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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning OCTOBER 01 , 2009, and ending SEPTEMBER 30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUN

Number & street (or P O box, if mail is not delivered to street addr.) Room/suite
301 W SPRUCE STREET, STE E

City or town, state or country, and ZIP + 4
NEWPORT WA 99156-9032

D Employer identification number
91-1379405

E Telephone number
(509)447-5569

F Group Exemption Number.... ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶WWW.PENDOREILLECO.ORG

H Check▶ ☐ if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) -- ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☒ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ... ▶ $ 39,072

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	38,904
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	168
	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	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less. direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 ▶ _____)	8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	39,072
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,961
	15	Printing, publications, postage, and shipping	15	68
	16	Other expenses (describe ▶ SEE ATTACHMENT #1)	16	20,327
	17	**Total expenses.** Add lines 10 through 16 ▶	17	27,356
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,716
	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	18,632
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	30,348

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	18,632	22	30,348
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	18,632	25	30,348
26	**Total liabilities** (describe ▶ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	18,632	27	30,348

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SCANNED JUN 14 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE ATTACHMENT #2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE ATTACHMENT #3

(Grants $ 38,904) If this amount includes foreign grants, check here ▶ ☐ 28a 8,875

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 8,875

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #4				

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #5 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X
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			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Sign Here

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 — Date: 5/13/11

JAMIE WYROBEK DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying no. (See instr.)
GREGORY L JAKEMAN CPA	05-13-2011	X	

Firm's name (or yours if self-employed), address, and ZIP + 4: GREGORY L JAKEMAN CPA, 121 S UNION AVE, NEWPORT, WA 99156

EIN ▶

Phone no. ▶ 509-447-1040

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

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SCHEDULE OF OTHER EXPENSES

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 10-01-2009, **and ending** 09-30-2010.

Name of Organization	**Employer Identification Number**
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUNCIL	91-1379405

Description of Other Expenses	Amount
TRAVEL	549
TRAINING	2,190
PROGRAM EXPENSES	8,875
SUPPLIES	3,615
ADVERTISING	2,391
DUES	40
COMPUTER AND IT SERVICES	2,110
COPIER EXPENSES	557
Total	20,327

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 10-01 , and ending 09-30-2010.	
Name of Organization		**Employer Identification Number**
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUNCIL		91-1379405

Primary Purpose

TO SUPPORT ECONOMIC DEVELOPMENT ACTIVITIES THAT FOSTER A HEALTHY ENVIRONMENT FOR EXISTING AND NEW BUSINESS, IMPROVE EMPLOYEE SKILLS AND WAGES, AND ENCOURAGE INFRASTRUCTURE DEVELOPMENT, WHILE HONORING THE VALUES, HISTORY, CULTURAL DIVERSITY AND NATURAL BEAUTY OF THE AREA AND ITS PEOPLE.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.	
Name of Organization		**Employer Identification Number**
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUNCIL		91-1379405

Part III - Statement of Program Service Accomplishments

Grants and allocations	38,904	Amount includes foreign grants		Program service expenses	8,875

Exempt Purpose Achievements

THE PEND OREILLE ECONOMIC DEVELOPMENT COUNCIL (EDC) PROVIDES THE FORUM FOR COMMUNITY, GOVERNMEN T AND BUSINESS REPRESENTATIVES TO WORK TOGETHER TO PROMOTE ECONOMIC DEVELOPMENT. DEPENDING ON THE SPECIFIC ACTIVITY, THE ROLE OF THE EDC MAY BE TO LEAD, PARTNER, COORDINATE, COLLABORATE, FACILITATE, SUPPORT OR MONITOR AS DEEMED APPROPRIATE BY THE COUNCIL MEMBERS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.

Name of Organization
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUNCIL

Employer Identification Number
91-1379405

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
LONNIE JOHNSON 10382 BOUNDARY ROAD METALINE FALLS, WA 99153	CHAIR 5.00	0	0	0
TERRY KNAPTON 1821 N LECLERC ROAD USK, WA 99180	VICE CHAIR 5.00	0	0	0
BOB SHANKLIN 1981 BLACK ROAD USK, WA 99180	TREASURER 5.00	0	0	0
DIANE WEAR PO BOX 5025 NEWPORT, WA 99156	SECRETARY 5.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 10-01 , and ending 09-30-2010.

Name of Organization	Employer Identification Number
PEND OREILLE COUNTY ECONOMIC DEVELOPMENT COUNCIL	91-1379405

Part V - Line 42a

Individual Name . . . . . JAMIE WYROBEK

or

Business Name:

Street Address . . . . . 301 W SPRUCE STREET

U.S. Address:

Zip code 99156 City NEWPORT State WA

or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (509)447-5569

Fax Number . . . . . (509)447-3709

STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POSTAL EXPENSES	68	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15		68

STATEMENT #2 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

STCU	160	
MOUNTAIN WEST BANK	8	
TOTAL CARRIED TO 990-EZ PG 1 LINE 4		168

STATEMENT #3 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

OFFICE RENT	4,500	
TELEPHONE	1,982	
ELECTRICITY	398	
OFFICE MAINTENANCE	81	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		6,961