Form **990** (Rev January 2020) 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

Open to Public

▶ Go to www irs gov/Form990 for instructions and the latest information

Inspection

Form **990** (2019)

AF	or the	2019 calendar year, or tax year beginning and	enaing	-		
Во	heck if	C Name of organization		D Employer identifi	cation number	
,—		Enterprise Development rund of Effe				
<u></u>	Addre chang	County, Inc.				
<u> </u>]Name chang			25-15255		
	Initial	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone numbe		
	Final		405	814-440-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	305358.	
<u>_</u>	Amen	Elle, FA 10501		H(a) Is this a group re		
	Applic non pendi	Finance and address of principal officer CORTES CONDS, OR	. 2	for subordinates		
		1611 Peach Street, Erie, PA 16501	_TY,	H(b) Are all subordinates is		
_		empt status X 501(c)(3) 501(c) () ((insert no) 4947(a)(1)	or	7	list (see instructions)	
		re ► N/A		H(c) Group exemptio		
	orm of	organization X Corporation Trust Association Other Summary	L Year	of formation 1986	A State of legal domicile PA	
-	1	Briefly describe the organization's mission or most significant activities THIS	ORGAN	NIZATION PRO	VIDES	
Activities & Governance	1	CREDIT, CAPITAL, AND TECHNICAL SUPPORT T				
rna	2	Check this box If the organization discontinued its operations or dispo				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11	
Ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		4	11	
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0	
ž	6	Total number of volunteers (estimate if necessary)		6	0	
Ç		Total unrelated business revenue from Part VIII, column (6), line 12		7a	0.	
_	ь	Net unrelated business taxable income from Form 990 Que BYED		7b_	0.	
				Prior Year	Current Year	
ā	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		31940.	25848.	
aun	9	Program service revenue (Part VIII, line 2g)		242935.	253710.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d		3542.	4831.	
ш	11	Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 9c, and 11 d)		122262.	20969.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		400679.	305358.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
x	b	Total fundraising expenses (Part IX, column (D), line 25)	0.			
ш	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		372091.	560583.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	372091.	560583.	
	19	Revenue less expenses Subtract line 18 from line 12		28588.	-255225.	
s or			Be	eginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)	<u></u>	<u>3968287.</u>	3503055.	
t As	21	Total liabilities (Part X, line 26)		<u>3658784.</u>	3448777.	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		309503.	54278.	
	rt II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge	2 2 2 2 2	
		Signature o'collicer		r has any knowledge 4-18 Date	-2020	
Sign				Date		
Her	е	CURTIS JONES, JR, CHAIRMAN Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Cneck	PTIN	
Paid		Stephen J. Falk III, CPA then Folk To	PA	33120 II selt employ	ED P01504273	
Prep	arer	Firm's name FELIX & GLOEKLER, P.C		Firm's EIN	26-0001555	
Use	Only	Firm's address 2306 PENINSULA DRIVE			_	
		ERIE, PA 16506		Phone no 81	4-838-6095	
May	May the IRS discuss this return with the preparer shown above? (see instructions)					

_		velopment rand or Ell	25 15	25572	- 0
	99@ (2019) County, Inc.		25-15	<u> 25572 </u>	Page 2
Pa	rt III Statement of Program Service Acc	ompushments			_
	Check if Schedule O contains a response or n	ote to any line in this Part III			
1	Briefly describe the organization's mission				
	TO ASSIST IN THE REGION'S	ECONOMIC DEVELOPMENT .	AND COMMUNITY		
	DEVELOPMENT STRATEGY BY PR			CAL	
	SUPPORT TO CREATE AND RETA				
	BOTTORT TO CREATE AND RETA	IN CODD FOR CHEEREN	ED TOTOBATIONS	<u> </u>	
					
2	Did the organization undertake any significant progra	am services during the year which were not	t listed on the		==1
	prior Form 990 or 990 EZ?			Yes	X No
	If "Yes," describe these new services on Schedule C)			
3	Did the organization cease conducting, or make sign	ificant changes in how it conducts, any pro-	ogram services?	Yes [X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomp	dishments for each of its three largest prog	ram services, as measured h	aspenses	
7					. ~!
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the amount of grants and al	liocations to others, the total	expenses, an	Ю
	revenue, if any for each program service reported				
4a		5 • including grants of \$) (Revenue \$		<u>79.</u>)
	CREATION OF A LOAN FUND TO	ASSIST BUSINESSES TO	STIMULATE COM	MUNITY	AND
	ECONOMIC DEVELOPMENT AND T	O INCREASE EMPLOYMENT	IN UNDERSERVE	D	
	POPULATIONS	<u> </u>			
	TOTOLATIONS				
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			*		
					
					
4c	(Code) (Expenses \$	and the second of C) (Payanya f		
70	(Code) (Expenses \$	including grants of \$	/ (Revenue \$		—
					
			_		_
4d	Other program services (Describe on Schedule O)				
	(Expenses \$ including grant	of\$ (Revenue	e \$)	
4e	Total program service expenses ▶	506605.			
			·	Form 990	(2019)
					~ \r_U ; \/

			V	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-21
J	public office? If "Yes," complete Schedule C, Part I	3		Х
4	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? If "Yes," complete Schedule C, Part II	4		Х
5	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		Х
6	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 D, Part I	6		Х
7	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII Was the assessment and vided in acceptionated independent sudited financial statements for the tax year?	12a		
D	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		Y
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	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		X
15	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		X
16	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		Х
17	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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a ⁹ If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		<u> X</u>

25-1525572 Form 990 (2019) County, Inc. Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Х 23 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lact day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? If "Yes," complete Х Schedule L. Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or formor officer, director, tructoe, key employee, creator or founder substantial contributor, or 35% 26 Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV Х 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х "Yes," complete Schedule L, Part IV 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 $X_{\underline{}}$ 34 Part V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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	990 (2019) County, Inc. 25-152	<u>5572</u>	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			~
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2p	-	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	┼	<u> </u>
4a	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, socurities account, or other financial account)?	1a	 	X
ь	If "Yes," enter the name of the foreign country		ĺ	ľ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax sholter transaction at any time during the tax year?	53	ļ	X
IJ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	Х
	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		ł	
	any contributions that were not tax deductible as charitable contributions?	63	├	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
_	were not tax deductible?	6b	 -	1
7	Organizations that may receive deductible contributions under section 170(c)	. _	İ	v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		 	<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			x
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	 	^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit centract?	7e		
c f	Did the organization, during the year, pay premiume, directly or indirectly, on a personal benefit contract?	7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	Δ
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11	11/	1
Ū	oponsoring organizations maintaining donor advised raines and a donor devised raines by the oponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9а		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders N/A 11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	·		
12a	Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13 a		
	Note See the instructions for additional information the organization must report on Schedule O			
b	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			[
С	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	141	<u> </u>	
15	Is the organization subject to the section 4000 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	X

Form **990** (2019)

16

X

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720 Schedule O

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2019) County, Inc. 25-1525572 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			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 on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11	_	ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
, u	more members of the governing body?	7a		Х
Is	Arc any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
J	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1		
а	The governing body?	8a	Х	
	The second secon	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	52		
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	, ,		
	Alex Discours (Time decital Disease Information asset periode in a second secon		Yes	No
a 11	Did the organization have local chapters, branches, or affiliates?	10á	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ť	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	pcisons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity-during the year?	16a	}	Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	ĺ	
Sec	tion C. Disclosure	1.4-	·	
17	Lict the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 T (Section 501(c)(3		/) avaıl	able
	for public inspection. Indicate how you made these available. Check all that apply	. ,		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd finar	ncial	
	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			
	BOOKKEEPER - 814-440-1155			
	1611 PEACH STREET, Erie, PA 16501			

Form **990** (2019)

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Form 990 (2019) County, Inc.

25-1525572

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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 year
- 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 omployees, and 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 componisation from the organization and any related organizations. See instructions for the order in which to list the persons above

X. Check this box if neither the organization not any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week	ob)	not c	(C Pos heck ss pe	C) ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	i Officer	Кеу етріоуее	Highesi compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W 2/1099-MISC)	compensation from the organization and related organizations	
(1) CHARLES BARBER	1.00							0	0	0	
BOARD MEMBER	1 00	X	ļ	_			<u> </u>	0.	0.	0.	
(2) SHERRY BAUER	1.00	.						0.	0.	0.	
BOARD MEMBER	1 00	X				-		0.	0.	<u>U•</u>	
(3) WILLIAM MCANDREW	1.00	ا _ت		v				0.	0.	0.	
SECRETARY	1.00	X.		X				<u> </u>	0.	<u>_</u>	
(4) SARAH GIAMBANCO	1.00	X		X				0.	0.	0.	
TREASURER	1.00	Λ		Α		1		0.	0.	•	
(5) BETH ZIMMER BOARD MEMBER	1.00	x						0.	0.	0.	
(6) CURTIS JONES JR	1.00	71				1					
CHAIRMAN		x		x				0.	0.	0.	
(7) TERRY HOLMES	1.00					1				1	
VICE CHAIRMAN		X		Х				0.	0.	0.	
(8) CHRIS GRONER	1.00										
BOARD MEMBER		X				١.		0.	0.	0.	
(9) JAMES SPARBER	1.00										
BOARD MEMBER		X		<u> </u>				0.	0.	0.	
(10) THOMAS KING	1.00										
BOARD MEMBER		X		<u> </u>	ļ		L.	0.	0.	0.	
(11) DAVID BRENNAN	1.00										
BOARD MEMBER		X			<u> </u>	ļ		0.	0.	0.	
		1									
		<u> </u>	ļ		_	<u> </u>	ļ				
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Form 990 (2019)

County, Inc.

Form 990 (2019)

25-1525572

Page 8

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c d Related organizations 1d 25848 e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncesh contributions included in lines 1a-1f 19 \$ 25848 Total, Add lines 1a-1f **Business Code** 525990 253710 253710 Program Service Revenue 2 a Interest Income-Notes f All other program service revenue 253710. Total Add lines 2a-2f Investment income (including dividends, interest, and 3 4831. 4831. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 20734. 20734 900099 11 a OTHER INCOME 235. ь SALE OF ASSETS 900099 d All other revenue 20969. e Total Add lines 11a 11d

12 932009 01-20-20

Form **990** (2019)

4831.

0.

305358.

Total revenue See instructions

274679

Form 990 (2019)

Form 990 (2019) County, Inc.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	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									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22									
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									
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									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees)									
a	Management	26005.	26005.							
b	Legal	20673.	20003.	20673.						
С.	Accounting	20073.		20073.						
d	Lobbying Professional fundamental services. See Part IV, line 17									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,		· · · · · · · · · · · · · · · · · · ·		-					
g	column (A) amount, list line 11g expenses on Sch 0									
40	Advertising and promotion									
12	Office expenses									
13 14	Information technology									
15	Royalties		·							
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	12052.		12052.						
20	Interest	56353.	56353.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	377.		377.						
23	Insurance	8522.		8522.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	ï								
а	DAD DDDM DWDDMGD	277009.	277009.							
a b	CONTRACTED SERVICES	147253.	136228.	11025.						
C	PROPERTY EXPENSE	8308.	8308.							
d	BANK CHARGES	2702.	2702.							
	All other expenses	1329.	3,000	1329.	 					
25	Total functional expenses Add lines 1 through 24e	560583.	506605.	53978.	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)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash non-interest bearing			761940.	1	<u>568232.</u>
	2	Savings and temporary cash investments		<u> </u>		2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sul	bstantial (contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons	·	5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		<u></u>	3196146.	7	2924999.
Assets	8	Inventories for sale or use		_		8	
ä	9	Prepaid expenses and deferred charges		_		9	<u></u>
	10a	Land, buildings, and equipment cost or other	r				
		basis Complete Part VI of Schedule D	10a	17564. 7740.			
	b	Less accumulated depreciation	10b	7740.	10201.	10c	9824.
	11	Investments - publicly traded securities		_		11	
	12	Investments other securities See Part IV, lin	e 11	<u> </u>		12	
	13	Investments - program-related See Part IV, lin	ne 11	Ļ		13	
	14	Intangible assets		Ļ		14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	33)	3968287.	16	<u>3503055.</u>	
	17	Accounts payable and accrued expenses	12184.	17	13477.		
	18	Grants payable		18			
	19	Deferred revenue		}-		19	
	20	Tax exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complet				21	
63	22	Loans and other payables to any current or fo					
Liabilities	-	trustee, key employee, creator or founder, sul					
ap		controlled entity or family member of any of the	nese pers	ons		22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·	4.404.500	23	1505200
	24	Unsecured notes and loans payable to unrela		·	1421532.	24	1785300.
	25	Other liabilities (including federal income tax,		ŀ			
		parties, and other liabilities not included on lir	nes 17-24)	Complete Part X	0005060		1.650000
		of Schedule D		-	2225068.		1650000.
	26	Total liabilities. Add lines 17 through 25		. (32)	3658784.	26	3448777.
Ś		Organizations that follow FASB ASC 958, o	heck her	e ▶ 【X】			
JC e		and complete lines 27, 28, 32, and 33.			200502		F 4 2 7 0
ala	27	Net assets without donor restrictions		}-	309503.	27	54278.
e B	28	Net assets with donor restrictions		. —		28	
Š		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
P.		and complete lines 29 through 33.				_	
ţş	29	Capital stock or trust principal, or current fund		}		29	
SSe	30	Paid-in or capital surplus, or land, building, or		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds	200502	31	F4080
Š	32	Total net assets or fund balances		-	309503.	32	54278.
	33	Total liabilities and net assets/fund balances			3968287.	33	3503055.

Form **990** (2019)

If the organization changed either its eversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yoo," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

3a | X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ

► Go to www irs.gov/Form990 for instructions and the latest information.

Enterprise Development Fund of Erie

2019

Open to Public Inspection

Employer identification number

25-1525572 County, Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (n) EIN in your governing document? (described on lines 1 10 support (see instructions) support (see instructions) organization No above (see instructions))

Enterprise Development Fund of Erie 25-1525572 Page 2 Schedule A (Form 990 or 990-EZ) 2019 County, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 🎙 , or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)' Section A. Public Support (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital . assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, on 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization mosts the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2019

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2019 County, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

50	qualify under the tests listed b	elow, please comp	lete Part II)				
	ction A. Public Support					4 1 2242	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	260207	06101	110005	21040	25040	464201
	include any "unusual grants ")	268297.	26121.	112095.	31940.	25848.	464301.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Gross receipts from activities that	381751.	326143.	284065.	242935.	253710.	1488604.
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ						
,	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				. <u></u>		
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	650048.	352264.	396160.	274875.	279558.	1952905.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		ĺ				0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						1952905.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	650048.	352264.	396160.	274875.	279558.	1952905.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	173.	105.	2925.	3542.	4831.	11576.
	Unrelated business taxable income	j	J				
	(less section 511 faxes) from businesses acquired after June 30, 1975						
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	172	105	2925.	3542.	4831.	11576.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	173.	105.	2923.	3342.	4031.	113/6.
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)	3062.	6609.	29473.	<u>216</u> 94.	20734.	_81572.
13	Total support (Add lines 9, 10c, 11, and 12)	653283.	358978.	428558.	300111.	305123.	2046053.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						_
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	95.45 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16	96.85 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	.57 %
18	Investment income percentage from 2	018 Schedule A, F	art III, line 17			18	.31 %
	33 1/3% support tests - 2019. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						\triangleright [X]
b	33 1/3% support tests - 2018. If the	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	p here . The organ	ization qualifies as	a publicly suppo	rted organization	▶□
20	Private foundation If the organization	n did not check a b	ox on line 14, 19a	or 19b, check this	s box and see ins	tructions	>

Schedule A (Form 990 or 990 EZ) 2019 County, Inc.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations	.		
		[Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	ļ	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	ļ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	İ		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ļ		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ļ	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If]
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ı		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			İ
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			}
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Qə	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
U	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	Ì	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section			
iua	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a		
	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104	 	
b	determine whether the organization had excess business holdings)	10b		
	determine whether the digalization had excess dusiness holdings /			

Schedule A (Form 990 or 990-EZ) 2019

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Enterprise Development	Fund		OF 1505550 -
=	dule A (Form 990 or 990 EZ) 2019 County, Inc.	- 0		25-1525572 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			D-+1/() O
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		Part VI) See Instructions Al
	other Type III non-functionally integrated supporting organizations must co	impiete Se	Ctions A through E	(B) Current Year
Sect	ion A - Adjusted Net Income ·		(A) Prior Year	(optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2	<u> </u>	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b_		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	······	
7	Check here if the current year is the organization's first as a non functional	y integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposi	es of supported ordanisation	'	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsive)	
	(provide details in Part VI) See instructions	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(1)	(11)	(111)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions		- · · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2019			***************************************
а	From 2014			
ь	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_!				
	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		***************************************
4	Distributions for 2019 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

. Enterprise Development Fund of Erie

Schedule A	(Form 990 or 990 E	Z) 2019 Count	y, Inc.					<u>5572 Page</u>
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec Section D, lines 5,	Information. Fines 1, 2, 3b, 3c, ation D, lines 2 and 6, and Part	Provide the expl 4b, 4c, 5a, 6, 9a 3. Part IV. Sect	a, 9b, 9c, 11a, 1 ion E. lines 1c. 2	1b, and 11c, Par 2a. 2b. 3a. and 3t	t IV Section B, line o, Part V, line 1, Pa	or 17b Part III, s 1 and 2, Part IV rt V, Section B, III	line 12, /, Section C ne 1e. Part V.
	(See instructions)							
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

Go to www irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Enterprise Development Fund of Erie County, Inc.

Employer identification number 25-1525572

Total number at end of year Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Dot the organization aform all donors and donor advisors in writing that the essets held in donor advised funds are the organization form all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or conor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or conor advisor, or for any other purpose conferring impermissible provides provide benefit? Port II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Inn 7 Purposed(s) of conservation assemblish bet by the organization on evaluation of proservation of a betoncially important tand area Preservation of land for public use (for example, recreation or education) Preservation of a betoncially important tand area Preservation of land for public use (for example, recreation or education) Preservation of a conferied historic structure Preservation of pons space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement is not a conservation easement is a call of the conservation easements in conservation easements in conservation easements in conservation easements in conservation easements in conservation easements in conservation easements in conservation easements in conservation easements in conservation easements modified, transferred, released, extinguished, or terminated by the organization during the lax year Number of states where properly subject to conservation easements is vicated Number of states where properly subject to conservation easements is vic	Pai			Is or Accounts. Complete if the			
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Yes	d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	cture			
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Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(li)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets for financial gain, provide the following	3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax			
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S		violation, and office of the content					
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the following amounts required to be reported under FASD ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1	2	• •	easures, or other similar assets for finance				
a Revenue included on Form 990, Part VIII, line 1	_						
	9			> \$			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2019 County,	Inc.	P				2	5-15	25572	Page 2
	t III Organizations Maintaining C		rt, Hist	orical Tr	easures, c	or Other				
3	Using the organization's acquisition, accessing									
	collection items (check all that apply)									
а	Public exhibition d Loan or exchange program									
b										
С	c Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							7		
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on Fo	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custode	an or other intermed	diary for	contribution	is or other as	sets not ind	cluded	_	٦.,	□. .
	on Form 990, Part X?							ــــا	Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	able						
	_						-		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e ,	Distributions during the year						1e			
70	Ending balance Did the organization include an amount on Fe	orm 990 Part Y line	21 for 6	פכנטאי טג כו	istodial acco	unt liability		Г	Yes	□ No
	If "Yes," explain the arrangement in Part XIII								3 103	
Par				-						_ ' ;
		(a) Current year		rior year	(c) Two year		Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	(4)								
b	Contributions	··········								
c	Net investment earnings, gains, and losses			-						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	_	<u></u>							
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi endowment		%							
b	Permanent endowment >	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	it are held a	nd administe	red for the	organiza	ition	Γ-	
	by									Yes No
	(I) Unrelated organizations								3a(ı)	
	(II) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	•							_3b	
4	Describe in Part XIII the intended uses of the		owment i	funds						
Pai	t VI Land, Buildings, and Equipm		0 0-41	/ l.m. 11. C	`aa Farm 000	L Dowt V Ive	o 10			
	Complete if the organization answere								(d) Dook	velve
	Description of property	(a) Cost or o basis (investr		(b) Cost	or other	` '	umulated ciation	'	(d) Book	value
	Land	Dasis (IIIVES(I	Herit)	Dasis	(00101)	debie		_		
	Land	-				<u> </u>				
b	Buildings				11300.		147	6		9824.
C	Leasehold improvements Equipment				6264.		626			0.
d					02041		020			
<u>e</u>	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colun	nn (B) line 1	10c)			—		9824.
1010		<u></u>	,	1-//	-,					

Total	Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ECGRA EQUITY EQUIVALENT	1300000
(3)	EQUITY EQUIVALENT - PEDFA	350000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	Column (b) must equal Form 990, Part X, col (B) line 25)	1650000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2019
Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Enterprise Development Fund of Erie County, Inc.

Employer identification number 25-1525572

Form 990, Part I, Line 1, Description of Organization Mission:
RETAIN JOBS FOR UNDERSERVED POPULATIONS
Form 990, Part VI, Section B, line 11b:
The organization provided a copy of the 990 to all members of the board for
review and changes before filing the form.
Form 990, Part VI, Section B, Line 12c:
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY SUSPECTED CONFLICT OF
INTEREST ANNUALLY, DOCUMENTED BY SIGNED STATEMENTS.
Form 990, Part VI, Section C, Line 19:
The organization makes its governing documents, conflict of interest
policy, and financial statements available to the public upon request.
Form 990, Part XII, Line 2c:
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION
PROCESS.