

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	19,323	22 19,355
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,931	24 0
25 Total assets	22,254	25 19,355
26 Total liabilities (describe in Schedule O).	30,285	26 22,324
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-8,031	27 -2,969

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 ACTIVELY PROMOTE ECONOMIC DEVELOPMENT IN SOUTHWEST RIVERSIDE COUNTY WHILE WORKING WITH VARIOUS CITIES, THE COUNTY OF RIVERSIDE AND THE LOCAL CHAMBERS OF COMMERCE	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 See Additional Data Table	
(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

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
KEITH KRZEWSKI PRESIDENT	2 00	0	0	0
HEATHER HOLMES 1ST VICE-PRESIDENT	2 00	0	0	0
MICHAEL FENCEL 2ND VICE-PRESIDENT	0 50	0	0	0
TERRI DELHAMER SECRETARY	1 00	0	0	0
DIANE STRAND TREASURER	0 50	0	0	0
DONALD W MURRAY EXECUTIVE DIRECTOR	40 00	0	0	0
DONALD W HITZEMAN IMMEDIATE PAST PRESIDENT	2 00	0	0	0
KEN CARLISLE EXECUTIVE BOARD MEMBER	0 50	0	0	0
GRANT YATES EXECUTIVE BOARD MEMBER	0 50	0	0	0
KIM SUMMERS EXECUTIVE BOARD MEMBER	0 50	0	0	0
AARON ADAMS EXECUTIVE BOARD MEMBER	0 50	0	0	0
GARY NORDQUIST EXECUTIVE BOARD MEMBER	0 50	0	0	0

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, description, 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, 42a.

The organization's books are in care of ECONOMIC DEVELOPMENT CORP Telephone no (951) 694-9800
Located at 43200 BUSINESS PARK DRIVE TEMECULA , CA ZIP + 4 92590

Table with columns for question number, description, 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, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 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 ***** DONALD MURRAY EXECUTIVE DIRECTOR	Date 2019-10-30
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GREGORY J PRUDHOMMECPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00234525
	Firm's name ▶ PRUDHOMME ASSOCIATES CPAS INC	Firm's EIN ▶ 27-2758510			
	Firm's address ▶ 43460 RIDGE PARK DRIVE SUITE 220 TEMECULA, CA 92590	Phone no (951) 676-3131			

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

Additional Data

Software ID:

Software Version:

EIN: 33-0428745

Name: ECONOMIC DEVELOPMENT COALITION

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 PROVIDE A CLEAR AND UNITED VOICE OF THE EDC'S ECONOMIC DEVELOPMENT EFFORTS BE THE "ONE VOICE" ADVOCATE OF THE PUBLIC/PRIVATE SECTOR IN PURSUIT OF ECONOMIC GROWTH (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 CREATE TASK FORCES NEEDED TO CARRY OUT ESSENTIAL ECONOMIC DEVELOPMENT ACTIVITIES PROVIDE AND CULTIVATE THE LEADERSHIP NECESSARY TO SUSTAIN THE PUBLIC/PRIVATE PARTNERSHIP (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: ECONOMIC DEVELOPMENT COALITION

EIN: 33-0428745

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>GOLF TOURNAMENT</u> (event type)	<u>FUTURE OF WORK</u> (event type)	<u>1</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,520	34,571	1,500	61,591
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	25,520	34,571	1,500	61,591
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		28,822	1,500	30,322
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				30,322
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				31,269

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

ECONOMIC DEVELOPMENT COALITION

Employer identification number

33-0428745

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 14

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AND MARKETING AMOUNT 4,500 DESCRIPTION CONFERENCES AND TRAINING AMOUNT 1,442 DESCRIPTION PAYROLL SERVICES AMOUNT 1,116 DESCRIPTION DUES/MEMBERSHIPS/SUBSCRIPTIONS AMOUNT 1,341 DESCRIPTION BANK FEES AMOUNT 1,897 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,028 DESCRIPTION PAYROLL TAXES AMOUNT 3,315 DESCRIPTION TAXES & LICENSE AMOUNT 196 DESCRIPTION TELEPHONE AMOUNT 1,876 DESCRIPTION TRAVEL AMOUNT 2,085 DESCRIPTION INSURANCE AMOUNT 2,955 TOTAL TO FORM 990-EZ, LINE 16 22,751

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,931 END OF YEAR AMOUNT 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEFERRED REVENUES BEG OF YEAR AMOUNT 8,500 END OF YEAR AMOUNT 3,000 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,947 END OF YEAR AMOUNT 0 DESCRIPTION CREDIT CARD LIABILITY BEG OF YEAR AMOUNT 19,838 END OF YEAR AMOUNT 18,978 DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 346