE LINCOLN COUNTY COMMUNITY AND ECONOMIC DEVELOPMENT GRANT FUND. THE ALLIANCE BOARD REPORTS TO THE BOARD OF COMMISSIONERS AND DELIVERS ITS RECOMMENDATIONS. THE CRITERIA ARE UPDATED AND REFINED PERIODICALLY AND EXECUTIVE DIRECTOR CAROLINE BAUMAN HOLDS TRAINING SEMINARS FOR GRANT APPLICANTS TO ASSIST IN THEIR SUCCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 30	SOURCE OF INFORMATION TO THE PUBLIC: WE PROVIDE INFORMATION TO PROSPECTIVE BUSINESS OWNERS, CURRENT OWNERS/MANAGERS, AND THE PUBLIC ON THE BUSINESS CLIMATE. WE MAINTAIN A LIST OF DEVELOPABLE PROPERTIES AND ASSIST IN MARKETING AS NEEDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	<p>4.YAQUINA BAY OCEAN OBSERVING INITIATIVE: WE SUPPORT AN ECONOMIC DEVELOPMENT STRATEGY TO MAKE NEWPORT A HUB FOR ALL OCEAN RELATED SCIENCE AND TECHNOLOGY IN THE PACIFIC NORTHWEST. THERE IS NOW INCREASING SCIENTIFIC AND ECONOMIC ACTIVITY IN OUR REGION. IN ADDITION TO THE MARINE STUDIES CAMPUS SOON TO BE UNDERWAY, OCEAN OBSERVING, MARINE EDUCATION, AND BOAT BUILDING CONTINUE TO BE STRENGTHS. 5.ENTERPRISE ZONE MANAGEMENT: WE PROVIDE INFORMATION FOR QUALIFYING COMPANIES (CERTAIN INDUSTRIES) TO TAKE ADVANTAGE OF THIS TAX INCENTIVE OFFERED BY THE STATE OF OREGON. QUALIFIED APPLICATIONS ARE SUBMITTED AND REVIEWED LOCALLY. 6.ACTIVE PARTNERSHIPS: THE EDALC IS AN ACTIVE PARTNER WITH CHAMBERS, SMALL BUSINESS DEVELOPMENT, AND THE YAQUINA BAY ECONOMIC FOUNDATION. WITH USDA SUPPORT, WE ARE FOCUSING ON MARINE RELATED INDUSTRY IN OUR COUNTY TO CREATE AN INDUSTRY CLUSTER OF SUPPORTIVE ECONOMIC ACTIVITY FOR SEAFOOD PRODUCTS, SCIENTIFIC RESEARCH, AND RENEWABLE ENERGY. WE ARE SERVING ENTREPRENEURS AND LOCAL STARTUPS, THROUGH WORKING WITH RAIN (REGIONAL ACCELERATOR AND INNOVATION NETWORK TO PROVIDE SUPPORT FOR THEM.</p>