DLN: 93493122015510

2019

OMB No. 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

	or the	2019 6	ı alendar year, or tax year begin	ning 07-01-2019 and end	lina 12-3	21-2019			
		oplicable:	C Name of organization	ining 07-01-2019 , and end	ilig 12-3	1-2019	D Employ	er identification	on number
_	dress c		TILLAMOOK COAST VISITORS ASSO	CIATION					
□ Na	me cha	ange					83-287 —	3535	
_	tial retu		Doing business as DBA VISIT TILLAMOOK COAST						
		n/terminated return	Number and street (or P.O. box if ma	ail is not delivered to street address) Poom/si	uito	E Telephoi	ne number	
		return on pending	ASOR THIRD STREET	iii is not delivered to street address) Koomyst	ille			
	,		City or town, state or province, coun	try, and ZIP or foreign postal code					
			TILLAMOOK, OR 97141	,,			G Gross re	eceipts \$ 893,72	27
			F Name and address of principa	officer:		H(a) Ic	this a group re		
							bordinates?		□Yes ☑ No
							e all subordina	tec	Yes No
I Ta:	x-exem	npt status:			П	I	cluded?		
			☐ 501(c)(3) ☐ 501(c)(6) ◀	insert no.) 4947(a)(1) or	L 52/		"No," attach a oup exemption	•	uctions)
VV ע	ebsite	e:► ww	/W.TILLAMOOKCOAST.COM			11(0) (6)	oup exemption	Hullibel P	
V =			: 🗹 Corporation 🗌 Trust 🔲 Assoc	dation D other A		L Year of fo	ormation: 2018	M State of lec	gal domicile: OR
K FOII	n or org	ganization:	: 🗷 Corporation 🗀 Trust 🗀 Assoc	dation 🗀 Other 🖊					
Pa	art I	Sum	mary						
			scribe the organization's mission or						
a.			IG CONDITIONS FOR TOURISM AN 4OTING THE TILLAMOOK COAST A			TILLAMOOK	COUNTY BY DI	EVELOPING, N	1ARKETING,
Ě	^	(ND NOI	TOTING THE TELEMOOK COAST A	S A DESTINATION FOR VISITO	11.5.				
E	-								
<u>ş</u>	-								
<u> </u>			is box > if the organization discording is solution in the solution of the governing is solution.					assets. 3	11
ಶ			of independent voting members of					4	0
ě	1		nber of individuals employed in cal		•		•	5	0
Activities & Governance			, ,	, , , ,	•		•	6	
Ş A	1		nber of volunteers (estimate if nec	, ,					30
	1		elated business revenue from Part	, ,,			•	7a	0
	В	Net unrei	ated business taxable income from	Form 990-1, line 39				7b	0
							Prior Year	Cur	rent Year
랼	1		cions and grants (Part VIII, line 1h)			801,784			
Ravenue	1	-	service revenue (Part VIII, line 2g)			85,538			
ç	1		ent income (Part VIII, column (A), li	· · ·	•				2,400
	1		enue (Part VIII, column (A), lines 5						4,005
			enue—add lines 8 through 11 (mus	<u> </u>	ine 12)				893,727
	1		nd similar amounts paid (Part IX, co		•				31,114
			paid to or for members (Part IX, co	, ,,	•				
8		•	other compensation, employee be		,				150,183
ens	16a	Professio	onal fundraising fees (Part IX, colun	nn (A), line 11e)					
Expenses	1		raising expenses (Part IX, column (D), I						
ш	17 (Other exp	penses (Part IX, column (A), lines 1	.1a-11d, 11f-24e)	•				563,997
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)					745,294
	19	Revenue	less expenses. Subtract line 18 fro	m line 12					148,433
Net Assets or Fund Balances						Beginni	ing of Current \	'ear En	nd of Year
alar	20 -	Total acc	ets (Part X, line 16)						900,270
A B			ilities (Part X, line 26)		•				8,344
ž,š			s or fund balances. Subtract line 2						891,926
				1 Hom line 20	•				891,920
	a rt II r pena		ature Block erjury, I declare that I have exami	ned this return, including acco	mpanving	 schedules	and statement	s, and to the	best of mv
know	ledge	and belie	f, it is true, correct, and complete.						
any k	nowle	age.							
		*****	*				2020-03-18		
Sign		Signati	ure of officer				Date		_
Here		NANET	TE G DEVLIN MTA EXECUTIVE DIREC						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	10	Date		PTIN	
Paid	d						self-employed	P02168183	
	pare	er 🗐	irm's name				Firm's EIN 🟲	·	
	Onl	ĸ. ⊢	ïrm's address ► 5350 Brickyard Rd				Phone no. (503)	812-2451	
_		·					one 110. (303)	012 ZTJ1	
			Tillamook, OR 97141						
May t	he IRS	S discuss	this return with the preparer show	n above? (see instructions)				. ⊻Yes	⊔ No

Form	990 (2019)				Page 2
Pa	rt III State	ment of Program Service Acc	omplishments		
	Check	if Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describ	e the organization's mission:			
		TIONS FOR TOURISM AND TOURISM-S LLAMOOK COAST AS A DESTINATION		K COUNTY BY DEVELOPING, MA	ARKETING, AND
2	Did the organ	ization undertake any significant prog	ram services during the year which	were not listed on	
	the prior Form	n 990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," desc	ribe these new services on Schedule ().		
3	Did the organ	ization cease conducting, or make sig	nificant changes in how it conducts,	any program	
		ribe these changes on Schedule O.			☐ Yes 🗹 No
4	Describe the of Section 501(c	organization's program service accom (3) and 501(c)(4) organizations are d revenue, if any, for each program so	required to report the amount of gra		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	(Expenses \$	m services (Describe in Schedule O.) including g	rants of \$	(Revenue \$)
4e	Total progra	m service expenses ►			

Form 990 (2019)								
Checklist of Required Schedules								
To the association described in continue 501/a)/2) or 4047/a)/1) (ather than a private foundation)? If "Vec " complete		Yes	No					
Is the organization described in section 501(c)(3) or 494/(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No					
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🥞	2	Yes						
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	3		No					
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4							
Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No					
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No					
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No					
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No					
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No					
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No					
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.								
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes						
Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No					
Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No					
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No					
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No					
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No					
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No					
Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No					
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No					
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No					
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No					
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No					
	The complete of the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is 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 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 II Is the organization as exction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a relate	The Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) programment of the section of	The Checklist of Required Schedules Yes					

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

20a

20b

21

Yes

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Nο

Nο

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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? <i>If "Yes," complete Schedule L,</i> Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Port V			

1c

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ation 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
a b				
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	' 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		-140
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?			No
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		No
	1. 132, 33 inplace Form 1720, 36 include Of	1 1		

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
6 ^	ction C. Disclosure	16b		
<u>5e</u> 17	List the states with which a copy of this Form 990 is required to be filed▶			
	<u>OR</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NANETTE G DEVLIN 4506 THIRD STREET TILLAMOOK, OR 97141 (503) 842-2672			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

See instructions for the order in which to list the Check this box if neither the organization no			ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JIM PRINZING BOARD CHAIR	2.00	×		х				0	0	0
	0.00 2.00									
(2) VALERIE FOLKEMA VICE-CHAIR	0.00	×		Х				0	0	0
(3) MIKE BEVER	2.00									
TREASURER	0.00	X		Х				0	0	0
(4) CARLA ALBRIGHT	2.00									
SECRETARY	0.00	Х		Х				0	0	0
(5) SUSAN AMORT	2.00									_
BOARD MEMBER	0.00	×						0	0	0
(6) JUSTIN AUFDERMAUER BOARD MEMBER	2.00	x						0	0	0
(7) CHANTELLE HYLTON	0.00 2.00									
BOARD MEMBER	0.00	Х						0	0	0
(8) JAE KIM	2.00							0		0
BOARD MEMBER	0.00	×							0	0
(9) DAVID WIEGAN	2.00	l .								
BOARD MEMBER	0.00	Х						0	0	0
(10) JEFF WONG	2.00								0	0
BOARD MEMBER	0.00	X						0	0	0
(11) GEOFF WULLSCHLAGER	2.00	l _x						0	0	0
BOARD MEMBER	0.00							Ů	,	
(12) NANETTE G DEVLIN	55.00			.,						
EXECTIVE DIRECTOR	0.00			X				0	0	0
										Form 990 (2019)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

(A) Name and title	(B) Average hours per week (list any hours for related	than c	ne bo	ox, u n off or/ti	che inles icer	and a	son	(D Report compen from organiz (W-2/1	able sation the ation	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MIS		MISC)		relat organiza	ed	
b Sub-Total						•								
c Total from continuation sheets to d Total (add lines 1b and 1c)		Α.				•			0		0			
Total number of individuals (includ of reportable compensation from the compensation	ing but not limited	to thos			oov€	e) who	rece	eived more	than \$10	00,000				
B Did the organization list any forme	er officer director	or truet	مم لام	av ar	mple	21/22	or bid	ahest comr	ensated	employee on		Yes	No	
line 1a? If "Yes," complete Schedu											3		No	
	1	ortable o	comp	ensa	tion	and d	ther		tion from	the			l	
 For any individual listed on line 1a, organization and related organizati individual 			0? <i>If</i>	"Yes,	," cc	mplet		hedule J fo						
organization and related organization individual	ons greater than \$	150,000 • • • • •	· ion fr	om .	• any	unrela	te Sc.	• • organizatio	r such • • •n or indi	· · · ·	4		No	
organization and related organization individual	ons greater than \$ ceive or accrue cor on?If "Yes," compl	150,000 • • • • •	· ion fr	om .	• any	unrela	te Sc.	• • organizatio	r such • • •n or indi	· · · ·	5		No No	
organization and related organization individual	ons greater than \$ ceive or accrue cor on?If "Yes," completors ghest compensate	mpensat lete Sch	ion fr edule	rom . J fo	any <i>r su</i> ntra	unrela ch per	te Sc.	organizatio	or such on or indi on or indi	vidual for	5	ation		
organization and related organization individual	ons greater than \$ ceive or accrue cor on?If "Yes," completors ghest compensate	s150,000 mpensat lete Sch d independar	ion fr edule	rom . J fo	any <i>r su</i> ntra	unrela ch per	te Sc.	organizatio	r such on or indi ore than anizatior	vidual for	5	cation (C	No No	
organization and related organization individual	ceive or accrue cor on? If "Yes," compl actors ghest compensate pensation for the c	s150,000 mpensat lete Sch d independar	ion fr edule	rom . J fo	any <i>r su</i> ntra	unrela ch per	te Sc.	organizatio	r such on or indi ore than anizatior	\$100,000 of cor's tax year.	5	(C	No No	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

(B)

-orm 9 Part		(2019) Statement	of Revenue						Page 9
	- FII			a_respo	onse or note to any	line in this Part VIII	<u></u>	<u></u>	<u>.</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1:	a Federated campa	aigns	1a		1	<u>'</u>		
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s	1 b					
, G		c Fundraising even	its	1c					
iffs,		d Related organiza		1d					
s, G		e Government grants		1e	797,284				
ions		f All other contribution and similar amounts	ons, gifts, grants, s not included	1f	4,500				
ibut The		above g Noncash contributio	ons included in						
		lines 1a - 1f:\$		1g					
ತ ಕ		h Total. Add lines	1a-1f	•	•	801,784			
					Business Code	58,636	E9 626		
au l	2a	MARKETING CONTRA	.CT		900099	58,636	58,636		
e Life	b	FOOD FESITVAL			900099	11,838	11,838		
æ	_	BOOK SALES			<u> </u>	1,109	1,109		
vice	C	DOOR SALES			900099		·		
Program Service Revenue	d	VISITOR GUIDE AD S	SALES		900099	13,065	13,065		
ram	6	QUILT & FOOD TRAIL	. FEE		000000	890	890		
₹og					900099				
<u>.</u>	f	All other program	service revenue						
	g	Total. Add lines 2	2a-2f	. •	85,538				
	3	Investment income similar amounts)	(including divid		nterest, and other	2,400	2,400		
		Income from invest					·		
	5	Royalties		•	. i •				
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental	64						
	_	expenses Rental income	6b			_			
		or (loss)	6c						
	(Net rental income							
	7-	Gross amount	(i) Secui	ities	(ii) Other	_			
	7 4	from sales of assets other	7a						
		than inventory							
	b	Less: cost or other basis and	7b						
		sales expenses				_			
		Gain or (loss)	7c						
		Net gain or (loss)			· · · >				
e n	8a	Gross income from fu (not including \$	of						
듄		contributions reported See Part IV, line 18		8a					
Re	Ŀ	Less: direct expen		8b		1			
Other Revenue		Net income or (los			ents 🕨				
	0-	Gross income for	gaming activities						
	₽a	Gross income from See Part IV, line 19		· 9a					
	k	Less: direct expen	ses	9b]			
	(Net income or (los	ss) from gaming	activit	ies	_			
	10:	aGross sales of inve	entory, less						
	_ •	returns and allowa	ances	10a					
	ŀ	Less: cost of good	s sold	10b					
	(Net income or (los		invent					
	11	Miscellaneo ANNUAL DINNER	us Kevenue		Business Code 900099	<u> </u>	1,850		
		ATTIONE DINIVER							
	k	CREDIT CARD REV	WARDS		900099	9 150	150		
		SKEDIT CAND KET	,						
	(VENDOR REFUND			900099	2,005	2,005		
	(All other revenue							
	•	Total. Add lines 1	1a-11d		>	4,005			
	12	! Total revenue. S	ee instructions			,			0
					•	893,727	91,943		0 (2010)

	Statement of Europianal Expanses				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a response or note to an		=		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,114			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,177			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	46,096			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,534			
9	Other employee benefits	3,805			
10	Payroll taxes	4,571			
11	Fees for services (non-employees):				
ä	Management				
	Legal	434			
	Accounting	750			
	Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	224			
•	(A) amount, list line 11g expenses on Schedule O)	221			
12	Advertising and promotion	166,159			
13	Office expenses	5,061			
14	Information technology	32,724			
	Royalties				
	Occupancy	7,459			
	Travel	2,496			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	· ·			
19	Conferences, conventions, and meetings	10,292			
20	Interest				
21	Payments to affiliates	10,000			
22	Depreciation, depletion, and amortization	57,026			
23	Insurance	2,860			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a CREATIVE MAREKTING SERVICES	29,251	29,251		
	b EVENT HOSTING	41,477	41,477		
	c PRODUCTION & PHOTOGRAPHY	74,712	74,712		
	d WAYFINDING	101,893	101,893		
	e All other expenses	21,179			
25	Total functional expenses. Add lines 1 through 24e	745,294	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

31

Check if Schedule O contains a response or note to any line in this Part IX . (B)

Beginning of year

Page **11**

1,066

33,218

31

End of year

1	Cash-non-interest-bearing		104,211
2	Savings and temporary cash investments	2	597,405
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	6	

Notes and loans receivable, net . . . 7 Assets Inventories for sale or use . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 48,090 basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 14,872 10c 11 Investments—publicly traded securities . 11 12 Investments-other securities. See Part IV, line 11 12

	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	84,304
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	900,270
	17	Accounts payable and accrued expenses		17	8,344
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity			
Ē		or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	

26 0 26 8.344 Total liabilities. Add lines 17 through 25 . . Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 165,622

28 Net assets with donor restrictions . 28 726,304 Organizations that do not follow FASB ASC 958, check here ▶

Net Assets or Fund Balances complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds

30 Paid-in or capital surplus, or land, building or equipment fund . . . 30

Retained earnings, endowment, accumulated income, or other funds

32 Total net assets or fund balances 0 32 891,926 33 33 900,270 Total liabilities and net assets/fund balances Form 990 (2019)

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. ;		<u> </u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			893,727
2	Total expenses (must equal Part IX, column (A), line 25)	2			745,294
3	Revenue less expenses. Subtract line 2 from line 1	3			148,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			743,493
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			891,926
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Form **990** (2019)

Additional Data

Software ID:

Software Version:

EIN: 83-2873535

Name: TILLAMOOK COAST VISITORS ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROFITS IN TILLAMOOK COUNTY SERVING TOURISTS.

TILLAMOOK COAST VISITORS ASSOCIATION STRATEGICALLY INVESTED FUNDS TO IMPROVE THE CONDITIONS OF TOURISM AND TOURISM-SERVING BUSINESSES
DURING 2019. TRANSIENT LODGING TAX REVENUE, WHICH PRIMARILY FUNDS THE ORGANIZATION, INCREASED OVER THE PRIOR YEAR. SINCE THE TAX INCEPTION IN
2014, THE COLLECTIONS HAVE INCREASED 73%. IMPRESSIVELY, OFF-SEASON TLT COLLECTIONS HAVE INCREASED 117% JANUARY-MARCH AND 87% OCTOBERDECEMBER. TCVA IS THE RECONGNIZED LEADER IN DESTINATION MANAGEMENT AND REGIONAL COORDINATION FOR SUSTAINABLE TOURISM AND STEWARDSHIP
MESSAGING. SUCCESSFUL PROGRAMS AND EVENTS SUCH AS THE NORTH COAST FOOD TRAIL, BEER+CHEESE EVENT, AND CRAVE THE COAST ENCOURAGE ECONOMIC
GROWTH FOR FARMERS AND PRODUCERS ON THE TILLAMOOK COAST. TCVA ALSO AWARDED \$100,000 IN MARKETING/PROMOTIONS GRANTS FOR BUSINESSES AND NON

SCHEDULE D

DLN: 93493122015510

OMB No. 1545-0047

2019

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

(Form 990)

Depa	rtment of the Treasury		Attach to Form 9						n to Public
	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructio	ns a	nd the latest infor				spection
Na	ame of the organ	n ization ITORS ASSOCIATION				Emp	loyer id	lentification	number
	.B.11001(00/131 V10)	TOTO ASSECTATION				83-2	873535		
Pa		zations Maintaining Donor Advis				r Acc	ounts.		
	Comple	ete if the organization answered "Yes I			IV, line 6. ised funds		(b) Euro	ds and other	accounts
1	Total number at	end of year	(a) Donor	auvi	sea runus		(b) Fund	us and other	accounts
2		of contributions to (during year)					-		
3		of grants from (during year)							
4		at end of year							
		· L			-1-1-11:		C	. II	
5		ation inform all donors and donor advisor property, subject to the organization's exc					unas are		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor · · · · · · · · · · · · · · · · · · ·	or donor advisor, o	r for	any other purpose of			or	Yes □ No
Pa		rvation Easements. ete if the organization answered "Yes	s" on Form 990.	Part	IV. line 7.				
1	•	onservation easements held by the organ							
		on of land for public use (e.g., recreation	•		Preservation of an	histor	ically imi	oortant land a	area
		of natural habitat	,	П	Preservation of a c		, ,		
		on of open space			rieservation of a c	Lei tillie	2 111500110	. structure	
_		' '	1.6.			,			
2		2a through 2d if the organization held a delast day of the tax year.	qualified conservati	on co	ntribution in the for	m or a		ation at the End o	of the Year
а	Total number of	conservation easements				2a		<u> </u>	
b		estricted by conservation easements				2b			
С		ervation easements on a certified historic				2c			
d	Number of conse	ervation easements included in (c) acquir	red after 7/25/06, a	and n	ot on a historic	2d			
		in the National Register							
3	Number of cons tax year ►	servation easements modified, transferred	d, released, extingu	uishe	d, or terminated by	the or	janizatio	n during the	
4	Number of state	es where property subject to conservation	n easement is locat	ed 🕨			<u></u>		
5		ization have a written policy regarding th nt of the conservation easements it holds				of viola	itions,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspect	ting, handling of vic	olatio	ns, and enforcing co	onserv	ation eas	ements durir	ng the year
•	>				-				
7	Amount of expe ▶ \$	enses incurred in monitoring, inspecting,	handling of violatio	ns, a	nd enforcing conser	vation	easemer	nts during the	e year
8		ervation easement reported on line 2(d) 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)		
_							.	Yes	∐ No
9	balance sheet, a	scribe how the organization reports conse and include, if applicable, the text of the n's accounting for conservation easement	footnote to the org						
Pa		izations Maintaining Collections e te if the organization answered "Yes				er Sii	nilar A	ssets.	
1a	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, ed	ducat	ion, or research in f				
b	historical treasu	ion elected, as permitted under SFAS 110 ures, or other similar assets held for publi nts relating to these items:							
	(i) Revenue includ	ded on Form 990, Part VIII, line 1					▶ \$		
		l in Form 990, Part X							
2	If the organizati	ion received or held works of art, historic nts required to be reported under SFAS 1	al treasures, or oth	ner si	milar assets for fina			ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1					. ▶\$_		
b	Assets included	in Form 990, Part X					. ▶s		

Part	***	Organizations Maintaining Col	lections of Art, H	istori	cal Tr	reasur	es, or	<u>Other</u>	Similar As	sets (c	ontinued)
3		the organization's acquisition, accession (check all that apply):	n, and other records,	check	any of	the follo	wing th	at are a	significant u	ise of its	collection
а		Public exhibition		d		Loan o	r exchar	nge prog	ırams		
b		Scholarly research		е		Other .					
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col	llections and explain h	now the	y furth	ner the o	organiza	tion's ex	kempt purpo	se in	
5	Durin	g the year, did the organization solicit o s to be sold to raise funds rather than to								☐ Yes	s 🗆 No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, line	e 9, or	reporte	ed an amou	ınt on F	orm 990, Part
1a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedi 	ary for	contril	butions 	or other	assets 	not	Ye	s 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	llowina	table:				Α	mount	
c		ning balance		-				1c			
d	-	ions during the year						1d			
e		butions during the year						1e			
f		ng balance						1f			
							_				
2a		ne organization include an amount on Fo								_	s ∐ No
b		es," explain the arrangement in Part XIII	. Check here if the ex	planati	on has	been p	rovided	in Part)	XIII		
Pa	rt V	Endowment Funds.									
		Complete if the organization answ	vered "Yes" on Form (a) Current year		<u>, Part</u> rior yea			are back	(d) Three yes	are back	(e) Four years back
1 a	Reginn	ing of year balance	(a) Current year	(D) P	пог уеа	1 (6) Two yea	ars back	(u) Tillee yea	als back	(e) Four years back
	-	- ,									
		outions									
		restment earnings, gains, and losses									
		or scholarships									
		expenditures for facilities ograms									
f.	Admini	strative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1	g, colur	mn (a))	held as:				
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment ►									
С	Temp	orarily restricted endowment >									
·		percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are th	here endowment funds not in the posses	·	on that	t are h	eld and	adminis	tered fo	r the		Yes No
	(i) ur	nrelated organizations								3a	(i)
	(ii) r	elated organizations								3a	(ii)
b	If "Ye	es" on 3a(ii), are the related organization	ns listed as required o	n Sche	dule R	?				3	b
4	Descr	ribe in Part XIII the intended uses of the	organization's endow	vment f	unds.						
Par	t VI	Land, Buildings, and Equipme									
		Complete if the organization answ									
	Descri	ption of property (a) Cost or oth (investment)		or other	basis (d	other)	(c) Accur	nulated o	lepreciation	(1	d) Book value
1 a	Land										
b	Buildin	gs									
c	Leaseh	old improvements									
		nent	48,090						14,872		33,218
									•		·
		lines 1a through 1e. (Column (d) must o	equal Form 990, Part	X, colu	mn (B)), line 10	O(c).) .		>		33,218

Part VII Investments—Other Securities.	Part TV li	ne 11h See Form 990 [Part V line 1	2
Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value		d of valuation:	_
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	art IV, li	(b) Book value	(c) Method Cost or end-	.3. d of valuation: of-year market alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		<u> </u>		
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d. See Form 990, Par		Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.	<u></u>		•	
Complete if the organization answered 'Yes' on Form 990, Pa 1. (a) Description of liability		e 11e or 11f.See Form	990, Part X,	line 25. (b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	ments that ren	oorts the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other (Describe in Part XIII.)

Page 4

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b 2c

2d

2e

Schedule D (Form 990) 2019

3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.) 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2019

Part XIII Supplemental Information

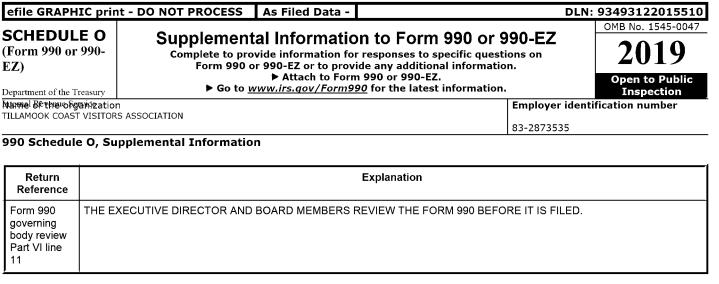
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Return Reference Explanation

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

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Schedule I		Grants and C	Other Assistand	e to Organiz	ations		OMB No. 1545-0047
(Form 990)			2019				
			and Individuals	-	-		2017
Department of the	Co	mpiete if the organiza	ation answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public
Treasury Internal Revenue Service		► Go to <u>ww</u>	w.irs.gov/Form990 for	the latest information	on.		Inspection
Name of the organization TILLAMOOK COAST VISITORS ASS	OCIATION					Employer identifi	cation number
TILLAMOUR COAST VISITORS ASS	OCIATION					83-2873535	
Part I General Informa	tion on Grants	and Assistance					
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	award the grants nization's procedur	or assistance? . . . es for monitoring the us	se of grant funds in the Ur	nited States.			☑ Yes □ No
			nd Domestic Governme ditional space is needed.	nts. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JETTY FISHERY LLC 27550 HWY 101 NORTH ROCKAWAY BEACH, OR 97136	93-1161207		5,105				MARKETING & PROMOTIONS GRANT
2 Enter total number of sectio	n 501(c)(3) and go	vernment organizations	s listed in the line 1 table .			>	
3 Enter total number of other	organizations listed	d in the line 1 table .				▶	
For Paperwork Reduction Act Notice	, see the Instruction	ns for Form 990.		Cat. No. 5005!	5P	Sci	hedule I (Form 990) 2019

(1) (2) (3) (4) (5) (6)	
(3) (4) (5)	
(4)	
(5)	
(6)	
(7)	
Part IV Supplemental Information. Provide the information required in Part I, line 2	Part III, column (b); and any other additional information.
Return Reference Explanation	



990 Schedule O, Supplemental Information Return Reference Explanation

Conflict of	WHENEVER A NEW DIRECTOR JOINS THE BOARD AND ANNUALLY THEREAFTER, EACH DIRECTOR MUST DISCUS
interest	S AND REVIEW THE CONFLICT OF INTEREST POILCY AND SIGN A DIRECTOR CERTIFICATION CONCERNING
policy	CONFLICTS OF INTEREST FORM. TCVA DIRECTORS MUST BE ALERT TO CONFLICTS, ESPECIALLY THEIR OW
compliance	N, BUT THEY MUST ALSO RAISE AND ADDRESS ANY PERCEIVED CONFLICT OF INTERST OF OTHER DIRECTO
Part VI line	RS IF THEY ARE AWARE OF SUCH CONFLICTS WITH RESPECT TO MATTERS PERTAINING TO TILLAMOOK COA
12c	ST VISITORS ASSOCIATION.

Return Explanation
Reference

CEO ,.	THE BOARD ANNUALLY REVIEWS THE EXECUTIVE DIRECTORS PERFORMANCE AND RECOMMENDS SALARY INCRE
executive	ASES. THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER EMPLOYEES.
director top	
management	
comp Part VI	
line 15a	

Return Reference Explanation

Governing DOCUMENTS ARE GIVEN UPON WRITTEN REQUEST.

documents
etc available
to public Part
VI line 19

Return Reference	Explanation
Other or	ALTHOUGH THE NON-PROFIT WAS APPROVED IN 2018, FISCAL OPERATIONS OF THE ORGANIZATION BEGAN
change in	JULY 1, 2019. THEREFORE, THE INITIAL 990 IS A SHORT-YEAR FROM JULY 1, 2019-DECEMBER 31, 20
accounting	19. SUBSEQUENT YEARS WILL BE REPORTED ON A CASH BASIS CALENDAR YEAR. TILLAMOOK COAST VISIT
method Part	ORS ASSOCIATION FILED A 990-N IN 2018 IN ORDER TO REMAIN COMPLIANT WITH ANNUAL FILING REQU
XII line 1	IREMENTS, HOWEVER, THIS IS CONSIDERED THE FIRST PERIOD OF ACTUAL ORGANIZATION OPERATIONS.

Return Reference	Explanation
Explanation	PRIOR TO BECOMING A 501(C)(6) NOT-FOR-PROFIT BUSINESS, VISIT TILLAMOOK COAST OPERATED UNDE
of other	\mid R AN INTERGOVERNMENTAL AGREEMENT BETWEEN TILLAMOOK COUNTY AND THE ECONOMIC DEVELOPMENT CC
changes in	NCIL OF TILLAMOOK COUNTY, AN ORS 190 LOCAL COUNCIL OF GOVERNMENT. AS A LOCAL COUNCIL OF GO
net assets or	VERNMENT, THE EDC WAS NOT REQUIRED TO FILE ANNUAL RETURNS, BUT WAS SUBJET TO AN ANNUAL IND
fund	EPENDENT AUDIT. ALTHOUGH TILLAMOOK COAST VISITORS ASSOCIATION WAS ESTABLISHED AND RECEIVED
balances	NON-PROFIT STATUS IN LATE 2018, THE ORGANIZATION DID NOT BEGIN OFFICIAL OPERATIONS UNTIL
Part XI line 9	JULY 1, 2019. THE CHANGE IN NET ASSETS REFLECTS THE FUNDS TRANSFERRED FROM THE ECONOMIC DE
	VELOPMENT COUNCIL TO TILLAMOOK COAST VISITORS ASSOCIATION ON JULY 1, 2020.