

# **Eplus Meeting**

## December 17, 2021 at 2:00 p.m.

Zoom Link: https://fresnoeoc.zoom.us/j/85627715579

Meeting ID: 856 2771 5579

1-669-900-6833



## **EPLUS MEETING AGENDA**

## DECEMBER 17, 2021 AT 2:00 P.M.

#### 1. CALL TO ORDER

2. ROLL CALL

#### 3. APPROVAL OF JUNE 10, 2021 MINUTES

A. June 10, 2021 Eplus Meeting Minutes	Approve	3
4. 2020 TAX RETURNS		
A. 2020 Tax Return	Approve	4
5. TRANSFER OF NET ASSETS TO ACCESS PLUS CAPITAL		
A. Transfer of Net Assets to Access Plus Capital	Approve	119
6. PUBLIC COMMENTS (This portion of the meeting is reserved for persons wishing to address the		

(This portion of the meeting is reserved for persons wishing to address the Committee on items within jurisdiction but not on the agenda. Comments are limited to three minutes)

### 7. ADJOURNMENT



#### Enterprise + Economic Development Center, Inc. (ePLUS) Thursday, June 10, 2021 at 1:00 PM

#### MINUTES

#### 1. CALL TO ORDER

Jerome Countee, Chair, called the he meeting to order at 1:08pm.

#### 2. ROLL CALL

Present: Jerome Countee (Chair), James Martinez, Alysia Bonner, Rey Leon Absent: Staff: Jim Rodriguez, Emilia Reyes, Lucy Yang

#### 3. APPROVAL OF OCTOBER 9, 2019 MINUTES

A. October 9, 2019 Eplus Committee Minutes

Public Comment: None heard.

Motion by: Alysia Bonner Second by: James Martinez Ayes: Jerome Countee, James Martinez, Alysia Bonner, Rey Leon Nayes: None

#### 4. PROMISSORY NOTE

A. Eplus is issuing a loan of \$460,000 to Fresno EOC for the property at 925 N Abby St. Fresno CA, where Fresno EOC is currently a tenant. It was approved last year by the Infrastructure Committee. One of the programs is at the location is Health services and SOUL. The facilities will be use for other programs as well. An action to approve the Promissory note for EPlus to loan EOC \$460,000 to purchase the property that EOC is currently renting at the moment.

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Public Comment: None heard.

Motion by: Alysia Bonner Second by: James Martinez Ayes: Jerome Countee, James Martinez, Rey Leon, Alysia Bonner Nayes: none.

### 5. PUBLIC COMMENTS

None heard.

#### 6. ADJOURNMENT

(559) 263-1000

The meeting was adjourned at 1:18pm

Respectfully summitted,

Jerome Countee, Chair





### ENETRPRISE PLUS COMMITTEE MEETING

Date: December 17, 2021	Program: N/A
Agenda Item #: 4	Director: N/A
Subject: 2020 Tax return	Officer: Jim Rodriguez

#### **Recommended Action**

Chief Executive Officer recommends Committee approval for the of the 2020 Federal and State tax returns for Enterprise + Economic Development Center, Inc.

#### Background

Following best practices, the below tax returns will be presented in draft format. Hudson Henderson & company, Inc. serves as the paid preparer for these returns. The following documents are part of the tax return:

- Return of Organization Exempt From Income Tax (990)
- California Exempt Organization Annual Information Return (199)
- Annual Registration Renewal Fee Report (RRF-1)

#### Fiscal

Filing the tax return on time will not have a fiscal impact. If filed past the calendar year, the agency will receive a late penalty for filing.

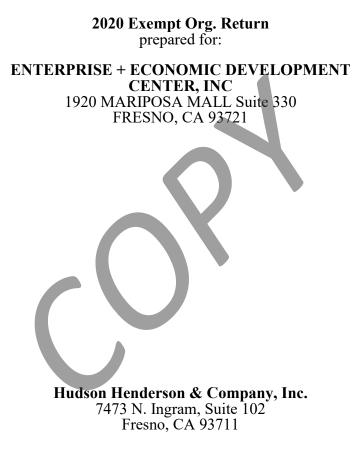
#### Conclusion

If the EPlus approves, the agency will file the 2020 Tax returns on time.



@FresnoEOC

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#### HUDSON HENDERSON & COMPANY, INC. 7473 N. INGRAM, SUITE 102 FRESNO, CA 93711 559-412-7576

December 6, 2021

ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC 1920 MARIPOSA MALL Suite 330 FRESNO, CA 93721

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$25 payable by May 17, 2021. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 17, 2021 to:

#### REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Brian Henderson

## **HUDSON HENDERSON & COMPANY, INC.**

7473 N. INGRAM, SUITE 102 FRESNO, CA 93711 559-412-7576

## ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC 1920 MARIPOSA MALL #330 FRESNO, CA 93721 (559) 263-1030 FEDERAL FORMS

Form 9902020 Return of Organization Exempt from Income TaxSchedule AOrganization Exempt Under Section 501(c)(3)Schedule DSchedule DSchedule JSchedule JSchedule OSupplemental InformationSchedule RRelated Organizations and Unrelated PartnershipsForm 8879-EOIRS e-file Signature Authorization

#### CALIFORNIA FORMS

Form 199 Form 8453-EO Form RRF-1 2020 California Exempt Organization Return California e-file Return Authorization for Exempt 2021 Registration/Renewal Fee Report

**Preparation Fee** 

FEE SUMMARY

Form <b>8879-EO</b>	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending, 2020, a	<sup>0</sup>	2020
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>		2020
Name of exempt organization or pers ENTERPRISE + ECON	on subject to tax OMIC DEVELOPMENT	Taxpayer id	lentification number
CENTER, INC		77-031	12119
Name and title of officer or person su			
JAIME RODRIQUEZ	TREASURER n and Return Information (Whole Dollars Only)		
Check the box for the return check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, 5b	n for which you are using this Form 8879-EO and enter the applicable amount, a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being f b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entere o not complete more than one line in Part I.	filed with th	is form was blank, then
1 a Form 990 check here	► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		<b>1b</b> 84,793.
2 a Form 990-EZ check he			2b
3 a Form 1120-POL check	s here 🕨 🗌 b Total tax (Form 1120-POL, line 22)		3 b
4 a Form 990-PF check he	ere 🛌 🔲 🐱 Tax based on investment income (Form 990-PF, Part VI, lin	ne 5)	4 b
5 a Form 8868 check here			5 b
6 a Form 990-T check her			6 b
7 a Form 4720 check here	e ► 🔄 b Total tax (Form 4720, Part III, line 1)		7b
Part II Declaration a	nd Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury, I d	eclare that X I am an officer of the above organization or I am a person	on subject t	to tax with respect to
processing the return or refun initiate an electronic funds wit of the federal taxes owed of U.S. Treasury Financial Age financial institutions involve inquiries and resolve issues return and, if applicable, the <b>PIN: check one box only</b> X I authorize <u>HUDSON</u> on the tax year 2020 elec (ies) regulating charities disclosure consent scree As an officer or person electronically filed return charities as part of the l	tronically filed return. If I have indicated within this return that a copy of the return is a sa part of the IRS Fed/State program, I also authorize the aforementioned EF en. subject to tax with respect to the organization, I will enter my PIN as my signal 1. If I have indicated within this return that a copy of the return is being filed wi RS Fed/State program, I will enter my PIN on the return's disclosure consent s	designated F eparation so revoke a pa ement) data formation ) as my sig 5683 Enter five num do not enter al being filed v RO to enter ture on the ith a state a	Financial Agent to ftware for payment ayment, I must contact the e. I also authorize the necessary to answer nature for the electronic 37 as my signature hers, but lizeros with a state agency my PIN on the return's tax year 2020
Signature of officer or person subject			
Part III Certification a			
number (EFIN) followed by	six-digit electronic filing identification your five-digit self-selected PIN		Do not enter all zeros
I certify that the above numer I am submitting this return in a Providers for Business Retu	ic entry is my PIN, which is my signature on the 2020 electronically filed return indica ccordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for rns.	ated above. Authorized I	I contirm that RS <i>e-file</i>
ERO's signature   BRIAN	HENDERSON Date ►		
	ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		

Form	99	0
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Department of the Treasury

#### **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

OMB No. 1545-0047 2020

Inter	rnal Revenue	Service		Go to www.i	rs.gov/Form990 for in	istructions and the	he latest inf	formation	•		inspection
Α	For the 2	020 calend	ar year, or tax y	/ear beginr	ing	, 2020,	and ending	]		,	, 20
В	Check if app	blicable:	С						D Employ	er identi	ification number
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	Final retu	] urn/terminated	FRESNO, CA	93721				F	(00)	<i>,</i> –	
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<u>,</u>	Websit			301(0) (	) (113611110.)	4047 (a)(1) 01		<b>H(c)</b> Group e	vomation a	umbor 🕨	
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					must equal Part V				246,1	.72.	84,793.
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					, column (A), line 4						
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Expenses	<b>16a</b> Pro	ofessional fu	undraising fees	(Part IX, co	olumn (A), line 11e	)					
e de	<b>b</b> Tot	al fundraisi	ng expenses (F	art IX, colu	ımn (D), line 25) 🕨						
Ш	17 Oth	ner expense	s (Part IX, colu	mn (A), lin	es 11a-11d, 11f-24	e)			36,7	35.	94,908.
	18 Tot	al expenses	s. Add lines 13-	17 (must e	qual Part IX, colum	nn (A), line 25)			101,7		102,884.
	19 Rev	venue less	expenses. Subt	ract line 18	from line 12				144,4	65.	-18,091.
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Ass	<b>21</b> Tot	al liabilities	(Part X, line 2	6)						50.	0.
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-		Signature	Block						,, .	1	_,,,
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com	plete. Declar	ation of prepare	er (other than officer)	) is based on a	I information of which pre	eparer has any knowle	dge.	-	-		
Sig	an	Signature	e of officer					Date	e		
He	ere	JAIM	E RODRIQU	ΞZ				TREAS	URER		
		Type or p	print name and title								
		Print/Type pre	eparer's name		Preparer's signature		Date		Check	if	PTIN
Ра	id	BRIAN H	HENDERSON		BRIAN HENDER	RSON			self-employ	ed	P01814976
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	-		FRESNO						Phone no.		-412-7576
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May the IRS discuss this return with the preparer shown above? See instructions ..... Х Yes No Form 990 (2020) TEEA0101L 01/19/21

Part III       Statement of Program Service Accomplishments         Check if Schedule Contains a response no nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response nels to any line in this Part III.       Image: Contains a response nels to any line in this Part III.         Image: Contains a response on Schedule 0.       Image: Contains a response on Schedule 0.       Image: Contains a response on Schedule 0.         Image: Contains a response on Schedule 0.       Image: Contains and allocations to others, the total expenses.       Image: Contains and allocations to others, the total expenses.         Section Still (S) and Still (A) organizations contains a response and response to any contains and allocations to others, the total expenses.       Image: Contains and allocations to others, the total expenses.         Image: Contains and allocation is any specificant to any		n <b>990 (2020</b> )	ENTERPRISE					77-031	.2119	Page <b>2</b>
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ► 101, 599.										
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses ► 101, 599.	40	c (Code:	) (Expenses	Ś	includin	a arants of \$	) (R	evenue \$		)
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							) (Revenue \$			)
			m service expenses	, ►		2L 10/07/20			Forn	n <b>990</b> (2020)

 Form 990 (2020)
 ENTERPRISE + ECONOMIC
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	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		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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
ł	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	11 b		Х
0	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.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	<sup>5</sup> 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>	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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 (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	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		Х
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 Part IV
 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		Х
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	х	1
24 a	a 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a</i>	24a		Х
I	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25 a	a 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		Х
I	<b>b</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 Schedule L, Part I.	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
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):			
ä	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
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	х	I
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</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? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
	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	Х	L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		1	
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a		Yes	NO
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		1 c		
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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
		50		<u> </u>
	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?	6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7 a		X
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ 5		<u> </u>
	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
y	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
a	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ь	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	14-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
	If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.			

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 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.
 X

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Sec	tion A. Governing Body and Management			
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year       1 a       7         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.       1 a       7			
ŀ	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>			
	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		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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		<u>X</u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		Λ
	members of the governing body?	7 a	Х	
ł	• Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ä	a The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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 on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b 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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a 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	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
	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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	a The organization's CEO, Executive Director, or top management official	15 a	Х	
ł	o Other officers or key employees of the organizationSEE .SCHEDULE.O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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 provide tax is a superstant of the provide arrangements.	101		
Sec	organization's exempt status with respect to such arrangements?	16 b		
-	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5) available for public inspection. Indicate how you made these available. Check all that apply.	D1(c)(	3)s on	ly)
	Own website     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, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	JIM RODRIGUEZ 1920 MARIPOSA MALL, SUITE 330 FRESNO CA 93721 (559) 263-1030			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and						
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								
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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 employees, 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 compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)											
(A) Name and title	(B) Average hours per	director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other				
	week (list any hours for related organiza-	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations				
	tions below dotted line)	trustee	al trustee		yee	Highest compensated employee								
(1) EMILIA REYES	1													
SECRETARY	40	Х		Χ				0.	172,090.	23,863.				
(2) JAIME RODRIQUEZ TREASURER	$\frac{1}{40}$			X				0.	84,447.	3,660.				
(3) JEROME COUNTEE	<u>1</u> 5	Х		Х				0.	0.	0.				
(4) BRUCE MCALISTER DIRECTOR	<u>    1    </u> 5	х						0.	0.	0.				
	<u>1</u> 5	X						0.	0.	0.				
(6) REY LEON DIRECTOR	1	Х						0.	0.	0.				
(7) DANIEL MARTINEZ DIRECTOR	<u>1</u> 5	Х						0.	0.	0.				
(8)														
		-												
(10)														
(11)														
(12)														
(13)														
(14)														
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#### Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT

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(A) Name and title     (B) Average burst werk (list or the string to s	
Name and title     hours week (list model - tions below     bours meter (list model - tions     bours model (list model - tions     bours model (list model - tions     Beyortable (model - tions     Reportable (model - tions     Reportable (model - tions     Estimated of other (W-2/1099-MISC)       (15)	
(15)	amount er
(15)	zation ited
(17)       (18)       (19)	
(18)       (19)	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	
1 b Subtotal 0. 256,537. 27	,523.
c Total from continuation sheets to Part VII, Section A	0. ,523.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0	
Ye	s No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for       4       Y         4 y       Y       4       Y	<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Compensation of services (C) Compensation	tion
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 ► 0	

#### Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT

#### Part VIII Statement of Revenue

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

		<b>(A)</b> Total revenue	(B) Related or	(C) Unrelated	<b>(D)</b> Revenue excluded from tax
			exempt function revenue	business revenue	under sections 512-514
ts	1 a Federated campaigns 1a		Tevenue		512-514
ran	<b>b</b> Membership dues 1 <b>b</b>				
s, G	c Fundraising events 1c				
Sift: lar /	d Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) 1e 60,073.				
tion er S	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
ibu	a Noncash contributions included in				
nd C	lines 1a-1f				
	h Total. Add lines 1a-1f	60,073.			
Program Service Revenue	Business Code	24 720	24 720		
leve	2a PROGRAM SERVICE REVENUE	24,720.	24,720.		
се Н	<u> </u>				
ervi	d				
nS	e				
grar	f All other program service revenue				
Pro	g Total. Add lines 2a-2f►	24,720.			
	3 Investment income (including dividends, interest, and other similar amounts)►				
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 6a b Less: rental expenses 6b				
	b Less: rental expenses 6b c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	(i) Securities (ii) Other				
	/ a Gross amount from sales of assets				
	other than inventory 7a				
	b Less: cost or other basis and sales expenses <b>7b</b>				
	c Gain or (loss) 7c				
	d Net gain or (loss)►				
e	8 a Gross income from fundraising events				
Other Revenue	(not including \$				
eve	of contributions reported on line 1c).				
r B	See Part IV, line 18 8a				
he	b Less: direct expenses 8b				
δ	c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities►				
	10a Gross sales of inventory, less         returns and allowances         10a				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory►				
S	Business Code				
Miscellaneous Revenue	11 a				
ent	b				
ev ell	с				ļ
lisc R					
	e Total. Add lines 11a-11d				
-	12 Total revenue. See instructions	84,793.	24,720.	0.	0.
BAA	TEEA	0109L 10/07/20			Form <b>990</b> (2020)

Form 990 (2020)

# 25 26 SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

#### Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT Part IX Statement of Functional Expenses

	Check if Schedule O contains a r				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	6,643.	6,643.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	, , , , , , , , , , , , , , , , , , ,			
9	Other employee benefits	1,333.	1,333.		
10	Payroll taxes				
11	Fees for services (nonemployees):				
ä	a Management				
	<b>b</b> Legal				
	c Accounting				
	d Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	-				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	129.	129.		
14	Information technology	125.	125.		
15	Royalties				
	Occupancy				
16					
17	Travel				
18	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20					
21	Payments to affiliates.				
22					
23	Insurance				
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 O.)				
ä	IOAN LOSS EXPENSE	93,494.	93,494.		
	• ADMINISTRATIVE EXPENSES	1,285.		1,285.	
		±,200.			
	All other expenses	-			
	Total functional expenses. Add lines 1 through 24e	102,884.	101,599.	1,285.	0.
	· · · · · · · · · · · · · · · · · · ·	102,004.	101,399.	1,203.	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				

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#### IT

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments.	632,315.	2	204,504.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	333,279.	4	863,604
	5	Loans and other receivables from 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		•	
	Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.	493,981.	7	373,326
ŝ	8	Inventories for sale or use.	495,901.	8	575,520
Assets	9	Prepaid expenses and deferred charges		9	
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		_	
		Less: accumulated depreciation 10b		10 c	
	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	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,459,575.	16	1,441,434
	17	Accounts payable and accrued expenses	50.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Labilities	22	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		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	Total liabilities. Add lines 17 through 25	50.	26	0
es		Organizations that follow FASB ASC 958, check here ► X			
ŝ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,459,525.	27	1,441,434
	28	Net assets with donor restrictions.		28	
Net Assets of Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
e te	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et i	32	Total net assets or fund balances	1,459,525.	32	1,441,434
ž	33	Total liabilities and net assets/fund balances.	1,459,575.	33	1,441,434.
3A	A	TEEA0111L 10/07/20			Form <b>990</b> (2020

F	Part X	Ralar	nca Shaat			
F	orm 990	(2020)	ENTERPRISE	+	ECONOMIC	DEVELOPMEN

Form	n <b>990</b>	(2020)	ENTERPRISE + ECONOMIC DEVELOPMENT 77-	0312119		Pa	age <b>12</b>
Par	t XI		onciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI				
1			e (must equal Part VIII, column (A), line 12)			84,	793.
2	Tota	l expens	ses (must equal Part IX, column (A), line 25)	2	1	02,8	384.
3			s expenses. Subtract line 2 from line 1	3	-	18,0	)91.
4			r fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,4	59, S	525.
5			ed gains (losses) on investments	5			
6			vices and use of facilities	6			
7			expenses	7			
8			adjustments	8			
9		-	es in net assets or fund balances (explain on Schedule O).	9			0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 /	41	434.
Par		. ,,	ncial Statements and Reporting		-,-	11,	191.
	• • • • • •		if Schedule O contains a response or note to any line in this Part XII				
		Oneek				Yes	No
1	Acco	ounting n	method used to prepare the Form 990: Cash X Accrual Other			103	
	lf the in So	e organiz chedule (	zation changed its method of accounting from a prior year or checked 'Other,' explain O.				
2 a	Were	e the org	ganization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	lf 'Y∉ sepa	arate bas	ck a box below to indicate whether the financial statements for the year were compiled or reviews sis, consolidated basis, or both: ate basis Consolidated basis Both consolidated and separate basis	ed on a			
t	Were	e the org	ganization's financial statements audited by an independent accountant?		2 b	Х	
	lf 'Ye	es,' chec s, consol	ck a box below to indicate whether the financial statements for the year were audited on a separa lidated basis, or both: ate basis X Consolidated basis Both consolidated and separate basis				
C	lf 'Ye revie	es' to line ew, or co	e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit oppilation of its financial statements and selection of an independent accountant?	,	2 c	Х	
	on S	schedule					
3a			f a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3a	Х	
ł			ne organization undergo the required audit or audits? If the organization did not undergo the required aud plain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
BAA		,	TEEA0112L 10/19/20				(2020)

			Public Chari	OMB No. 1545-0047								
	IEDULE A n 990 or 990-EZ)	Com	plete if the organizat 4947(a	2020								
Deve				ch to Form 990 or Fori				Open to Public				
Interna	ment of the Treasury al Revenue Service	► (	ao to www.irs.gov/Fo	rm990 for instructions	and the	latest i		Inspection				
-		CENTER, INC					Employer identific 77-031211	.9				
Par				rganizations must			1 /	ctions.				
1 2 3 4 5	A school desc A hospital or A medical ree name, city, a	church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> . school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).) hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's ame, city, and state: n organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(	<b>b)(1)(A)(iv).</b> (Co	mplete Part II.)			-	-					
6 7 8	X An organization in section 17	on that normally r 0(b)(1)(A)(vi).(	eceives a substantial p Complete Part II.)	ental unit described in seart of its support from a A)(vi). (Complete Part	governm			blic described				
9	An agricultura	l research organi	zation described in sec	e (see instructions). Ente	rated in c							
10	from activitie investment ir June 30, 197	s related to its a ncome and unre 5. See <b>section !</b>	exempt functions, sub lated business taxabl 509(a)(2). (Complete f		ons; and 511 tax)	(2) no r from b	nore than 33-1/3% of i usinesses acquired by	ts support from gross				
11	- U	0	•	ely to test for public saf	2							
12 a	lines 12a thro <b>Type I.</b> A support organization(s	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.										
b	management must comple	of the supporting te Part IV, Sect	organization vested in ions A and C.	ontrolled in connection the same persons that c	ontrol or	manage	the supported organization	tion(s). <b>You</b>				
C	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must com	ion operated in connection operated in connection of the section o	on with, ai <b>A. D. an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported				
d	<b>Type III non-fi</b> functionally in instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in co must satisfy a distribu s A and D, and Part V.	nnection Ition req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see				
	integrated, or Enter the number	r Type III non-fu er of supported o	nctionally integrated	en determination from supporting organization	٦.							
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	I											

Schedule A (Form 990 or 990-EZ) 2020	ENTERPRISE +	ECONOMIC	DEVELOPMENT	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, 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

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
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)						0.
6	Public support. Subtract line 5 from line 4						1,035,554.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,949.	32,699.	20,686.	26,548.	18,352.	118,234.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,153,788.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pul						
	Public support percentage for 20						89.75%
15	Public support percentage from a	2019 Schedule A,	Part II, line 14			15	92.13%
16a	<b>33-1/3% support test-2020.</b> If the and <b>stop here.</b> The organization						
b	33-1/3% support test-2019. If the and stop here. The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this t	box and stop here	. Éxplain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances	nd-circumstances test. The organiza	test, check this lation qualifies as	box and stop here a publicly support	Explain in Part ed organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►
BAA					Sch	adula A (Earm 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

77-0312119

#### 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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Caleno 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	<b>(f)</b> Total
	received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose Gross receipts from activities							
-	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support	1						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	<b>(e)</b> 202	0	<b>(f)</b> Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	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							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		third, fourth, or t	ifth tax year as a	section 501	(c)(3)	
Sec	tion C. Computation of Pul	blic Support F	Percentage					
15	Public support percentage for 20	• •					15	010
16	Public support percentage from 2	2019 Schedule A	, Part III, line 15				16	0/0
Sec	tion D. Computation of Inv	estment Incor	me Percentage	9				
17	Investment income percentage for	or 2020 (line 10c,	, column (f), divide	ed by line 13, col	umn (f))		17	olo
18	Investment income percentage f	rom 2019 Schedu	le A, Part III, line	17			18	010
19a	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check							
b	<b>33-1/3% support tests</b> — <b>2019.</b> If t line 18 is not more than 33-1/3%	the organization c	did not check a bo	x on line 14 or line	ne 19a, and line 1	6 is more th	an 33-	1/3%, and 🔤
20	Private foundation. If the organiz							
BAA			TEEA0403L					سے 00 or 990-EZ) 2020

#### Part IV Supporting Organizations

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

#### Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	bid 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	c 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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i> ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
c	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

77-0312119

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#### Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

Part iv   Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

#### Section B. Type I Supporting Organizations

with Composition Organization

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the texture of the organization or assets at all times during the texture of the organization or assets at all times during the texture of the organization.			
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **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.

Yes

2a

2h

3a

3h

No

Yes

1

2

No

## Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting OI	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organization			
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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 gros income or for management, conservation, or maintenance of property held for production of income (see instructions)	s <b>6</b>		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	ort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizat	ions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide o	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
k	P From 2016				
	From 2017				
	From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
a	Applied to underdistributions of prior years				
Ł	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
2	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
C	Excess from 2019				
e	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	ENTERPRISE + ECONOMI	C DEVELOPMENT	77-0312119	Page 8
III, line 12; Part IV, B, lines 1 and 2; Part	Information. Provide the explanation Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a art IV, Section C, line 1; Part IV, Section line 1; Part V, Section B, line 1e; Part V	, 6, 9a, 9b, 9c, 11a, 11b, an ı D, lines 2 and 3; Part IV, S	id 11c; Part IV, Section Section E, lines 1c, 2a, 2b,	
	Iso complete this part for any additional			

	IEDULE D	Sup	plemental Financial Sta	atements	-	OMB No. 1	
(Fo	rm 99 <b>0)</b>	► Comple Part IV, line 6	te if the organization answered 'Ye 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11	es' on Form 990, e, 11f, 12a, or 12b.		202	20
Intern	tment of the Treasury al Revenue Service	► Go to <i>www.irs</i>	Attach to Form 990. .gov/Form990 for instructions and	v/Form990 for instructions and the latest information.			
	of the organization				Employer ide	entification nu	mber
CEN	TER, INC	CONOMIC DEVELOPMEN			77-0312	2119	
Par	t I Organizat	tions Maintaining Donc if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, P	Similar Funds or Acc art IV, line 6.	counts.		
			(a) Donor advised func		unds and o	ther accou	nts
1		end of year					
2		ntributions to (during year).					
3 4		ants from (during year)					
_	00 0	2	ar advicers in writing that the acc	ata hald in depar advised	funda		
5	are the organizati	ion's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	trol?		Yes	No
6	for charitable pur	ion inform all grantees, donc poses and not for the benefi vate benefit?	ors, and donor advisors in writing t t of the donor or donor advisor, or	hat grant funds can be us for any other purpose co	ed only nferring	Yes	No
Par		tion Easements.					<u> </u> ]
	Complete	if the organization ans	wered 'Yes' on Form 990, P				
1			y the organization (check all that a				
		of land for public use (for exam natural habitat	ple, recreation or education)	Preservation of a histo Preservation of a certi	5 1		area
		of open space			neu mstorie	Structure	
2		through 2d if the organization I	neld a qualified conservation contribu	tion in the form of a conser	vation easen	nent on the	
	···· <b>,</b> · · · ·	,			leld at the I	End of the	Tax Year
			ments				
			fied historic structure included in (	-			
C	Number of conser structure listed in	rvation easements included i the National Register	n (c) acquired after 7/25/06, and n	ot on a historic <b>2 d</b>			
3			nsferred, released, extinguished, or te		on during the		
4		where property subject to conse					
5			garding the periodic monitoring, in nts it holds?			Yes	No
6	Staff and volunteer ►	r hours devoted to monitoring,	inspecting, handling of violations, and	d enforcing conservation ea	sements dur	ing the year	-
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and ent	forcing conservation easem	ents during t	he year	
8	and section 170(h	ı)(4)(B)(ii)?	n line 2(d) above satisfy the requir			Yes	No
9	In Part XIII, descr include, if applica conservation ease	able, the text of the footnote	ports conservation easements in its to the organization's financial state	s revenue and expense st ements that describes the	atement an organizatio	d balance s n's accoun	sheet, and iting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, P	asures, or Other Sin art IV, line 8.	nilar Asse	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in i Id for public exhibition, education, al statements that describes these	or research in furtheranc	l balance sh e of public s	eet works service, pro	of art, ovide in
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or res	earch in furtherance of pub	lic service, p	works of a rovide the	rt,
	••		line 1				
2			nistorical treasures, or other similar a			wina	
	amounts required	I to be reported under FASB	ASC 958 relating to these items:			y	
		, , ,					
BAA	For Paperwork R	Reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 08/18/20		le D (Form	1 990) 2020

Schedule D (Form 990) 2020 ENTER	PRISE + ECON	OMIC DEVELO	PMENT	77-031	2119	Page 2
Part III Organizations Maintair	ning Collections	s of Art, Histor	rical Treasures, o	or Other Similar Ass	<b>sets</b> (continu	ued)
<b>3</b> Using the organization's acquisition, items (check all that apply):	accession, and other	records, check an	y of the following that	make significant use of its	collection	
<b>a</b> Public exhibition		d 🗌 Loan o	r exchange program			
b Scholarly research		e Other				
c Preservation for future genera						
4 Provide a description of the organiza Part XIII.						
<b>5</b> During the year, did the organizati to be sold to raise funds rather that	on solicit or receive	donations of art,	historical treasures,	or other similar assets	Yes	No
Part IV Escrow and Custodial						
line 9, or reported an a	mount on Form	990, Part X, I	ine 21.		, -	- /
<b>1 a</b> Is the organization an agent, trust	ee, custodian or oth	er intermediary f	or contributions or ot	her assets not included		—— —
on Form 990, Part X?					Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII and corr	piete the followin	g table:		Amount	
c Beginning balance				1c	Amount	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an an	nount on Form 990,	Part X, line 21, f	or escrow or custodia	al account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII. Check h	ere if the explana	ation has been provid	ded on Part XIII		
Part V Endowment Funds. Co						
<b>1 a</b> Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four yea	rs back
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) hele	d as:		
<b>a</b> Board designated or quasi-endowme		010				
<b>b</b> Permanent endowment						
c Term endowment ►	010					
The percentages on lines 2a, 2b, and	1 2c should equal 100	)%.				
3a Are there endowment funds not in the	e possession of the c	rganization that ar	e held and administere	ed for the	Vec	No
organization by: (i) Unrelated organizations					Yes 3a(i)	No
(ii) Related organizations					.,	+
<b>b</b> If 'Yes' on line 3a(ii), are the relation					. /	
4 Describe in Part XIII the intended	-					
Part VI Land, Buildings, and E	quipment.					
Complete if the organiz	ation answered	'Yes' on Form	n 990, Part IV, lin	ie 11a. See Form 99	0, Part X, I	ine 10.
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book v	alue
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment						
e Other			$(D) = 10^{\circ}$	►		
Total. Add lines 1a through 1e. (Column BAA	i (u) must equal Fol	111 990, Part X, C	סומרוווו (ש), וורופ דטכ.). ווווווו (ש), וורופ דטכ.).		lule D (Form 99	0.
				JUIEU		072020

Part VII	Investments – Other Securities.	L'Ves' on Form 990	N/A ), Part IV, line 11b. See Form 990, Part X, line 1
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	al derivatives		(c) method of valuation. Cost of charon-year market value
• •	held equity interests.		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) Total (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨		
Part VIII			N/A
	Complete if the organization answered	l 'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(0) (7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, column (B) line 13.) . 🥕		
Part IX	Other Assets.	N/A L'Yes' on Form 990	), Part IV, line 11d. See Form 990, Part X, line 1
		scription	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)		/	
(8)			
(9)			
(10)			▶
Part X	lumn (b) must equal Form 990, Part X, column (i Other Liabilities.	B) line 15.)	
ΓαιιΛ	Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 11	le or 11f. See Form 990, Part X, line 25.
1.	(a) Descr	iption of liability	(b) Book value
	ral income taxes		
(2) (3)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			
	nn (b) must equal Form 990, Part X, column (B) line 25.)		<b>&gt;</b>

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

Schedule D (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT	77-0312119	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X - FASB ASC 740 FOOTNOTE

THE AGENCY HAS QUALIFIED AS A NON-PROFIT ORGANIZATION AND HAS BEEN GRANTED

TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF

CALIFORNIA INCOME TAXES.

THE AGENCY IS ALSO SUBJECT TO FEDERAL AND STATE INCOME TAX ON ANY UNRELATED BUSINESS

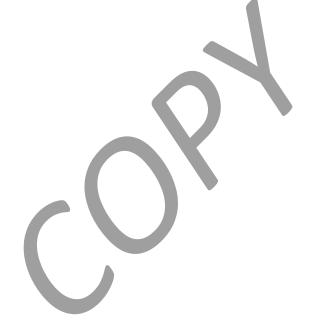
TAXABLE INCOME.

BAA

Schedule D (Form 990) 2020

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE AGENCY'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.



SCHEDULE J Compensation Information		OMB No. 1	MB No. 1545-0047		
(Form 990)			202	20	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Open to Public	
Department of the Treasury Internal Revenue Service				ction	
	ENTERPRISE + ECONOMIC DEVELOPMENT				
	CENTER, INC Segarding Compensation	77-0312119			
			T	Yes	No
<b>1 a</b> Check the approp VII, Section A, I	riate box(es) if the organization provided any of the following to or for a person listed on Fo ine 1a. Complete Part III to provide any relevant information regarding these items.	rm 990, Part		105	
First-class o	r charter travel Housing allowance or residence for	personal use			
Travel for co	ompanions Payments for business use of perso	nal residence			
Tax indemn	fication and gross-up payments Health or social club dues or initiation	on fees			
Discretionar	y spending account Personal services (such as maid, ch	nauffeur, chef)			
	s on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If 'No,' complete Part III to expla	ain	1b		
	tion require substantiation prior to reimbursing or allowing expenses incurred by all d ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
Executive Direct	any, of the following the organization used to establish the compensation of the organization or. Check all that apply. Do not check any boxes for methods used by a related organ nsation of the CEO/Executive Director, but explain in Part III.	n's CEO/ nization to			
Compensati	on committee Written employment contract				
Independen <sup>®</sup>	t compensation consultant Compensation survey or study				
Form 990 of	other organizations Approval by the board or compensations	tion committee			
organization or	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi a related organization:	ling			
	ance payment or change-of-control payment?				Х
•	receive payment from a supplemental nonqualified retirement plan?				X
•	receive payment from an equity-based compensation arrangement? f lines 4a-c, list the persons and provide the applicable amounts for each item in Part		4c		Х
If fee to any of lines 4a-c, list the persons and provide the applicable amounts for each term in Part III.					
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e revenues of:				
	anization?				X
	or 5b, describe in Part III.		50		Х
6 For persons listed	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e net earnings of:	ation			
<b>a</b> The organization	n?		6a		Х
	anization?		6b		Х
If 'Yes' on line 6a	or 6b, describe in Part III.				
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	d 	7		Х
8 Were any amount	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was si	ubject			
If 'Yes,' describe	tract exception described in Regulations section 53.4958-4(a)(3)?		8		Х
section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulation 6(c)?				
BAA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Form	1 99 <mark>0</mark> )	2020

TEEA4101L 09/25/20

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation						
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
EMILIA REYES	(i)	0.	0.	0.	0.	0.	0.	0.
1 SECRETARY	(ii)	172,090.	0.	0.	17,538.	6,325.	195,953.	0.
2	(i)							
	(ii)				+		<u>+</u>	
	(i)							
3	(ii)		+		+		+	
	(i)							
4	(ii)				+		+	
	(i)							
5	(ii)			77	+		+	
	(i)							
6	(ii)				+		+	
	(i)							
7	(ii)				+		<u> </u>	
	(i)							
8	(ii)		t <b>77</b>		+		<u> </u>	
	(i)							
9	(ii)				+		<u> </u>	
	(i)							
10	(ii)		7		+		<u> </u>	
	(i)							
11	(ii)		+		+		+	
	(i)							
12	(ii)		+		+		+	
	(i)							
13	(ii)		+		+		+	
	(i)							
14	(ii)		+		+		+	
	(i)							
15	(ii)		t		t		t	1
	(i)				ľ			
16	(ii)	F	†		+		t	1
BAA	1	I.	TEEA4102L 09/2	5/20		1	Schedule	J (Form 990) 2020

Page 2

77-0312119

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047	
2020	

Open to Public Inspection

Name of the organization ENTERPRISE + ECONOMIC DEVELOPMENT	Employer identification number
CENTER, INC	77-0312119

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL

OFFICER AND COMMISSIONERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS WILL EXCUSE HIM/HERSELF, OR WILL BE ASKED TO EXCUSE HIM/HERSELF FROM ACTIONS INVOLVING CONFLICTS OF INTEREST. ANNUAL TRAINING IS PROVIDED ON THIS MATTER. TRAINING IS ALSO PROVIDED TO STAFF TO ASSIST IN IDENTIFYING CONFLICT OF INTEREST SITUATIONS. ENFORCEMENT AND TRAINING ARE LINKED TO AREAS OF EXPOSURE BY PROGRAM AND ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES WAGE COMPARABILITY SURVEYS ARE COMPLETED, BY THE RELATED ENTITY, AT THE NATIONAL AND STATE LEVEL. ALSO, WAGE STUDIES OF LIKE-AGENCIES WITHIN THE CENTRAL VALLEY REGION ARE PERFORMED. COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER OF THE RELATED ENTITY IS APPROVED BY THE BOARD OF COMMISSIONERS OF THE RELATED ENTITY.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

77-0312119

Department of the Treasury Internal Revenue Service

Name of the organization	ENTERPRI	SE +	ECONOMIC	DEVELOPMENT
	CENTER,	INC		

## Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded er	tity (b) Primary ad	ctivity Legal dom or foreigr	<b>c)</b> nicile (state T n country)	<b>(d)</b> otal income	<b>(e)</b> End-of-yea	<b>)</b> ar assets	(f) Direct contr entity	rolling
(1) 								
(2)								
(3) 		X						
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga	ganizations. Complete anizations during the ta	e if the organization ax year.	answered 'Yes	s' on Form 990	, Part IV,	line 34, b	ecause it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity s (if section 501(e)	tatus Di c)(3))	(f) irect controll entity	-	( <b>g)</b> 2(b)(13) ed entity?
(1) FRESNO COUNTY ECONOMIC OPPORTUNITI 1920 MARIPOSA MALL FRESNO, CA 93721 94-1606519	COMMUNITY HUMAN SERVICES AGENCY	CA	501 (C) 3	PUBLIC CHARIT		N/A	Yes	No X
(2) 								
<u>(3)</u> 								
<u>(4)</u>								

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

Schedule R (Form 990) 2020

#### Schedule R (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	)	(	(g)	(	h)	(i)	(	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant incom (related, unrelated excluded from tax under sections	e Share o , incol	of total	Sha end-o	of of-year sets	Dispi tior	ropor- nate ations?	Code V-UBI amount in bo 20 of Schedul K-1 (Form 1065)	Gene K man	ral or aging	Percentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No	
(1)														
	-													
<u>(2)</u>														
	-													
(3)														
(3)														
Part IV Identification of line 34, because	of Related Orga	nizations	Taxable as a	Corporation of	or Trust. Co	omplete	if the o	organiza	tion a	nswei	red 'Yes' on	Form 9	90, Pa	art IV,
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) egal domicile	<b>(d)</b> Direct	Туре с	e) of entity , S corp,	(f) Share	e of	Sh	(g) are of end-of-	(h) Percentag	e Sec	<b>(i)</b> 512(b)(13)
			(st	ate or foreign country)	entity	(C corp or t	, S corp, rust)	total in	come	2	year assets	ownershi		olled entity?
(1)													Ye	s No
<u>(1)</u>														
(2)														
(3)														
<u></u>														
BAA				TEEA5002	L 07/15/20						5	chedule	(Form	990) 2020

# Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations I	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			. 1b		Х
c Gift, grant, or capital contribution from related organization(s).			. 1c		Х
d Loans or loan guarantees to or for related organization(s).			. 1 d		Х
e Loans or loan guarantees by related organization(s)			. 1e		Х
f Dividends from related organization(s)			. 1f		Х
g Sale of assets to related organization(s)			. 1g		Х
h Purchase of assets from related organization(s)					Х
i Exchange of assets with related organization(s)			. <b>1i</b>		Х
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		Х
			-		
k Lease of facilities, equipment, or other assets from related organization(s)			. 1k	Х	
Performance of services or membership or fundraising solicitations for related organization(s)					Х
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
o Sharing of paid employees with related organization(s)				Х	
p Reimbursement paid to related organization(s) for expenses			. 1p		Х
q Reimbursement paid by related organization(s) for expenses.					X
<b>4</b> · · · · · · · · · · · · · · · · · · ·					
r Other transfer of cash or property to related organization(s).			. 1r		Х
s Other transfer of cash or property from related organization(s)			1s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove	red relationships and tran	saction thresholds.		ļ	
	(b)		(	d)	
(a) Name of related organization	Transaction	(c) Amount involved	(elethod of		
	type (a-s)		amount	INVOIV	ea
(1) FRESNO COUNTY ECONOMIC OPPORTUNITI	K	1,285.C	OST AL	LOCA	1TIO
(2) FRESNO COUNTY ECONOMIC OPPORTUNITI	0	7,976.C	OST AL	LOCA	ATIO
(3)					
(4)					
<u></u>					
(5)					
(6)					
BAA TEEA5003L 07/15/20		Schedul	e R (Forr	n 990)	) 2020

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded	Are all sec 501( organiz	e) partners ction (c)(3) zations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca	h <b>)</b> ropor- nate itions?	K-I	<b>(</b> Gene mana parti	i) ral or aging ner?	<b>(k)</b> Percentag ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	ł
(1)													
(2)													
(2)	•												
<u>(3)</u>													
(4)													
	•												
<u>(5)</u>	•												
(6)													
(7)													
(8)													
 BAA	-			EA5004L						Calce de			90) 2020

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

TAXABLE	California Exempt Organizatio	n 📕		FORM
202	<sup>0</sup> Annual Information Return			199
	ear 2020 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)		
Corporation/Or	ganization name ENTERPRISE + ECONOMIC DEVELOPM	ENT		California corporation number
Additional info	mation. See instructions.			1822979 FEIN
				77-0312119
	(suite or room) ARIPOSA MALL #330			PMB no.
City	ARTPOSA MALL #330	State		Zip code
FRESNO		CA		93721
Foreign countr	/ name	Foreign province/sta	te/county	Foreign postal code
Δ First ret	rn	5 5 5		ies
	rn	not reported to the FTB? See instruct	ions	• Yes X No
	on 4947(a)(1) trust	J If exempt under R&TC Section 23701		
	rmation return?	organization engaged in political active See instructions		• Yes X No
• D	ssolved Surrendered (Withdrawn) Merged/Reorganized			
	ecunting method:	K Is the organization exempt under R&	TC Section 2370	)1g? ● Yes X No
	ash 2 X Accrual 3 Other	If "Yes," enter the gross receipts from nonmember sources		\$ - <u> </u> \$
		<ul> <li>Is the organization a limited liability</li> </ul>		
	er 990 series	<ul> <li>Is the organization a minited nability of</li> <li>I Did the organization file Form 100 or</li> </ul>		
<b>G</b> Is this a	roup filing? See instructions	taxable income?		Yes X No
H la thia ar	janization in a group exemption Yes 🛛 Yes	Is the organization under audit by the		IRS
	(hat is the parent's name?	audited in a prior year?		
		D Is federal Form 1023/1024 pending? Date filed with IRS		····· Yes No
Part I	Complete Part I unless not required to file this form. See Gene	ral Information B and C.		
	1 Gross sales or receipts from other sources. From Side 2,		-	24,720
Receipts	2 Gross dues and assessments from members and affiliates			
and	<b>3</b> Gross contributions, gifts, grants, and similar amounts rec			60,073
Revenues	4 Total gross receipts for filing requirement test. Add line 1 This line must be completed. If the result is less than \$50		в • 4	84,793
	5 Cost of goods sold			047755
	6 Cost or other basis, and sales expenses of assets sold			
	7 Total costs. Add line 5 and line 6	·····	<b>7</b>	
	8 Total gross income. Subtract line 7 from line 4			84,793
Expenses	9 Total expenses and disbursements. From Side 2, Part II,			102,884
	10 Excess of receipts over expenses and disbursements. Sul		44	-18,091
	11       Total payments         12       Use tax. See General Information K.		· · · · •	
	<ul><li>13 Payments balance. If line 11 is more than line 12, subtract</li></ul>		• • • •	
Filing	14 Use tax balance. If line 12 is more than line 11, subtract I			
Filing Fee	15 Penalties and Interest. See General Information J			
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the res	ult	🖲 16	0
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accor correct, and complete. Declaration of preparer (other than taxpayer) is based on all i	information of which preparer has any kno Date	wledge.	Telephone
	of officer TREASUF	ER		(559) 263-1030
	Preparer's	Date Check if self-		PTIN
Paid Preparer's	signature BRIAN HENDERSON	employed		P01814976 Firm's FEIN
Use Only	Firm's name HUDSON HENDERSON & COMPANY,	INC.		81-1741762
	and address 7473 N. INGRAM, SUITE 102 FRESNO, CA 93711			• Telephone
				<u>559-412-7576</u>
	May the FTB discuss this return with the preparer shown abov	e? See instructions		X Yes No

Г

77-0312119

#### ENTERPRISE + ECONOMIC DEVELOPMENT

Part II Organizations with gross receipts of more than \$50,000 and private foundations

raitii	rega	rdless of amount of gross receipts -			•		
	1	Gross sales or receipts from all	business activities. See	instructions	• • •	1	
	2	Interest			•	2	
	3	Dividends			•	3	
Receipts from	4	Gross rents			•	4	
Other	5	Gross royalties			•	5	
Sources	6	Gross amount received from sal	e of assets (See Instruct	tions)	•	6	
	7	Other income. Attach schedule.				7	24,720.
	8	Total gross sales or receipts from other				8	24,720.
	9	Contributions, gifts, grants, and similar a	=			9	
	10	Disbursements to or for member	rs		•	10	
	11	Compensation of officers, direct	ors, and trustees. Attach	scheduleS	EE STMT 2 🖕	11	0.
	12	Other salaries and wages				12	6,643.
Expenses and	13	Interest			•	13	
Disburse-	14	Taxes			•	14	
ments	15	Rents			•	15	
	16	Depreciation and depletion (See	instructions)		•	16	
	17	Other expenses and disburseme				17	96,241.
	18	Total expenses and disbursements. Add				18	102,884.
Schedule		Balance Sheet	Beginning of			of taxable	
Assets		Bulance Onect	(a)	(b)	(c)		(d)
			(-)	632,315.	(-)	•	204,504.
		receivable		333,279.		•	863,604.
3 Net not	es rec	eivable		493,981.		•	373,326.
4 Invento	ries .					•	•
5 Federa	and s	tate government obligations				•	
6 Investr	nents i	n other bonds				•	
7 Investr	nents i	n stock				•	
8 Mortga	ge loai	ns				•	
9 Other i	nvestrr	nents. Attach schedule				•	
10 a Deprec	iable a	issets					
<b>b</b> Less a	cumul	ated depreciation.					
<b>11</b> Land						•	
12 Other a	ssets.	Attach schedule.				•	
13 Total a	ssets			1,459,575.			1,441,434.
Liabilities a				· ·			
		able		50.		•	
		, gifts, or grants payable				•	
		otes payable				•	
		yable				•	
		es. Attach schedule					
		or principal fund		1,459,525.		•	1,441,434.
		pital surplus. Attach reconciliation				•	
		ings or income fund				•	
22 Total I	iabiliti	ies and net worth		1,459,575.			1,441,434.
Schedule	• M-	<ol> <li>Reconciliation of income per Do not complete this schedule i</li> </ol>			s less than \$50 000		
1 Net inc	omo n	er books			books this year not inclu	hohu	
		ne tax	-10,091		h schedule		
		ital losses over capital gains	)	8 Deductions in this r			
	of can				5		
3 Excess				against book incom	e uns year.		
<ul><li>3 Excess</li><li>4 Income</li></ul>	not re	ecorded on books this year.	•				
<ul> <li>3 Excess</li> <li>4 Income Attach</li> </ul>	not re schedu	ecorded on books this year. Ile	)	Attach schedule			
<ul> <li>3 Excess</li> <li>4 Income Attach</li> <li>5 Expens</li> </ul>	not re schedu es reco	ecorded on books this year.	)	Attach schedule	d line 8		

3652204 059

# **CALIFORNIA STATEMENTS**

PAGE 1

ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC

77-0312119

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME				
PROGRAM SERVICE REVENUE				<u>24,720.</u> 24,720.
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRE	CTORS, TRUSTEES AND	KEY EMPLOYEES		
CURRENT OFFICERS:	TITLE AND	TOTAL	CONTRI-	EXPENSE
NAME AND ADDRESS	AVERAGE HOUR PER WEEK DEVOI		BUTION TO EBP & DC	ACCOUNT/ OTHER
EMILIA REYES 1920 MARIPOSA MALL #330 ,	SECRETARY 1.00	\$ 0. \$		
JAIME RODRIQUEZ 1920 MARIPOSA MALL #330 ,	TREASURER 1.00	0.	0.	0
JEROME COUNTEE 1920 MARIPOSA MALL #330	CHAIRMAN 1.00	0.	0.	0
BRUCE MCALISTER 1920 MARIPOSA MALL #330	DIRECTOR 1.00	0.	0.	0
RICHARD KEYES 1920 MARIPOSA MALL #330	DIRECTOR 1.00	0.	0.	0 .
REY LEON 1920 MARIPOSA MALL #330	DIRECTOR 1.00	0.	0.	0
DANIEL MARTINEZ 1920 MARIPOSA MALL #330	DIRECTOR 1.00	0.	0.	0
	ТО	TAL <u>\$ 0.</u> 3	<u> </u>	<u>     0</u>
			· · · · · · · · · · · · · · · · · · ·	1,285. 93,494. 129. 1,333. 96,241.

STATE OF CALIFORNIA RRF-1						DEPARTMENT OF JU		Con large
(Rev. 09/2017) IN							1 of 5	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400	TO A	REGISTRATION RE	L OF C	ALIF	ORNIA	(For Registry Use	Only)	Contraction of the
STREET ADDRESS: 1300   Street		ions 12586 and 12587, Califo Cal. Code Regs. sections 301						
Sacramento, CA 95814 (916) 210-6400	Failure to subm organization's ac	it this report annually no later than for counting period may result in the loss	ur months and of tax exemp	l fifteen aft tion and th	ter the end of the assessment of a			
WEBSITE ADDRESS: www.ag.ca.gov/charities/		f \$800, plus interest, and/or fines or fil 3703; Government Code section 12586	5.1. IRS extens	ions will b				
ENTERPRISE + ECONOMI CENTER, INC	C DEVELOP	MENT	Check					
Name of Organization				ange of nended r	address eport			
List all DBAs and names the organization	uses or has used							
1920 MARIPOSA MALL # Address (Number and Street)	330		State	Charity I	Registration Num	iber <u>86225</u>		
FRESNO, CA 93721 City or Town, State and ZIP Code			Corpo	ration or	Organization No	b. <u>1822979</u>		
(559) 263-1030 Telephone Number	E-mail Ad	dress	Federa	al Emplo	oyer ID No. 77.	-0312119		
ANNUAL F	REGISTRATION	RENEWAL FEE SCHEDULE (11 Make Check Payable to Dep				11, and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue		<u>Fee</u>	Gross Annual I	Revenue	E	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250 Between \$250,001 and \$1 m		\$50 \$75		0,001 and \$10 millior 00,001 and \$50 millio 50 million	n \$	150 225 300
PART A – ACTIVITIES								
For your most recent full a	accounting peri	od (beginning 1/01/	20 er	nding	12/31/20	) list:		
Gross Annual Revenue \$	84,792	2. Noncash Contributions	\$		0. Total A	ssets \$ 1,44	1,43	33.
Program Ex	xpenses \$	101,599.	Total E	xpenses	\$ <u>10</u> 2	2,884.		
PART B – STATEMENTS								
Note: All questions must be ar providing an explanation		answer "yes" to any of the qu r each "yes" response. Please					Yes	No
1 During this reporting period, v officer, director or trustee thereof,	were there any	contracts, loans, leases or other final	ncial transacti	ons betw	een the organiza	ation and any		X
2 During this reporting period,	was there any t	neft, embezzlement, diversion	n or misuse	e of the o	organization's charital	ble property or funds?		Х
<b>3</b> During this reporting period, v	were any organi	zation funds used to pay any	penalty, fi	ne or ju	dgment?			Х
4 During this reporting period, v coventurer used?	were the service	es of a commercial fundraiser, fund	draising co	unsel fo	r charitable purposes	, or commercial		X
<b>5</b> During this reporting period, of	did the organiza	tion receive any governmenta	al funding?		SEI	E STATEMENT 1	Х	
6 During this reporting period, of	did the organiza	tion hold a raffle for charitabl	e purposes	\$?				Х
7 Does the organization conduc	et a vehicle don	ation program?						Х
8 Did the organization conduct generally accepted accountin			nancial stat	tements	in accordance w	ith	Х	
<b>9</b> At the end of this reporting p	eriod, did the or	ganization hold restricted net as	sets, while r	eporting	negative unrest	ricted net assets?		Х
I declare under penalty of perju and belief, the content is true,				anying c	locuments, and	to the best of my kno	owled	ge
	.TATI	ME RODRIQUEZ	TREA	SURER				
Signature of Authorized Agent	Printed		Title			Date		

2020

# **CALIFORNIA STATEMENTS**

ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC PAGE 1

77-0312119

## STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 370 L'ENFANT PROMENADE, S.W. WASHINGTON, D.C. 20447 SHARON WILLIAMS (202)401-5127

Form	99	0
------	----	---

# **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

OMB No. 1545-0047 2020

Depa Inter	artment of the nal Revenue	e Treasury Service	1		enter social secu vw.irs.gov/Form9					1.		Inspection
Α	For the 2	020 calend	ar year, or ta					, and endin			,	20
В	Check if app	olicable:	C	-						D Employ	/er identi	fication number
	Addres	s change	ENTERPRI	SE + EC	CONOMIC DE	EVELOPME	NT			77-	0312	119
	Name o	change (	CENTER, I	INC						E Telepho	one numb	ber
	Initial return 1920 MARIPOSA MALL #330									(55	9) 20	63-1030
	Final retu	urn/terminated	FRESNO, (	CA 9372	21					(00	- , _	
	Amend	ed return								<b>G</b> Gross r	eceipts	\$ 84,793.
			F Name and ad	dress of princ	ipal officer: тлт	ME RODR			H(a) Is this	a group retur		
			SAME AS (	C ABOVE		ME KUDK.	LÕORT		H(b) Are all	subordinates ' attach a list	s included	
ī	Tax-exem		X 501(c)(3)	501(c)		nsert no.)	4947(a)(1) or	527	It "No,"	' attach a list	. See ins	tructions —
J	Websit			001(0)	( ) (		10 II (u)(1) 01		H(c) Group	exemption n	ımber 🕨	
ĸ		=:, =	X Corporation	Trust	Association	Other ►	L	Year of formati	(-)			egal domicile: CA
Pa		Summary							1997	<u> </u>		011
				ation's mis	ssion or most	significant a	ctivities:IJRF	BAN ECO	NOMIC	DEVELO	PMEN'	Г
a,												
ЦС.												
rna												
ove		eck this box	t ► if the	e organizat	tion discontinu	ed its opera	tions or disp	osed of mo	ore than 2	5% of its	net as	sets.
Ō					verning body (						3	7
ŝ					ers of the gove						4	5
vitie	5 Tot	al number (	of individuals	employed	in calendar ye if necessary).	ear 2020 (Pa	irt V, line 2a	a)			5 6	0
Activities & Governance					n Part VIII, col						о 7а	0.
∢					ie from Form 9						7a 7b	0.
		ann olatou				.50 I, I alt I			1	rior Year	75	Current Year
	<b>8</b> Cor	ntributions a	and grants (F	Part VIII. lir	ne 1h)					213,8	131	60,073.
anı					ne 2g)					32,3		24,720.
Revenue					(A), lines 3, 4					/-		
å	11 Oth	ner revenue	(Part VIII, co	olumn (A),	lines 5, 6d, 8d	c, 9c, 10c, a	nd 11e)					
					11 (must equa					246,1	.72.	84,793.
					ť IX, column (							
					: IX, column (A							
'n	15 Sal	aries, other	compensation	on, employ	/ee benefits (F	Part IX, colur	nn (A), lines	s 5-10)		64,9	972.	7,976.
Expenses	<b>16a</b> Pro	ofessional fu	undraising fee	es (Part IX	, column (A),	line 11e)						
ber	<b>b</b> Tot	al fundraisi	ng expenses	(Part IX, o	column (D), lin	e 25) ►						
ш					lines 11a-11d					36,7	735	94,908.
		•	-		st equal Part I					101,7		102,884.
					18 from line					144,4		-18,091.
۶ő										ng of Currer		End of Year
lanc		al assets (F	Part X, line 1	6)						,459,5		1,441,434.
Ass										,,	50.	0.
Net Assets Fund Balanc	22 Net	t assets or f	fund balance:	s. Subtract	t line 21 from I	ine 20			. 1	,459,5	525	1,441,434.
		Signature				-				., 100,0	.02	1,111,101.
		<u> </u>		xamined this r	eturn, including ac	companying sch	edules and state	ments, and to t	the best of m	iv knowledae	and belie	ef. it is true, correct, and
com	olete. Declara	ation of prepare	er (other than offi	cer) is based of	on all information o	f which preparer	has any knowle	edge.		.,		ef, it is true, correct, and
Sig	in	Signature	e of officer						Da	ite		
He	re	JAIM	E RODRIQ	UEZ					TREAS	SURER		
_			rint name and tit									
		Print/Type pre	eparer's name		Preparer's sign	nature		Date		Check	if	PTIN
Ра	id	BRIAN H	HENDERSO	N	BRIAN H	IENDERSO	N			self-employ	ed	P01814976
Pre	eparer	Firm's name	► HUDSC	ON HEND	ERSON & C		INC.					
Us	e Only	Firm's addres				'E 102				Firm's EIN	►_81-	-1741762
			FRESN	NO, CA	93711					Phone no.	559-	412-7576

May the IRS discuss this return with the preparer shown above? See instructions ..... Х No Yes Form 990 (2020) TEEA0101L 01/19/21

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	n 990 (2020)			DEVELOPMENT		7	7-03121	19 Page <b>2</b>
Par				ccomplishments				
1		ribe the organization		e or note to any line	in this Part III			·····
	-	CONOMIC DEVE						
2	Did the organ	nization undertake an	v significant progr	am services during th	e vear which wer	e not listed on the prior		
2	Form 990 or							Yes X No
		cribe these new servio	ces on Schedule (	Э.				
3	-		-	significant changes	in how it condu	cts, any program service	es?	Yes X No
4		cribe these changes of organization's proc		omplichments for ea	ach of its three I	argest program services	as maasur	ed by expenses
-	Section 501	(c)(3) and 501(c)(4) e, if any, for each pr	organizations a	re required to report	the amount of g	grants and allocations to	others, the	total expenses,
	anu revenue	e, il ally, lor each pr	Ografii Service R	eponeu.				
4 a	(Code:	) (Expenses	\$ 101	, 599. including gr	ants of \$	) (Reve	nue \$	84,792.)
	URBAN E	CONOMIC DEVEL						
					+			
4 k	(Code:	) (Expenses	\$	including gr	ants of \$	) (Reve	nue \$	)
4	: (Code:	) (Expenses	Ś	including ar	ants of \$	) (Reve	nue Ś	
- (	. (00000.	) (Expenses	Υ <u></u>		unts or	) (iteve		/
						·		
4 0		am services (Descril						
1.	(Expenses	\$ m service expenses	includi	ng grants of \$ 101,599.		) (Revenue \$		)
BAA		The expenses	, <del>-</del>	TEEA0102L	10/07/20			Form <b>990</b> (2020)

	n 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT 77-031211 rt IV Checklist of Required Schedules	9	F	Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	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		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 1.	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? <i>If 'Yes,' complete Schedule D, Part II</i>	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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
ł	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(	c 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	11 c		Х
(	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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f 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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b 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	12 b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	b 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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> .	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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 (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions	17		Х
18		18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	19 20a		X
	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		Х
BAA	· · · · · · · · · · · · · · · · · · ·		1 <b>990</b> (	(2020)

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 Form 990 (2020)
 ENTERPRISE + ECONOMIC
 DEVELOPMENT

 Part IV
 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		Х
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	Х	
24	a 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		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	<b>b</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 Schedule L, Part I.	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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</i> 'Yes,' <i>complete Schedule L, Part III.</i>	27		Х
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):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
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	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</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? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a		162	NO
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.	1 -		
BA		1 c Form	<b>990</b> (	(2020)

Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT 77-0312	2119	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		T	г
		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3b		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6 a</b> 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?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 ~		
<ul> <li>as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>	7g		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	71		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a 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 12b	_		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<ul> <li>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.</li> </ul>	_		
c Enter the amount of reserves on hand			37
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.	10		v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

Form 990 (2020)

 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.
 X

 Х

77-0312119

Page 6

Sec	tion A. Governing Body and Management							
			Yes	No				
1 a	a Enter the number of voting members of the governing body at the end of the tax year       1 a       7         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.       1 a       7							
ŀ	Denter the number of voting members included on line 1a, above, who are independent 1b 5							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X				
	officer, director, trustee, or key employee?							
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		Х				
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				
7 a	a 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?	7 a	Х					
Ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8 a	Х					
Ł	Each committee with authority to act on behalf of the governing body?	8 b	Х					
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 on Schedule Q</i>	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)				
			Yes	No				
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х				
	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?	10 b						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O							
	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х					
	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q.	12 c	Х					
	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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
Ł	Other officers or key employees of the organization SEE . SCHEDULE . O	15b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х				
t	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?	16 b						
Sec	tion C. Disclosure							
_	List the states with which a copy of this Form 990 is required to be filed ► CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 56 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(	3)s on	ly)				
	Own website     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, and financial statements availa the public during the tax year.	ble to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►							
	JIM RODRIGUEZ 1920 MARIPOSA MALL, SUITE 330 FRESNO CA 93721 (559) 263-1030							
BAA		Form	<b>990</b> (	2020)				

В

Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT	77-0312119	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and						
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								
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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 employees, 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 compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours per	Pos thar is	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	<b>(F)</b> Estimated amount of other		
	(list any hours for related organiza-	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	tions below dotted line)	rustee	Itrustee		vee	npensated				
	$-\frac{1}{40}$	Х		Х				0.	172,090.	23,863.
(2) JAIME RODRIQUEZ TREASURER	$\frac{1}{40}$			X				0.	84,447.	3,660.
(3) JEROME COUNTEE CHAIRMAN	$-\frac{1}{5}$	X		X				0.	0.	0.
(4) BRUCE MCALISTER DIRECTOR	<u>1</u> 5	X						0.	0.	0.
(5) <u>RICHARD_KEYES</u> DIRECTOR	<u>1</u> 5	X						0.	0.	0.
(6) REY LEON DIRECTOR		Х						0.	0.	0.
(7) DANIEL MARTINEZ DIRECTOR	<u>1</u> 5	Х						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
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#### Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT

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Pa	t VII	Section A. Officers, Directors	, Trustees,	Key	Emp	oloy	ees,	and	d Highest Com	pensated Empl	oyees	5 (contii	nued)
			(B)			(C)							
		(A) Name and title	Average hours per week	box, offic	F not che unless cer and	perso a direo	n is bot :tor/trus	h an stee)	(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	0	(F) ated amo of other	
			(list any hours for related organiza tions below dotted line)	individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	the o an	nsation f rganizati d related anization	on
(15)													
(16)													
(17)													
(18)				- •									
(19)				- ·									
(20)													
(21)													
(22)				(									
(23)													
(24)													
(25)													
	Subto							•	0.	256,537.		27,5	623.
d	Total	from continuation sheets to Part VII, \$ (add lines 1b and 1c).						•	0.	0. 256,537.		27,5	0.
2		number of individuals (including but not li he organization ► 0	mited to those	listed	above	) who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3	Did th	e organization list any former officer,	director, trust	ee, ke	ey em	ploye	e, or	high	nest compensated	employee		Yes	No
4	For an	e 1a? If 'Yes,' complete Schedule J for ny individual listed on line 1a, is the su ganization and related organizations g	um of reportat	ole coi	mpen	satio	n and	oth	er compensation		. 3		X
5	<i>such</i> i Did ar	<i>individual</i>	accrue compe	 nsatio	n fror	n anv	· · · · · ·	elate	d organization or	individual	-	X	
Sec		rvices rendered to the organization? If B. Independent Contractors	'Yes,' comple	ete Sc	chedui	le J f	or suc	ch p	erson		. 5		Х
1	Comp	lete this table for your five highest con	npensated inc	lepend	dent c	ontra	actors	tha	t received more th	nan \$100,000 of			
	compe	ensation from the organization. Report con	1	the ca	alenda	ar yea	r endi	ng v	i	5		<u></u>	
		(A) Name and business	address						(B) Description o	of services	<b>(</b> Compe	ensatio	n
2		number of independent contractors (inclue 000 of compensation from the organize	-	nited to	o those	e liste	ed abo	ve)	who received more	than			

# Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT

# Part VIII Statement of Revenue

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

		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated business	<b>(D)</b> Revenue excluded from tax
			function revenue	revenue	under sections 512-514
nts nts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				
ts, Am	c Fundraising events 1 c				
Gif Nilar	d Related organizations     1 d       e Government grants (contributions)     1 e				
Sin	e Government grants (contributions) 1e 60,073. f All other contributions, gifts, grants, and				
her	similar amounts not included above 1 f				
1 T T	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f►	60,073.			
Program Service Revenue	Business Code	04 500	04 500		
leve	2a PROGRAM SERVICE REVENUE	24,720.	24,720.		
се F	c				
evi	d				
Ĕ	e				
ogr	f All other program service revenue				
<u>م</u>	g Total. Add lines 2a-2f►	24,720.			
	3 Investment income (including dividends, interest, and other similar amounts)►				
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties▶				
	(i) Real (ii) Personal				
	6a Gross rents   6a     b Less: rental expenses   6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory				
	<b>b</b> Less: cost or other basis				
	and sales expenses <b>7b</b> c Gain or (loss) <b>7c</b>				
	d Net gain or (loss)				
Ø	8 a Gross income from fundraising events				
snue	(not including \$				
Other Reve	of contributions reported on line 1c).				
2	See Part IV, line 18         8 a           b Less: direct expenses         8 b				
Ę	c Net income or (loss) from fundraising events►				
9	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities►				
	<b>10a</b> Gross sales of inventory, less         returns and allowances <b>10a</b>				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory►				
SUC	Business Code				
Miscellaneous Revenue	11a				+
ella Ver	c				+
Re	d All other revenue				
Σ	e Total. Add lines 11a-11d►				
	<b>12 Total revenue.</b> See instructions	84,793.	24,720.	0.	0.
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Form 990 (2020)

Part IX	State	ement of Funct	io	nal Expense	es
Form 990 (	2020)	ENTERPRISE	+	ECONOMIC	DEVELOPMENT

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re		-		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	6,643.	6,643.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0,0101	0,010.		
9	Other employee benefits	1,333.	1,333.		
10	Payroll taxes				
11	Fees for services (nonemployees):				
ä	Management				
	Legal				
(	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	129.	129.		
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				
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization				
23 24	Insurance 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 O.)				
á	LOAN LOSS EXPENSE	93,494.	93,494.		
	ADMINISTRATIVE EXPENSES	1,285.		1,285.	
c	+				
e	2 All other expenses				
	Total functional expenses. Add lines 1 through 24e	102,884.	101,599.	1,285.	0.
26					
<b>B</b> AA					Earm 000 (2020)

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# Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT Part X Balance Sheet

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments.	632,315.	2	204,504.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	333,279.	4	863,604
	5	Loans and other receivables from 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		•	
	Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.	493,981.	7	373,326
ŝ	8	Inventories for sale or use.	495,901.	8	575,520
Assets	9	Prepaid expenses and deferred charges		9	
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		_	
		Less: accumulated depreciation 10b		10 c	
	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	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,459,575.	16	1,441,434
	17	Accounts payable and accrued expenses	50.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Labilities	22	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		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	Total liabilities. Add lines 17 through 25	50.	26	0
es		Organizations that follow FASB ASC 958, check here ► X			
ŝ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,459,525.	27	1,441,434
	28	Net assets with donor restrictions.		28	
Net Assets of Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
e te	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et i	32	Total net assets or fund balances	1,459,525.	32	1,441,434
ž	33	Total liabilities and net assets/fund balances.	1,459,575.	33	1,441,434.
3A	A	TEEA0111L 10/07/20			Form <b>990</b> (2020

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For	n 9	990 (2020)	ENTER	PRISE -	+ ECON	OMIC DE	EVELOPME	INT				77-0	)312119		Pa	ge <b>12</b>
Pa	<b>rt</b> ]		onciliatio													
						-	-	line in this P								
1				•			,						1		84,7	93.
2				•									2	1	02,8	884.
3			•										3		18,0	
4						• •	•	art X, line 32				-	4	1,4	59,5	525.
5			5 (	,								_	5			
6													6			
7												L	7			
8			,										8			
9						• •		dule 0)					9			0.
10								9 (must equa					10	1,4	41.4	134
Pa		XII Fina														
								line in this Pa	art XI	11						П
		Officer												· · · · · ·	Yes	No
1	A	Accounting	method use	ed to prep	are the F	orm 990:	Cash	X Accrua	al	Other					103	
		f the organi n Schedule		nged its n	nethod of	accounting	g from a pri	or year or ch	ecked	d 'Other,'	explain					
2	a۷	Vere the or	ganization'	s financia	l stateme	nts compil	ed or review	ved by an inc	depen	ndent acco	ountant?			2a		Х
	li s	f 'Yes,' che eparate ba	ck a box be sis, consol	elow to in idat <u>ed</u> bas	dicate wh sis, or bot	ether the f	inancial sta	tements for t	the ye	ear were o	compiled or I	reviewe	d on a			
		Separ	ate basis	Cor	solidated	basis	Both co	nsolidated ar	nd se	parate ba	isis					
	b٧	Vere the or	ganization'	s financia	l stateme	nts audited	d by an inde	pendent acc	ounta	ant?				2 b	Х	
		f 'Yes,' che basis, conso				ether the f	inancial sta	tements for t	the ye	ear were a	audited on a	separat	te			
		Separ	ate basis	X Cor	nsolidated	l basis	Both co	nsolidated a	nd se	parate ba	isis					
	c It r	f 'Yes' to line eview, or c	e 2a or 2b, ompilation	does the o of its fina	rganization ncial state	n have a co ements an	ommittee that d selection	t assumes res of an indepe	sponsi ndent	ibility for o t accounta	versight of th ant?	e audit,		2 c	Х	
	С	on Schedule	e O.	-				tion process:		-						
3								ergo an audit						3a	Х	
								the organizati aken to unde						3b	Х	
BAA								112L 10/19/20	<u> </u>		-					(2020)

			Public Chari	ty Status and P	ublic	Supr	oort	OMB No. 1545-0047		
	IEDULE A n 990 or 990-EZ)	Com	plete if the organizat 4947(a	2020						
Deve			► Atta	Open to Public						
Interna	ment of the Treasury al Revenue Service	► (	ao to www.irs.gov/Fo	Inspection						
-	. (	CENTER, INC					Employer identific 77-031211	.9		
Par				rganizations must			1 /	ctions.		
1 2 3 4 5	A church, con A school desc A hospital or A medical res name, city, a	vention of church ribed in <b>section 1</b> a cooperative h search organiza nd state:	es, or association of ch <b>70(b)(1)(A)(ii).</b> (Attach ospital service organ tion operated in conju	For lines 1 through 12, nurches described in <b>sec</b> Schedule E (Form 990 o ization described in <b>se</b> unction with a hospital	tion 170( r 990-EZ) ction 17( describe	( <b>b)(1)(A)(</b> ).) 0 <b>(b)(1)(</b> d in sec	i). \)(iii). :tion 170(b)(1)(A)(iii). E			
	section 170(	<b>b)(1)(A)(iv).</b> (Co	mplete Part II.)			-	-			
6 7 8	X An organization in section 17	on that normally r 0(b)(1)(A)(vi).(	eceives a substantial p Complete Part II.)	ental unit described in seart of its support from a A)(vi). (Complete Part	governm			blic described		
9	An agricultura	l research organi	zation described in sec	e (see instructions). Ente	rated in c					
10	from activitie investment ir June 30, 197	s related to its a ncome and unre 5. See <b>section !</b>	exempt functions, sub lated business taxabl 509(a)(2). (Complete f		ons; and 511 tax)	(2) no r from b	nore than 33-1/3% of i usinesses acquired by	ts support from gross		
11	- U	0	•	ely to test for public saf	2					
12 a	lines 12a thro <b>Type I.</b> A support organization(s	ough 12d that de porting organizati	escribes the type of so on operated, supervise gularly appoint or elect	Ity for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its su a majority of the director	and com	nplete lii praanizat	nes 12e, 12f, and 12g. ion(s), typically by giving	ut the purposes of one ()(3). Check the box in g the supported ion. You must		
b	management must comple	of the supporting te Part IV, Sect	organization vested in ions A and C.	ontrolled in connection the same persons that c	ontrol or	manage	the supported organization	tion(s). <b>You</b>		
C	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must com	ion operated in connection operated in connection of the section o	on with, ai <b>A. D. an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported		
d	<b>Type III non-fi</b> functionally in instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in co must satisfy a distribu s A and D, and Part V.	nnection Ition req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see		
	integrated, or Enter the number	r Type III non-fu er of supported o	nctionally integrated	en determination from supporting organization	٦.					
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	I									

Schedule A (Form 990 or 990-EZ) 2020	ENTERPRISE +	ECONOMIC	DEVELOPMENT	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, 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

				1		1	
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	,				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
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)						0.
6	Public support. Subtract line 5 from line 4						1,035,554.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,949.	32,699.	20,686.	26,548.	18,352.	118,234.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,153,788.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization <b>stop here</b>	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	► 🗌
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	•			,		89.75%
15	Public support percentage from a	2019 Schedule A,	Part II, line 14			15	92.13%
16a	<b>33-1/3% support test-2020.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pul	d not check the b plicly supported of	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	< this box ·····► X
b	33-1/3% support test-2019. If th and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances	nd-circumstances test. The organiza	test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨
BAA					Sc	adula A (Earm 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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#### 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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities						
5	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
5	its behalf The value of services or						
•	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
b	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.						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line						
<u>C</u>	7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
	Amounts from line 6			ļ			
TUa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.)	for the organizati	l on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	organization, check this box and tion C. Computation of Pul						······
15	Public support percentage for 20			ine 13 column (f)	)		00
16	Public support percentage from 2	•					00
-	tion D. Computation of Inv						-
17	Investment income percentage f				umn (f))		00
18	Investment income percentage f	-		-			00
	<b>33-1/3% support tests–2020.</b> If t						
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	n ►
b	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3%	the organization of the check this box	lid not check a bo and <b>stop here</b> Th	ox on line 14 or line organization or	ne 19a, and line 1 valifies as a public	6 is more than 33	-1/3%, and nization ► □
20	Private foundation. If the organiz						
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#### Part IV Supporting Organizations

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

## Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	bid 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and ElN 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
C	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in <b>Part VI.</b></i>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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#### Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

Part IV   Supporting Organizations (continuea)			_				
		Yes	No				
11 Has the organization accepted a gift or contribution from any of the following persons?							
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,							
the governing body of a supported organization?	11a						
<b>b</b> A family member of a person described in line 11a above?	11b						
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c						

#### Section B. Type I Supporting Organizations

1 IN / C

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

## Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization? If <i>No</i> ' explain in <b>Part VI</b> how			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **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.*

Yes

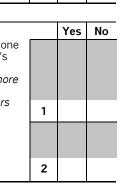
2a

2b

3a

3h

No



## Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
<b>3</b> Other gross income (see instructions)	3		
<ul><li>4 Add lines 1 through 3.</li></ul>	4		
5 Depreciation and depletion	5		
<ul> <li>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)</li> </ul>	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	- 1		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the surrent year is the organization's first as a new functionally into	aratad		appization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizat	ions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide o	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
Ł	P From 2016				
	From 2017				
C	From 2018				
e	e From 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
a	Applied to underdistributions of prior years				
Ŀ	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
0	Excess from 2018				
C	Excess from 2019				
e	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	ENTERPRISE + ECONOM	C DEVELOPMENT	77-0312119	Page 8
III, fine 12; Part IV, B, lines 1 and 2; Pa	Information. Provide the explanat Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 art IV, Section C, line 1; Part IV, Section line 1; Part V, Section B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a, 11b, ar n D, lines 2 and 3; Part IV, 3	nd 11c; Part IV, Section Section E, lines 1c, 2a, 2b,	
	Iso complete this part for any addition			

SCHEDULE D (Form 990) 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.					OMB No. 1545-0047 2020 Open to Public		
Intern	epartment of the Treasury Iternal Revenue Service <b>Context Context Conte</b>					Inspect	tion
ENT	ITER, INC	CONOMIC DEVELOPMEN	T or Advised Funds or Other Si	milar Funds or Acc	77-031	lentification n 2119	umber
1 01	Complete	if the organization ans	wered 'Yes' on Form 990, Par	rt IV, line 6.			
_			(a) Donor advised funds	<b>(b)</b> F	unds and	other accou	unts
1 2 3 4	Aggregate value of cor Aggregate value of gra	end of year tributions to (during year) nts from (during year) at end of year					
5 6	are the organizati	on's property, subject to the	nor advisors in writing that the asset organization's exclusive legal contro ors, and donor advisors in writing tha	ol?		Yes	No
Ū	for charitable pur	poses and not for the benefi	t of the donor or donor advisor, or fo	r any other purpose cor	nferring _	Yes	No
Par		tion Easements.	warad 'Vac' on Form 000. Do	t IV line 7			
1			wered 'Yes' on Form 990, Pal				
	Preservation o Protection of Preservation	f land for public use (for exam natural habitat of open space	ple, recreation or education)	Preservation of a histo Preservation of a certi	fied histori	c structure	
2	Complete lines 2a last day of the tax	through 2d if the organization I < year.	held a qualified conservation contribution			End of the	
a	Total number of c	conservation easements					
Ł	Total acreage res	tricted by conservation ease	ments	<b>2</b> b			
c	Number of conser	rvation easements on a certi	fied historic structure included in (a)	<b>2c</b>			
C	structure listed in	the National Register	n (c) acquired after 7/25/06, and not				
3	Number of conserv tax year ►	ation easements modified, tran	isferred, released, extinguished, or terr	ninated by the organization	on during th	e	
4		where property subject to conse					
5	and enforcement	of the conservation easement				Yes	No
6	►		inspecting, handling of violations, and e	-			ar
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enfor	cing conservation easeme	ents during	the year	
8	Does each conser and section 170(h	rvation easement reported on n)(4)(B)(ii)?	n line 2(d) above satisfy the requirer	nents of section 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, descrinclude, if application conservation ease	ribe how the organization rep ble, the text of the footnote ements.	borts conservation easements in its r to the organization's financial staten	revenue and expense st nents that describes the	atement a organizati	nd balance on's accou	sheet, and inting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Trea wered 'Yes' on Form 990, Pa	<b>sures, or Other Sin</b> rt IV, line 8.	nilar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its Id for public exhibition, education, o al statements that describes these ite	r research in furtherance	balance s e of public	heet works service, pi	s of art, rovide in
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its rev or public exhibition, education, or resea	arch in furtherance of publ	ic service,	t works of provide the	art,
			line 1				
2	If the organization amounts required	received or held works of art, I to be reported under FASB	nistorical treasures, or other similar ass ASC 958 relating to these items:	ets for financial gain, pro	vide the foll		
a	Revenue included	l on Form 990, Part VIII, line	. 1		►\$		
k Rec	Assets included in	n Form 990, Part X	hatmatiana far Farma 000		►\$ 	ula D (5	
ваа	For Paperwork R	eauction Act Notice, see the	e Instructions for Form 990.	IEEA3301L 08/18/20	Sched	ule D (Fori	m 99 <mark>0) 20</mark> 20

Schedule D (Form 990) 2020 ENTERE	PRISE + ECON	OMIC DEVELC	PMENT		77-0312	119	Page 2
Part III Organizations Maintair	ing Collections	s of Art, Histo	rical Treasures,	, or Other Si	milar Asse	<b>ts</b> (contin	ued)
<b>3</b> Using the organization's acquisition, a items (check all that apply):	accession, and other	records, check ar	ny of the following that	at make significa	ant use of its co	ollection	
<b>a</b> Public exhibition		d 🗌 Loan d	r exchange prograr	n			
b Scholarly research		e Other					
c Preservation for future general							
4 Provide a description of the organizate Part XIII.							
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive	e donations of art	, historical treasure	s, or other sim	ilar assets	Yes	No
Part IV Escrow and Custodial							
line 9, or reported an a	mount on Form	990, Part X,	ine 21.			, -	- /
1 a Is the organization an agent, truste	ee, custodian or oth	ner intermediary	for contributions or	other assets n	ot included _	٦	
on Form 990, Part X?					· · · · · · · · · L	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	1 Part XIII and corr	ipiete the ionowin	ig lable:	<b></b>	Δ	mount	
c Beginning balance				1c		inount	
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an am	ount on Form 990,	Part X, line 21,	for escrow or custo	dial account lia	ıbility?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII. Check h	nere if the explan	ation has been prov	vided on Part >	<iii< td=""><td></td><td></td></iii<>		
Part V Endowment Funds. Co				· · · · · · · · · · · · · · · · · · ·	, i i i i i i i i i i i i i i i i i i i		<u> </u>
<b>1 a</b> Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	back (d) Thi	ree years back	(e) Four yea	irs back
<b>b</b> Contributions							
-							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	of the current year	end balance (lin	e 1g, column (a)) he	eld as:			
<b>a</b> Board designated or quasi-endowmer		00					
<b>b</b> Permanent endowment	%						
c Term endowment	0/0						
The percentages on lines 2a, 2b, and	2c should equal 10	0%.					
3a Are there endowment funds not in the	e possession of the o	organization that a	re held and administe	ered for the		Vac	No
organization by: (i) Unrelated organizations					Г	Yes 3a(i)	No
(ii) Related organizations					-	3a(ii)	+
<b>b</b> If 'Yes' on line 3a(ii), are the relate						3b	+
4 Describe in Part XIII the intended	-				L		
Part VI Land, Buildings, and E	quipment.						
Complete if the organiz	ation answered	'Yes' on Forn	n 990, Part IV, I	ine 11a. See	e Form 990	, Part X, I	ine 10.
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accu depre	umulated ciation	(d) Book \	alue
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment							
e Other			olump (D) line 10	<u> </u>	▶		
Total. Add lines 1a through 1e. (Column BAA	(u) must equal Fo	нн ээо, Mart X, C	olullilli (B), line IUC.	<i>. J</i>		le D (Form 99	0.
					Jenedul	2 0 11 0111 32	

Part VII	Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11b. See Form 990, Pa	rt X, line 12.
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	
(1) Financi	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				<u> </u>
<u>(D)</u> (E)				
<u>(F)</u>				
<u>(G)</u>				
<u>(H)</u>				
( )				
Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII	Investments – Program Related. Complete if the organization answered		N/A	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	T X, IINE 13.
(1)	(a) Description of investment		(c) Method of Valuation. Cost of end-of-year f	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Colum	nn (b) must equal Form 990, Part X, column (B) line 13.) .			
Part IX	Other Assets.	N/A		
	Complete if the organization answered			
(1)	(a) De:	scription	(b) E	Book value
(2)				
(3)				
(4)				
(5)				
(6) (7)		/		
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (b	3) line 15.)	·····	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 11	e or 11f See Form 990 Part X line 25	
1.		iption of liability		ook value
	ral income taxes			
(2)				
(3) (4)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10) (11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)			

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

Schedule D (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT	77-0312119	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# PART X - FASB ASC 740 FOOTNOTE

THE AGENCY HAS QUALIFIED AS A NON-PROFIT ORGANIZATION AND HAS BEEN GRANTED

TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF

CALIFORNIA INCOME TAXES.

THE AGENCY IS ALSO SUBJECT TO FEDERAL AND STATE INCOME TAX ON ANY UNRELATED BUSINESS

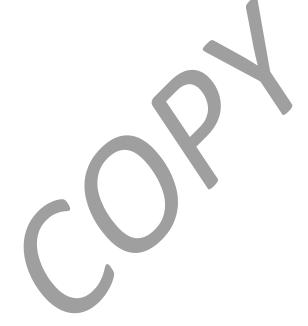
TAXABLE INCOME.

BAA

Schedule D (Form 990) 2020

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE AGENCY'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.



SCHEDULE J	L	OMB No. 1	No. 1545-0047					
(Form 990)	Employees	202	20					
	<ul> <li>Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publi	ic			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspe					
	ENTERPRISE + ECONOMIC DEVELOPMENT							
	CENTER, INC Segarding Compensation	77-0312119						
			T	Yes	No			
<b>1 a</b> Check the approp VII, Section A, I	riate box(es) if the organization provided any of the following to or for a person listed on Fo ine 1a. Complete Part III to provide any relevant information regarding these items.	rm 990, Part		105				
First-class o	r charter travel Housing allowance or residence for	personal use						
Travel for co	ompanions Payments for business use of perso	nal residence						
Tax indemn	fication and gross-up payments Health or social club dues or initiation	on fees						
Discretionar	Discretionary spending account Personal services (such as maid, chauffe							
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain								
	tion require substantiation prior to reimbursing or allowing expenses incurred by all d ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
Executive Direct	any, of the following the organization used to establish the compensation of the organization or. Check all that apply. Do not check any boxes for methods used by a related organ nsation of the CEO/Executive Director, but explain in Part III.	n's CEO/ nization to						
Compensati	on committee Written employment contract							
Independen <sup>®</sup>	t compensation consultant Compensation survey or study							
Form 990 of	other organizations Approval by the board or compensations	tion committee						
organization or	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi a related organization:	ling						
	ance payment or change-of-control payment?				Х			
•	receive payment from a supplemental nonqualified retirement plan?				X			
•	receive payment from an equity-based compensation arrangement? f lines 4a-c, list the persons and provide the applicable amounts for each item in Part		4c		Х			
-								
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e revenues of:							
	anization?				X			
	or 5b, describe in Part III.		50		Х			
6 For persons listed	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e net earnings of:	ation						
<b>a</b> The organization	n?		6a		Х			
	anization?		6b		Х			
If 'Yes' on line 6a	or 6b, describe in Part III.							
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	d 	7		Х			
8 Were any amount	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was si	ubject						
If 'Yes,' describe	tract exception described in Regulations section 53.4958-4(a)(3)?		8		Х			
section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulation 6(c)?							
BAA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Form	1 99 <mark>0</mark> )	2020			

TEEA4101L 09/25/20

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MI	SC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
EMILIA REYES	(i)	0.	0.	0.	0.	0.	0.	0.
1 SECRETARY	(ii)	172,090.	0.	0.	17,538.	6,325.	195,953.	0.
	(i)							
2	(ii)				<b>†</b>		<u>+</u>	
	(i)							
3	(ii)		+		+		+	
	(i)							
4	(ii)				+		+	
	(i)							
5	(ii)				+		+	
	(i)							
6	(ii)				+		+	
	(i)							
7	(ii)				<b>†</b>		<u> </u>	
	(i)							
8	(ii)				<b>†</b>		<u> </u>	
	(i)							
9	(ii)				<b>†</b>		<u> </u>	
	(i)							
10	(ii)				<b>†</b>		<u> </u>	
	(i)							
11	(ii)		+		+		+	
	(i)							
12	(ii)		+		+		+	
	(i)							
13	(ii)		+		+		+	
	(i)							
14	(ii)		+		+		+	
	(i)							
15	(ii)		+		+		t	1
	(i)							
16	(ii)		†		+		t	1
ВАА		1	TEEA4102L 09/2	5/20		1	Schedule	J (Form 990) 2020

Page 2

77-0312119

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047	
2020	

Open to Public Inspection

Name of the organization ENTERPRISE + ECONOMIC DEVELOPMENT	Employer identification number
CENTER, INC	77-0312119

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL

OFFICER AND COMMISSIONERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS WILL EXCUSE HIM/HERSELF, OR WILL BE ASKED TO EXCUSE HIM/HERSELF FROM ACTIONS INVOLVING CONFLICTS OF INTEREST. ANNUAL TRAINING IS PROVIDED ON THIS MATTER. TRAINING IS ALSO PROVIDED TO STAFF TO ASSIST IN IDENTIFYING CONFLICT OF INTEREST SITUATIONS. ENFORCEMENT AND TRAINING ARE LINKED TO AREAS OF EXPOSURE BY PROGRAM AND ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES WAGE COMPARABILITY SURVEYS ARE COMPLETED, BY THE RELATED ENTITY, AT THE NATIONAL AND STATE LEVEL. ALSO, WAGE STUDIES OF LIKE-AGENCIES WITHIN THE CENTRAL VALLEY REGION ARE PERFORMED. COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER OF THE RELATED ENTITY IS APPROVED BY THE BOARD OF COMMISSIONERS OF THE RELATED ENTITY.

TEEA4901L 07/28/20

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

77-0312119

Department of the Treasury Internal Revenue Service

Name of the organization	ENTERPRI	SE +	ECONOMIC	DEVELOPMENT
	CENTER,	INC		

## Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded er	ntity Primary a	ctivity Legal dor or foreig	(c) nicile (state n country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	Direct o	<b>(f)</b> controlling ntity	ıg
(1) 	 							
(2)								
( <u>3)</u>		X						
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga	ganizations. Complete anizations during the ta	e if the organization ax year.	n answered 'Ye	s' on Form 990	, Part IV, line 34,	because	it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity s (if section 501(c	tatus (f) Direct contr entity		(g) ec 512(b)(1 ntrolled ent	(13) ntity? <b>No</b>
(1) FRESNO COUNTY ECONOMIC OPPORTUNITI 1920 MARIPOSA MALL FRESNO, CA 93721 94-1606519 (2)	COMMUNITY HUMAN SERVICES AGENCY	СА	501 (C) 3	PUBLIC CHARITY				X
<u>(3)</u> 								
<u>(4)</u>								

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

Schedule **R** (Form 990) 2020

## Schedule R (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		i al co al ol ge				ge								
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant in (related, unrela excluded from under sectio	ated, inco tax	of total	Sha end-o	<b>(g)</b> are of of-year sets	Dispi tior	h) ropor- nate ations?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	Gene x man	<b>j)</b> eral or aging ner?	<b>(k)</b> Percentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No	
<u>(1)</u>														
Part IV Identification of	of Related Organ se it had one or	nizations	Taxable as a	a Corporatio	<b>1 or Trust.</b> C	omplete	e if the o	organiza	tion a	nswei	red 'Yes' on	Form 9	90, Pa	nrt IV,
line 34, becaus	se it had one or	more rela	ated organiza	tions treated	as a corpor	ation or	trust di	uring the	tax y	ear.				
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity L (s	(c) egal domicile tate or foreign country)	(d) Direct controlling entity	(C corp	(e) of entity , S corp, trust)	<b>(f)</b> Share total in	e of come	Sha	<b>(g)</b> are of end-of- year assets	<b>(h)</b> Percentag ownershi	je Sec p contr	<b>(i)</b> 512(b)(13) olled entity?
				country)	entity	011	irust)						Ye	s No
<u>(1)</u>		  												
(2)														
<u>(3)</u>														
BAA				TEEA5	002L 07/15/20						S	chedule	<b>∢</b> (⊦orm	990) 2020

# Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations I	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			. 1b		Х
c Gift, grant, or capital contribution from related organization(s).			. 1c		Х
d Loans or loan guarantees to or for related organization(s).			. 1 d		Х
e Loans or loan guarantees by related organization(s)			. 1e		Х
f Dividends from related organization(s)			. 1f		Х
g Sale of assets to related organization(s)			. 1g		Х
h Purchase of assets from related organization(s)					Х
i Exchange of assets with related organization(s)			. <b>1i</b>		Х
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		Х
			-		
k Lease of facilities, equipment, or other assets from related organization(s)			. 1k	Х	
Performance of services or membership or fundraising solicitations for related organization(s)					Х
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
o Sharing of paid employees with related organization(s)				Х	
p Reimbursement paid to related organization(s) for expenses			. 1p		Х
q Reimbursement paid by related organization(s) for expenses.					X
<b>4</b> · · · · · · · · · · · · · · · · · · ·					
r Other transfer of cash or property to related organization(s).			. 1r		Х
s Other transfer of cash or property from related organization(s)			1s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove	red relationships and tran	saction thresholds.		ļ	11
	(b)		(	d)	
(a) Name of related organization	Transaction	(c) Amount involved	(elethod of		
	type (a-s)		amount	INVOIV	ea
(1) FRESNO COUNTY ECONOMIC OPPORTUNITI	K	1,285.C	OST AL	LOCA	1TIO
(2) FRESNO COUNTY ECONOMIC OPPORTUNITI	0	7,976.C	OST AL	LOCA	ATIO
(3)					
(4)					
<u></u>					
(5)					
(6)					
BAA TEEA5003L 07/15/20		Schedul	e R (Forr	n 990)	) 2020

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded	992	e) partners ction (c)(3) zations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	tior	h) ropor- nate itions?	K-1	Gene mana parti	i) ral or aging ner?	<b>(k)</b> Percentag ownershij
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	ł
(1)													
	-												
(2)													
(3)													
	-												
(4)													
(5)													
(6)													
(7)	-												
	1												
(8)													
BAA		1	l TE	EA5004L	07/15/2	0				l Schedi	ile <b>R</b> (F	orm 9	90) 2020

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Date Acce	epted						DO N	от м	AIL T	'HIS F	FORM	TO THE FTB
TAXABLE	YEAR	Califor	nia e-file	Return Auth	norizat	ion for	I					FORM
202	20	Exem	ot Organiz	zations								8453-EO
	nization name		, ei gain							Identifyi	ng number	
ENTERP	RISE +	ECONOMIC	DEVELOPM	ENT						77-0	31211	.9
Part I	Electro	nic Return I	nformation (w	hole dollars only)								
1 Tota	I gross rec	eipts (Form 1	99, line 4)							1		84,793.
	0	•										84,793.
3 Tota	l expenses	s and disburse	ements (Form 1	99, line 9)						3		102,884.
Part II	Settle `	Your Accou	unt Electroni	cally for Taxable `	Year 202	0						
4	Electronic	funds withdra	wal <b>4a</b> Am	ount	4	<b>b</b> Withdrav	wal date	e (mm/	dd/yyy	/y) _		
Part III	Bankin	g Informat	ion (Have you	verified the exempt or	ganization'	s banking in	Iformati	on?)				
5 Rout	ting numbe	er		-	-		_			_		
6 Acco	ount numb	er			<b>7</b> Type	of account:	C	heckir	ng	S	Savings	
Part IV	Declara	ation of Off	ficer									
		npt organizatio mount listed o		be settled as designate	ed in Part I	I. If I check	Part II,	Box 4	, I aut	horize	an elec	tronic funds
organizatio Tax Board for the fee statements return or I	on's return i d (FTB) doe e liability a s be transm	s true, correct, es not receive nd all applica itted to the FTE	and complete. If full and timely ble interest and B by the ERO, tra	2020 California electro f the exempt organizatio payment of the exemp penalties. I authorize ansmitter, or intermediat o disclose to the ERO	n is filing a ot organiza the exemp e service pr	balance due tion's fee lia t organizatio rovider. If the ediate servio	return, ability, ti proces ce prov	l under he exe n and s sing of	stand mpt o accom	that if t rganiza panyir <b>cempt c</b>	he Franc ation wil ng scheo organiza	hise I remain liable dules and <b>tion's</b>
Sign Here	Sigr	nature of officer			Date	TREASU	JRER					
<del></del>			· · • • •									
Part V				rn Originator (ER								
the best o organization officer's single forms and Authorized exempt orgounder period	If my know on's return ignature or I information d e-file Pro ganization r nalties of p s, and to t	vledge. (If I ar n. I declare, ho n form FTB 84 on that I will fi oviders. I will I return is filed, v erjury, I decla he best of my	m only an interr owever, that forn 153-EO before to ile with the FTB keep form FTB to whichever is later ire that I have e	organization's return a nediate service provid m FTB 8453-EO accur ransmitting this return , and I have followed a 8453-EO on file for <b>fot</b> , and I will make a copy xamined the above ex I belief, they are true,	er, I unders ately reflec to the FTB all other rec ur years fro vavailable to empt organ	stand that I ts the data ; I have pro quirements o om the due o o the FTB up nization's ref	am not on the r vided th describe date of on reque turn and	respor return.) ne orga ed in F the ret est. If I d accor	nsible ) I hav anizati TB Pu urn or am al mpany	for rev e obta on offi b. 134 four y so the p ving sc tion ba	viewing t lined the cer with 5, 2020 vears fro paid prep shedules	the exempt e organization a copy of all Handbook for m the date the parer, and all information
	ERO's signature	BRIAN	I HENDERSON	1			also paid preparer	X	self- employ			14976
ERO				NDERSON & COMF	ANY, II	NC.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>		Firm's Fl		
Must Sign	if self-em and addr	Ime (or yours		NGRAM, SUITE 1							81-1	741762
<u> </u>		655	FRESNO						CA	ZIP code	° 9371	1
•				ove organization's return and on all information of which I		ge.	statemen	its, and t	the be	est of my	/ knowledg	e and belief, they
	Paic	barer's				Date		Check			Paid pre	parer's PTIN
Paid	sign	ature						self-err	nployed			
Prepare Must		n's name								Firm's Fl	EIN	
Sign	(or ) emp	yours if self-								ZIP code	9	
	addr	ress										
For Privac	cy Notice,	get FTB 1131	ENG/SP.								FTB	8453-EO 2020

STATE OF CALIFORNIA RRF-1					DEPARTMENT OF JU		
(Rev. 09/2017) IN						E 1 of 5	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400		REGISTRATION F			(For Registry Use	Only)	OS PARTIN
STREET ADDRESS:		ions 12586 and 12587, Cal Cal. Code Regs. sections 3					
1300 I Street Sacramento, CA 95814 (916) 210-6400	Failure to subm	it this report annually no later than	four months and fifteen aft	er the end of the			
WEBSITE ADDRESS:	minimum tax o	counting period may result in the l f \$800, plus interest, and/or fines o 3703: Government Code section 12	r filing penalties. Revenue &	& Taxation Code			
www.ag.ca.gov/charities/ ENTERPRISE + ECONOMI			Check if:				
CENTER, INC	C DEVELOF		Change of	address			
Name of Organization			Amended r				
List all DBAs and names the organization u	uses or has used						
1920 MARIPOSA MALL # Address (Number and Street)	330		State Charity I	Registration Nun	nber <u>86225</u>		
FRESNO, CA 93721 City or Town, State and ZIP Code			Corporation or	Organization N	o. <u>1822979</u>		
(559) 263-1030 Telephone Number	E-mail Ad	dress	Federal Emplo	oyer ID No. 77	-0312119		
		RENEWAL FEE SCHEDULE	-	-			
		Make Check Payable to I					
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual	<u>Revenue</u>	<u>F</u>	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$2 Between \$250,001 and \$1		Between \$10,0	0,001 and \$10 million 00,001 and \$50 millio	on \$	150 225
				Greater than \$		Þ	300
PART A – ACTIVITIES For your most recent full a	accounting peri	od (beginning 1/0	1/20 ending	12/31/20	) list:		
-							
Gross Annual Revenue \$	84,792	Noncash Contributio	ns \$	0. Total A	ssets \$ <u>1,44</u>	1,43	<u>33.</u>
Program Ex	penses \$	101,599.	Total Expenses	\$ <u>10</u>	2,884.		
PART B – STATEMENTS							
Note: All questions must be an	swered. If you		questions below, yo	u must attach a	separate page	Yes	No
1 During this reporting period, v officer, director or trustee thereof, e	were there any o either directly o	contracts, loans, leases or other f r with an entity in which ar	inancial transactions betw ny such officer, director o	een the organiza r trustee had any f	ation and any financial interest?		Х
<b>2</b> During this reporting period, v	was there any th	neft, embezzlement, divers	ion or misuse of the o	organization's charita	ble property or funds?		Х
<b>3</b> During this reporting period, v	were any organi	zation funds used to pay a	ny penalty, fine or jud	dgment?			Х
<b>4</b> During this reporting period, v coventurer used?	were the service	es of a commercial fundraiser, f	undraising counsel fo	r charitable purpose:	s, or commercial		Х
<b>5</b> During this reporting period, o	did the organiza	tion receive any governme	ntal funding?	SEI	E STATEMENT 1	Х	
<b>6</b> During this reporting period, c	did the organiza	tion hold a raffle for charit	able purposes?				Χ
7 Does the organization conduc	t a vehicle dona	ation program?					Х
8 Did the organization conduct a generally accepted accounting	an independent g principles for	audit and prepare audited this reporting period?	financial statements	in accordance w	vith	Х	
9 At the end of this reporting pe	eriod, did the or	ganization hold restricted net	assets, while reporting	negative unrest	tricted net assets?		Х
I declare under penalty of perju and belief, the content is true, o							
				locuments, and	to the best of my kno	owledg	ge
	correct and con				to the best of my kno	owledg	ge

2020

# **CALIFORNIA STATEMENTS**

ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC PAGE 1

77-0312119

#### STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 370 L'ENFANT PROMENADE, S.W. WASHINGTON, D.C. 20447 SHARON WILLIAMS (202)401-5127

Form JJJU	Form	99	0
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# **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

OMB No. 1545-0047 2020

Depa Interi	artment of th nal Revenue	he Treasury e Service	1		t enter social secu ww.irs.gov/Forms					ı.		Inspection	
Α	For the 2	2020 calend	lar year, or ta					and ending			,	20	
В	Check if ap	oplicable:	С					-		D Employ	er identi	fication number	
	Addres	Address change ENTERPRISE + ECONOMIC DEVELOPMENT										119	
	Name	change	CENTER,	INC						E Telepho	one numb	er	
	Initial	return			MALL #330					(55	9) 20	63-1030	
	Final re	turn/terminated	FRESNO,	CA 9372	21					•	,		
	Amen	ded return								G Gross r	eceipts \$	\$ 84,793	
	Applic	cation pending	F Name and ad	ldress of prind	cipal officer: .TA	IME RODRI	OHEZ	ŀ	I(a) Is this a	a group retur	n for sub		
			SAME AS	C ABOVI			2011	ŀ	H(b) Are all	subordinates ' attach a list	included	Yes N	10
I	Tax-exer	mpt status:	X 501(c)(3)	501(c)	( )◀ (i	insert no.)	4947(a)(1) or	527	n no,	attach a list	. See 1115	li delloris	
J	Websi	te:► N/	A					ŀ	H(c) Group	exemption nu	umber 🕨		
Κ	Form of	organization:	X Corporation	Trust	Association	Other ►	LY	ear of formatio	n: 1992	2 <b>M</b> s	State of le	egal domicile: CA	
Pa	rt I	Summar	/							•			-
	<b>1</b> Br	iefly descrit	be the organiz	ation's mi	ssion or most	significant ac	tivities:URB	BAN ECON	IOMIC I	DEVELO	PMEN'	Г	
e	_												
anc	<u> </u>												
Governance													_
NO.		neck this bo			tion discontinu								-
& C					verning body ( pers of the gov						3		7
Activities &			•	-	d in calendar y			•			4		5
viti					if necessary).						6		0
Acti					m Part VIII, co						7a	0	- ×
					ne from Form 9						7b	0	
										rior Year		Current Year	<u> </u>
	<b>8</b> Co	ontributions	and grants (F	Part VIII, li	ne 1h)					213,831		60,073	5.
nue	<b>9</b> Pr	ogram serv	ice revenue (I	Part VIII, I	ine 2g)					32,3		24,720	
Revenue	<b>10</b> Inv	vestment in	come (Part V	III, columr	n (A), lines 3, 4	4, and 7d)						·	
ď					lines 5, 6d, 8								
				-	11 (must equa					246,1	.72.	84,793	۶.
					rt IX, column (								
		Benefits paid to or for members (Part IX, column (A), line 4)											
s	<b>15</b> Sa	alaries, othe	r compensati	on, emplo	yee benefits (F	Part IX, colum	n (A), lines	5-10)		64,9	972.	7,976	j.
Expenses	<b>16a</b> Pr	ofessional f	undraising fee	es (Part I)	K, column (A),	line 11e)							
tpel	<b>b</b> To	tal fundrais	ing expenses	(Part IX,	column (D), lir	ne 25) ►							
Û	17 Ot	her expens	es (Part IX, c	olumn (A)	, lines 11a-11c	d, 11f-24e)				36,7	35.	94,908	
		•			st equal Part I	-				101,7		102,884	
		•		-	e 18 from line		-			144,4		-18,091	
r 8			· ·						Beginnin	ng of Curren		End of Year	-
ets lanc	<b>20</b> To	otal assets (	Part X, line 1	6)					3	,459,5		1,441,434	
Ass I Ba	<b>21</b> To	tal liabilitie	s (Part X, line	. 26)						, ,	50.	0	
Net Assets or Fund Balances	<b>22</b> Ne	et assets or	fund balance	s. Subtrac	t line 21 from	line 20			1	,459,5	525.	1,441,434	
-		Signatur	e Block							, 10070	201	_, ,	-
				xamined this	return, including ac	companying schee	dules and stater	nents, and to th	ne best of m	iy knowledge	and belie	ef, it is true, correct, and	-
comp	olete. Decla	ration of prepa	rer (other than offi	cer) is based	on all information of	of which preparer I	nas any knowled	dge.		, ,		ef, it is true, correct, and	
Sign Here		Signatur	e of officer						Da	te			
		JAIN	ME RODRIQ	UEZ					TREAS	SURER			
		Type or	print name and tit	le									
		Print/Type p	reparer's name		Preparer's sig	gnature		Date		Check	if	PTIN	
Pai	id	BRIAN	HENDERSO	N	BRIAN H	HENDERSON	[]			self-employe	ed	P01814976	
Pre	eparer	Firm's name	► HUDSC	ON HEND	DERSON & C		INC.						
Use Only		Firm's addre	ss ► 7473	N. INC	GRAM, SUIT	TE 102				Firm's EIN	► <u>81</u> -	-1741762	_
			FRESN	NO, CA	93711					Phone no.	559-	412-7576	-

May the IRS discuss this return with the preparer shown above? See instructions ..... Х Yes No Form 990 (2020) TEEA0101L 01/19/21

		CONOMIC DEVELOPMENT	77-0312119 Page <b>2</b>
Par		Service Accomplishments	
		a response or note to any line in this Part III	
1	Briefly describe the organization's mi		
	URBAN_ECONOMIC_DEVELOPM	<u>1ENT</u>	
2	Did the organization undertake any sign	ificant program services during the year which were n	ot listed on the prior
	Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services or		
3		g, or make significant changes in how it conducts	, any program services? Yes X No
	If "Yes," describe these changes on Sch		
4	Section 501(c)(3) and 501(c)(4) orga and revenue, if any, for each program	service accomplishments for each of its three larg nizations are required to report the amount of gra n service reported.	est program services, as measured by expenses. nts and allocations to others, the total expenses,
4 a	(Code: ) (Expenses \$	101,599. including grants of \$	) (Revenue \$ 84,792.)
	URBAN ECONOMIC DEVELOPM		/.
41	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
40	: (Code:) (Expenses \$	including grants of \$	) (Revenue \$)
A -	Other program services (Describe on		
4(	(Expenses \$	including grants of \$	) (Revenue \$ )
4 6	Total program service expenses	101,599.	/
BAA		TEEA0102L 10/07/20	Form <b>990</b> (2020)

 Form 990 (2020)
 ENTERPRISE + ECONOMIC
 DEVELOPMENT

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	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		Х
4	<b>Section 501(c)(3) organizations.</b> 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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	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? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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.	11 a		Х
t	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	11 b		Х
c	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	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	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		х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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 See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	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		Х
BAA	• • • • •	Form	990	(2020)

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 Form 990 (2020)
 ENTERPRISE + ECONOMIC
 DEVELOPMENT

 Part IV
 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		Х
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	Х	
24	a 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		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	<b>b</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, Part I</i> .	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
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		Х
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):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		х
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part IL	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
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	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
	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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a		163	110
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BA/		-	<b>990</b> (	(2020)

77-0312119

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Yes         No           2a         End its in under of employees reported on Form W.3. Transmittal of Wage part faits:         2a         0         1         0         0         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT 77-031211	9	F	Page 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State.       2a       0         b f at least on the reported on the 2A, of the reguration fits at length of feelal multiply ment fax returns?       2b         b f at least on the reported on the 2A, of the reguration fits at length of feelal multiply ment fax returns?       2b         b f at least on a lines 1 and 2a is greater than 220, you may be required feelal multiply ment fax returns?       2b         b f f wei, sing the cale and yais of the sing ment with or the sing if M to line 2A, of the reguration have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank accurit, a count, or other financial account).       3a         b f f wei, enter the name of the origin country.       5a       X         b f f wei, enter the name of the origin country.       5a       X         b f d any toxed be party only the origin country.       5a       X         b f d any toxed be party only the origin country.       5a       X         b f d any toxed be party only the origin country.       5a       X         c ff ws. to in the sar of the origin country.       5a       X         b f d any toxed be party only the origin count is a party to a prohibid tax shelter transaction.       5a       X         b f d any toxed be party only the origin count is a party to a prohibid tax shelter transaction.       5a       X         b f d s (sid	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?       2b         Whet: the sum of insis and a dis greater has 250, you may be required to <i>e</i> /# (see structions)       3a       3a         3b Dit the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         b If Yes, inst filed a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       3a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       4a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       5a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization interest in yor a signific organization and yor the organization interest in the social or any time or this detains the resonance on the organization interest in the social organization and yor the organization interest in the social organization interest in the social organization and yor the organization interest in the social organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization and yor the organization and yor the organization interest in the social organization and yorganization and yor and yor and yor and yor and yorgani			Yes	No
b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?       2b         Whet: the sum of insis and a dis greater has 250, you may be required to <i>e</i> /# (see structions)       3a       3a         3b Dit the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         b If Yes, inst filed a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       3a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       4a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization have an interest in, or a signific or other functial becomit?       5a       X         b If Yes, instifted a form 300 Tro this year, <i>d</i> the organization interest in yor a signific organization and yor the organization interest in the social or any time or this detains the resonance on the organization interest in the social organization and yor the organization interest in the social organization interest in the social organization and yor the organization interest in the social organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization interest in the social organization and yor the organization and yor the organization and yor the organization interest in the social organization and yorganization and yor and yor and yor and yor and yorgani	<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
3 Did the organization have unrelated business pross income of \$1.000 or more during the year?       3 a       3 a       X         4 A stary, the a tilte a form 90-1 for the year? /f W/b beak burnels are optimated on \$2double 0.       3 b       X         4 A stary, the a during the calendar year, did the organization have an interest in or a signature or other authority order a temperature of the regin country.       3 b       X         5 W to the organization on the foreign country.       Section 50 for fing requirements for FinGEN Form 114, Report of Foreign Bark and Financial Accounts (FBAP).       5 a       X         5 W to the organization on the to a prohibited tas shelter transaction.       5 b       X       X         6 Does the organization nave ensure of organization that it was or is a party to a prohibited tas shelter transaction.       5 c       X         6 a Does the organization nave ensure of organization on that it was or is a party to a prohibited tas shelter transaction.       6 b       X         7 Organizations have ensure of the value of the low of Foreign Bark and Financial Accounts (FBAP).       5 a       X         a U to the organization include with every solicitation an express statement that use contributions or grits were not ta deductible a contributions under section 170(c).       6 b       7 c       X         a U the organization include with every solicitation and spress provide?       7 c       X       1 Tes, ' did the organization orith, we caleas of 475 made personal prometits were requined to fin	· · · · · · · · · · · · · · · · · · ·	2b		
b If Yes, is at field a Form 390-T for this year? If Mo'to like 30, provide an explanation or Soledule 0.       3b         4 a At any time during the calendar year, dif the organization have an inferent in or a signature or other authority over, a timenoid account).       4a         b If Yes, 'enter the name of the foreign country 'set. As a bank account, securities account, or other financial accounts (FBAP).       5a         5a Was the organization to filling requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a         5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a         5a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8286-T?       6a         6a Does the organization incude with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?       6a         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         9 If Yes, 'ind the organization notify the donor of the value of the goads or services provided to the payof?       7a       X         10 If Yes, 'indicate the number of forms 8282 filed during the year.       7d       7d       X         10 If Yes, 'indicate the number of forms 8282 filed during the year.       7d       7d       X         10 If Yes, 'indicacte the number of forms 8282 filed during the year. </td <td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td> <td></td> <td></td> <td></td>	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
42 A lary time during the calendar year, diff the organization have an interest in or a signature or other authority ore; at the foreign country 'set in a solark account's excurtise second', or other financial account's       4a       X         bit "vss,' enter the name of the foreign country 'set in a solark account's excurtise second', or other financial account's       5a       X         5a was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a       X         5b U any taxable party notry the organization that it was or is a party to a prohibited tax sheller transaction?       5b       X         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization folder where not tax deductible as christial be contributions?       6a       X         bit "vs;' do the organization include with very solicitation an express statement that such contributions and partity for goods and services provided?       7b       X         bit "vs;' do the organization nolify the donor of the value of the goods or services provide?       7c       X         bit "vs;' indicate the number of Form 8282 filed during the year.       7d       7d       X         bit "vs;' indicate the number of Form 8282 filed during the year.       7d       7d       X         f bit ws; indicate the number of Form 8282 filed during the year.       7d       7d       X         g It the organization notify the donor advised funds.       a personal benef	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Interactal account in a foreign country (such as a bank account); securities account); or other financial account)?       4 a       X         Interaction account in a foreign country -       see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EAR).       5 a       X       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EAR).       5 a       X       X       Did any taxable party holfy the organization that was or is a party to a prohibited tax shelter transaction?       5 a       X       X       Did any taxable party holfy the organization that was or is a party to a prohibited tax shelter transaction?       5 a       X       X       Did any taxable party holfy the organization that were not tax deductible as charitable contributions?       6 a       X       X       Did any taxable party notify the organization accells as charitable contributions?       6 a       X       X         Dif "See," idd the organization neckew ensures of s75 made party as a contribution and partly for goods and services provided 10 the graparization neckive a payment.       7 d       7 d       7 c       X         If "Yes," iddicate the number of Forms 8282 filed during the year.       7 d	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Sa Data with a party to a prohibited tax shelter transaction?       5c         Sa Data with a property the organization file Form 8886-1?       5c         Sa Data the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charidable contributions?       6a         N Tyse; to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         9 Did the organization receive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor?       7a       X         10 Tyse; indicate the number of Forms 8282 filed during the year.       Zd       Zd       7e       X         10 the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         10 the organization received a contribution of qualified intellectual property, did the organization approx       7a       X         11 Wes; indicate the number of Forms 8282 filed during the year.       Zd       7g       X         11 Wes; indicate the number of Fo	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, securities account, or other financial account)?	4a		Х
5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b If 'Yes,' enter the name of the foreign country►			
b Did any taskle party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If Yes,' to line 5 a or 5b, did the organization file Form 8886-17.       5c       5c         6 Does the organization have exceeding that are normally greater than \$100,000, and did the organization file Form 8886-17.       6a       X         b If Yes,' to line 5 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         a Did the organization neceive a payment in excess of 355 made partly as a contribution and partly for goods and services provided to the payor?       7b       7b         c Did the organization neceive a payment in excess of 355 made partly as a contribution and partly for goods and services provided to the payor?       7b       7c       X         d If Yes,' indicate the number of Forms 8282. filed during the year.       7d       7c       X         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 7rm 8899       7g       7d         a Term form 1089-07.       8a       9a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?       6a         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b         7 Organizations that may receive deductible contributions under section 170(c).       ab the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided 0 the payor?.       7a       X         b If Yes,' indicate the number of Forms 8282 field during the year.       Z d       7b       7c       X         f Did the organization netry the donor of the value of the goods or services provided?       7e       X       71       X         e Did the organization netry the donor of the value of the goods or services provided?       7e       X       71       X         g Did the organization netries a payment, max, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization netries a contribution of quilified intellectual property, did the organization file a       7h       7f       X         g If the organization netries and probability at a donor advised fund mainsined by the sponsoring organizations. Thereit an thatabing donor advised funds.		5 a		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitict any contributions in outs at deductible as charitable contributions?.       6a       X         bit "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a       X         0 Organizations that may receive deductible contributions under section 170(C).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payof?       7a       X         bit "Yes," did the organization nearies and the number of Forms 8282 filed during the year.       7d       X         c Did the organization receive any funds, directly, or pay permiums on a personal benefit contract?       7c       X         d if Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       X         g If the organization receive any funds, directly, or pay permiums on a personal benefit contract?       7t       X         g If the organization receive a contribution of qualified intellectual property, did the organization file a Form 8292       7g       Fd         g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8292       7g       Fd         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8292       Fd       Fd	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
solicit any contributions that were not tax deductible as charitable contributions?       6a       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         9 Dif the organization neceive a payment in excess of 575 made parity as a contribution and parity for goods and services provided to the payor?       7b       7c         c Did the organization neceive any the donor of the value of the goods or services provided?       7c       X         bit "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7d       X         g If the organization received a contribution of quaris during the year.       7d       X       7d       X         g If the organization received a contribution of quaris during the year?       7g       7d       X         g If the organization maintaining door advised funds.       10d a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         g If the organization make any taxable distributions under section 4966?       9a       9b       10b       10a       10a       10a	<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         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.       7a       X         bif Yes; 'i did cat the number of Forms \$282 field during the year.       7d       7c       X         d If Yes; 'i didicate the number of Forms \$282 field during the year.       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization. Treceived a contribution of cars, boats, airplanes, or other vehicles, did the organization.       7f       T         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1898.       7g       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         Did the sponsoring organization make any taxable distributions under sources       10a       10a       10a         B Cross income from other sources (b, not ded on Form 990, Part VIII, line 12, Cro public use of club facilities.       11a       10a       10a       10a	6 a 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?	6 a		Х
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?       7a       X         b If 'yes,' id the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       Z d       7d       X         f Did the organization, during the year, pay premiums, or other vehicles, or otherwise dispose of tangible personal benefit contract?       7e       X         f If the organization intring the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a from 1098-02.       7g       7h         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9       Sponsoring organizations maintaining door advised funds.       11a       10a       10b       10b         10       scores stosines organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9a         10       bit the sponsoring organization make a distribution sunclude or paid to other sources againsta mou		6b		
services provided to the payor?       7a       X         b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2.       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       9       9a       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 dhe sponsoring organizations. Enter:       10a       10a       10b       10a         11 Section 501(c)(2) organizations. Enter:       11a       10a       10b       10b         11 Section 501(c)(2) organizations. Enter:	7 Organizations that may receive deductible contributions under section 170(c).			
b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7d       7e       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7d       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899       7g       X         g If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       A       A         g If the sponsoring organizations maintaining donor advised funds. Did a donor advisor, or related person?       9a       9a         g If the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?       9a       9a         g If the sponsoring organizations. Enter:       10a       10b       10a       10b         g Sonsoring organization make any taxable distribution to a donor, donor adviser, or related person?       9a       9b       9b         Soctin 501(CX)2 organizations. Enter:	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?	7a		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7 c       X         d If Yes, 'indicate the number of Forms 8282 filed during the year.       7 d       7       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.       7 e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file form 8899       7 g       7 g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7 g       7 g         8 Sponsoring organizations maintaining donor advised funds.       9 a       9 a       9 a       9 a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9 a       9 b       9 b         10 Section 501(c)(2) organizations. Enter:       10 a       10 a       10 a       10 a         a Gross income from members or shareholders.       11 a       10 a       10 b       10 a         12 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 b       10 a         13 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 b       10 a         13 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 a				
d If Yes,' indicate the number of Forms 8282 filed during the year.       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, to pay personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8 Sponsoring organizations maintaining door advised funds.       7h       8       8         9 Sponsoring organizations maintaining door advised funds.       8       8       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 section 501(c/C) organizations. Enter:       10a       10b       10b       10b       10b         11 Section 501(c/C) organizations. Enter:       11a       10b       10b       11a       10b       11a       10b         12 Section 501(c/C) organizations. Enter:       11a       10b       11b       12a       11b       12a         13 Section 501(c/C) organizations. Enter:       11a       10b       11b       12a       11b	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7h         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         9 Sponsoring organizations maintaining donor advised funds.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organizations. Enter:       10a       10a         10 Section 501(c)(2) organizations. Enter:       10a       10b         11 Section 501(c)(2) organizations. Enter:       11a       11b         12 Section 501(c)(2) organizations. Enter:       11a       11b         13 Section 501(c)(2) organizations. Enter:       11a       11b         14 Socion 501(c)(2) organizations. Enter:       11a       11b         13 Section 501(c)(2) organization interest received or acrued during the year.       12a       12a         b If Yes', enter the amount of trax-exempt interest re	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2       7h         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         9 Sponsoring organizations maintaining donor advised funds.       a Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 did the sponsoring organizations. Enter:       a Did the sponsoring organizations. Enter:       10a       9b         11 Section 501(c)(7) organizations. Enter:       a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         12 Section 501(c)(2) organizations. Enter:       a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13 Section 501(c)(2) uplified nonprofit health insurance issuers.       12b       13a       13a         14a Did the organization is lecensed to issue qualified health plans in more than one state?       13a       14a         14a Did the organization is lecensed to issue qualified health plans.       13b       13c       14a         14a Did the organization is lecensed to iss	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
as required?	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
as required?	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
Form 1098-C2.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       7h         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Gross receipts, included on Form 990, Part VIII, line 12.       10a         b Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12 a Section 501(c)(22) qualified nonprofit health insurance issuers.       12b         a Is the organization is required to maintain by the states in which the organization receives of hand.       13a         13 Section 501(c)(22) qualified health plans in more than one state?       13a         14 a Did the organization receives on hand.       13b         15 is the organization receives on hand.       13c         14 b If Yes,' has it field a Form 720 to report these payments? <i>If No,' provide an explanation on Schedule O</i> .       14a         X       X         15 is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parach	as required?	7 g		
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?	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a linitiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(X) organizations. Enter:       10a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         28       55       12a         29       12b       12a         213       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         213       Section 501(c)(29) qualified honprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b fr Yes,' has it filed a Form 720 to report these payments? <i>If No,' provide an explanation on Schedule O</i> .       14b         15       It he organization and life Form 4720, Schedul	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(2) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a       X         b If 'Yes,' see instructions and file Form 4720, Schedule N.       15       15 us organization and file Form 4720, Schedule N.       15         15       see instructions and file Form 4720, Schedule N.       15       16       X		8		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(2) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a       X         b If 'Yes,' see instructions and file Form 4720, Schedule N.       15       15 us organization and file Form 4720, Schedule N.       15         15       see instructions and file Form 4720, Schedule N.       15       16       X	9 Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12		9a		
a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       15       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       15       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X	10 Section 501(c)(7) organizations. Enter:			
11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 b         c Enter the amount of reserves on hand       13 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         x b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 X				
a Gross income from members or shareholders.       11 a       11 a       11 a       11 b       12 b       11 b       12 b       11 b       12 b       11 b       12 b       11 b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a         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.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       15       X	11 Section 501(c)(12) organizations. Enter:			
against amounts due or received from them.).       11b         12 a 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.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       16       X	a Gross income from members or shareholders 11 a			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         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.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16	12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         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.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         X       b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
Note: See the instructions for additional information the organization must report on Schedule O.       Image: best of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       Image: best of the organization is licensed to issue qualified health plans.         c Enter the amount of reserves on hand       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the organization receive any payments for indoor tanning services during the tax year?       Image: best of the section 4960 tax on payments?       Image: best of the section and file Form 4720, Schedule N.       Image: best of the section 4968 excise tax on net investment income?       Image: best of the section 4968 excise tax on net investment income?       Image: best of the section 4968 excise tax on net investment income?       Image: best of the section 4968 excise tax on net investment income?       Image: best of the section 4968 excise tax on net investment income?       Image: best of the section	13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> 14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X	<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a		
c Enter the amount of reserves on hand	Note: See the instructions for additional information the organization must report on Schedule O.			
14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b       14 b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X       15 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X	<ul> <li>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</li> </ul>			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O				
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       X	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	excess parachute payment(s) during the year?	15		х
· · · · · · · · · · · · · · · · · · ·				
		16		X

Form 990 (2020)

 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.
 X

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year       1 a       7         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.       1 a       7			
ŀ	Denter the number of voting members included on line 1a, above, who are independent 1b 5			
	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		X
~		2		Λ
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		Х
4	Did the organization make any significant changes to its governing documents	_		
	since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
7 a	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?	7 a	Х	
Ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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 on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
Ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
	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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
Ł	Other officers or key employees of the organizationSEE .SCHEDULE.O.	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
Ł	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?	16 b		
Sec	tion C. Disclosure	100		<u> </u>
-	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	B)s on	ly)
	Own website     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, and financial statements availate the public during the tax year.	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	JIM RODRIGUEZ 1920 MARIPOSA MALL, SUITE 330 FRESNO CA 93721 (559) 263-1030			
BAA		Form	<b>990</b> (	2020)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	est Compensated Employe	es, and
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 Compen	sated Employees	
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year endiorganization's tax year.	5	
<ul> <li>List all of the organization's current officers directors trustees (whether individuals or organization)</li> </ul>	zations) regardless of amount of	

 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, 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 compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(C)									
(A) Name and title		thar	n one b s both a dire	oox, an o ctor/	unles officer truste		n	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) EMILIA REYES	1									
SECRETARY	40	Х		Х				0.	172,090.	23,863.
(2) JAIME RODRIQUEZ	1							_		
TREASURER	40			Х				0.	84,447.	3,660.
(3) JEROME COUNTEE	1									
CHAIRMAN	5	Х		Х				0.	0.	0.
_(4)_BRUCE_MCALISTER	1							0	0	0
DIRECTOR	5	Х						0.	0.	0.
	<u>1</u> 5	v						0	0	0
(6) REY LEON		Х					_	0.	0.	0.
DIRECTOR	<u>_</u>	х						0.	0.	0.
7) DANIEL MARTINEZ	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(8)	5	21						0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										
(14)										
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# Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT

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Pa	t VII Section A. Officers, Directors, Tru	stees, l	Key	Em	plo	oye	es, a	anc	l Highest Com	pensated Emp	loyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per week (list any	box, offic	unles er and	s pe d a d	rson lirect	e than c is both pr/trust	i an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from
		hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(₩-2/1099-1415C)	(19-2/1099-191136)	the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal						· · · <sup>1</sup>	•	0.	256,537.	27,523.
	Total from continuation sheets to Part VII, Section							<u>-</u>	0.	0.	0.
	Total (add lines 1b and 1c).								$\frac{0}{10000000000000000000000000000000000$	256,537.	<u>27,523.</u>
2	from the organization $\blacktriangleright$ 0		Isteu	abov	e) w	VIIO	receiv	/eu	more man \$100,00		
3	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such										Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	r than \$1	50,00	)0?/	'f 'Y	′es,'	' com	plei	te Schedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e compen <i>' comple</i>	isatio te Sc	n fro hedu	om a ule .	any <i>J fo</i>	unrel r suc	late h pe	d organization or	individual	. <b>5</b> X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compens compensation from the organization. Report compens	ated indestion for	epeno the ca	dent alend	con lar y	ntrao /ear	ctors endir	tha <sup>:</sup> 1g w	t received more th vith or within the or	1an \$100,000 of ganization's tax year	
	(A) Name and business addre							J	<b>(B)</b> Description o		<b>(C)</b> Compensation
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization		ited to	thos	se li	istec	l abov	ve) v	who received more	than	

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# Part VIII Statement of Revenue

 Check if Schedule O contains a response or note to any line in this Part VIII
 (A)
 (B)
 (C)
 (D)

		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a Federated campaigns   1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				
ъ р	c Fundraising events 1c				
ifts ir A	d Related organizations 1d				
nils G	e Government grants (contributions) 1e 60,073.				
Sir	f All other contributions, gifts, grants, and				
iti je	similar amounts not included above 1 f				
6 E	g Noncash contributions included in lines 1a-1f 1g				
n b	h Total. Add lines 1a-1f	60 072			
	Business Code	60,073.			
Program Service Revenue		24 720	24 720		
eve	2a PROGRAM SERVICE REVENUE	24,720.	24,720.		
ен	D				
Nic	د				
Š	a				
am	e				
- BO	f All other program service revenue				
ā	g Total. Add lines 2a-2f	24,720.			
	3 Investment income (including dividends, interest, and other similar amounts)				
	5 Royalties				
	6 a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets 7a				
	<b>b</b> Less: cost or other basis				
	and sales expenses 7b				
	<b>c</b> Gain or (loss) <b>7c</b>				
	d Net gain or (loss)►				
¢	8 a Gross income from fundraising events				
enne	(not including \$				
ŝVe	of contributions reported on line 1c).				
Other Rev	See Part IV, line 18 8a				
Jer	b Less: direct expenses 8b				
Ð	c Net income or (loss) from fundraising events►				
	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities ►				
	10a Gross sales of inventory, less				
	returns and allowances				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory►				
S	Business Code				
Miscellaneous Revenue	11a				
ž ž	11 a				
ella Ve	c				1
S S	d All other revenue				1
Σ	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	84,793.	24,720.	0.	0.
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Form 990 (2020) ENTERPRISE + ECONOMIC DEVELOPM

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Part IX Statement of Functional Exp Section 501(c)(3) and 501(c)(4) organizations must		her organizations must co	mplete column (A).	
Check if Schedule O contains				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and	16			
<ul> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, directors trustees, and key employees</li> </ul>	,	0.	0.	0
<ul> <li>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).</li> </ul>		0.	0.	0
7 Other salaries and wages		6,643.	0.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		0,043.		
9 Other employee benefits	1,333.	1,333.		
10 Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
<ul> <li>g Other. (If line 11g amount exceeds 10% of line 25, colur (A) amount, list line 11g expenses on Schedule 0.)</li> <li>12 Advertising and promotion</li> </ul>				
<b>13</b> Office expenses	129.	129.		
14 Information technology				
15 Royalties				
<b>16</b> Occupancy				
17 Travel				
<ul> <li>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</li> </ul>				
<ul><li>19 Conferences, conventions, and meetings</li><li>20 Interest</li></ul>				
21 Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance				
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 O.).	es			
a LOAN_LOSS_EXPENSE	93,494.	93,494.		
b ADMINISTRATIVE EXPENSES	1,285.	JJ,4J4.	1,285.	
C	1,285.		1,285.	
a				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	102,884.	101,599.	1,285.	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 (2020)

#### Form 990 (2020) ENTERPRISE ECONOMIC DEVELOPMENT

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	·····	<u></u> .	
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing.		1	
2	Savings and temporary cash investments	632,315.	2	204,504
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	333,279.	4	863,60
5	Loans and other receivables from 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 disgualified persons (as defined under		-	
Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.	493,981.	7	373,32
	Inventories for sale or use	495,901.	8	373,32
8 9	Prepaid expenses and deferred charges		9	
10			-	
	a Land, buildings, and equipment: cost or other basis.         Complete Part VI of Schedule D.         10a			
	b Less: accumulated depreciation 10b		10 c	
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	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,459,575.	16	1,441,434
17	Accounts payable and accrued expenses	50.	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
21 22	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		22	
23	I I I I I I		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	Total liabilities. Add lines 17 through 25	50.	26	
1	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,459,525.	27	1,441,43
28	4	1,439,323.	28	1,441,45
20	Organizations that do not follow FASB ASC 958, check here ►		20	
29	Capital stock or trust principal, or current funds		29	
30			30	
31	Retained earnings, endowment, accumulated income, or other funds		30	
32	Total net assets or fund balances.	1,459,525.	32	1 //1 /2
27 28 29 30 31 32 33	Total liabilities and net assets/fund balances.		33	1,441,434
- 33	Total habilities and het assets/fund balances	1,459,575.	33	1,441,434 Form <b>990</b> (202

Part X	Rala	nce Sheet			
Form 990 (	2020)	ENTERPRISE	+	ECONOMIC	DE

Forr	n 990 (2020) ENTERPRISE + ECONOMIC DEVELOPMENT 77	-0312119	)	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	84,7	793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	02,8	384.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	18,0	)91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,4	59,5	525.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,4	41,4	134.
Pa	t XII 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review				
	separate basis, consolidated basis, or both:				
	Separate basis         Consolidated basis         Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
-	on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х	
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	Х	
BAA	TEEA0112L 10/19/20		Form	990 (	(2020)

		Public Chari	ty Status and P	ublic	Supp	oort	OMB No. 1545-0047			
SCHEDULE A (Form 990 or 990-EZ)	plete if the organizat	tion is a section 501(c)	n is a section 501(c)(3) organization or a section ) nonexempt charitable trust.							
Department of the Treesury			ich to Form 990 or For				Open to Public			
Department of the Treasury Internal Revenue Service	► 0	ao to www.irs.gov/Fo	orm990 for instructions	and the	latest i		Inspection			
	NTERPRISE ENTER, INC	+ ECONOMIC DE	EVELOPMENT			Employer identific 77-031211				
			organizations must	comple	ete this		-			
The organization is not			<b>v</b>			1 1				
			hurches described in <b>sec</b>	•		i).				
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
	•		ization described in se				ator the been itelle			
4 A medical res	-	tion operated in conju	unction with a hospital	describe	a in sec		inter the hospital s			
5 An organizati section 170(k	——— on operated for <b>b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ege or university owned	l or opera	ated by	a governmental unit de	escribed in			
	te, or local gove	ernment or governme	ental unit described in s	section 1	<b>70(b)(</b> 1)	(A)(v).				
7 X An organization in section 17	n that normally r 0(b)(1)(A)(vi). ((	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described			
			A)(vi). (Complete Part							
			ction 170(b)(1)(A)(ix) oper e (see instructions). Ente							
10 An organizati from activitie: investment in	s related to its e come and unrel	exempt functions, sub	han 33-1/3% of its suppoject to certain exception of the certain exception e income (less section	ons; and	(2) no r	nore than 33-1/3% of i	ts support from gross			
			ely to test for public saf	ety. See	section	1 509(a)(4).				
12 An organizati	on organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry o	ut the purposes of one			
or more publi	cly supported o	rganizations describe	ed in section 509(a)(1) ( upporting organization	or <b>sectio</b>	n 509(a)	)(2). See section 509(a	)(3). Check the box in			
a Type I. A supp organization(s	orting organizatio	on operated, supervise gularly appoint or elect	d, or controlled by its su t a majority of the directo	oported o	raanizati	ion(s), typically by giving	g the supported on. <b>You must</b>			
b Type II. A sup management of must comple	oporting organiz of the supporting <b>te Part IV, Secti</b>	ation supervised or c organization vested in ions A and C.	controlled in connection the same persons that c	i with its control or	support manage	ed organization(s), by the supported organizat	having control or iion(s). <b>You</b>			
c Type III function	onally integrated. s) (see instruction	. A supporting organizations). <b>You must com</b>	tion operated in connectic plete Part IV, Sections	on with, ar <b>A, D, an</b>	nd functio	onally integrated with, its	supported			
d Type III non-fu functionally ir	Inctionally integrated. The c	rated. A supporting orgonganization generally	anization operated in co must satisfy a distribu mat and D. and Part V.	nnection ition regi	with its s	supported organization(s	) that is not			
e Check this bo	x if the organiz	ation received a writt	en determination from supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally			
		organizations n about the supported	d organization(a)							
(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) 🗄	s the	(v) Amount of monetary	(vi) Amount of other			
<b>C</b>	J		(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)			
				Yes	No					
<u>(</u> A)										
(B)										
(C)										
(D)										
(E)										
Total										

Schedule A (Form 990 or 990-EZ) 2020	ENTERPRISE +	ECONOMIC	DEVELOPMENT	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, 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

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.	
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)						0.	
	Public support. Subtract line 5 from line 4						1,035,554.	
Sec	tion B. Total Support							
Cale Degi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total	
7	Amounts from line 4	511,322.	166,468.	83,860.	213,831.	60,073.	1,035,554.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,949.	32,699.	20,686.	26,548.	18,352.	118,234.	
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						1,153,788.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
13	First 5 years. If the Form 990 is organization, check this box and						► 🗌	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20						89.75%	
	Public support percentage from 2						92.13%	
16a	<b>5a</b> 33-1/3% support test-2020. 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	<b>b</b> 33-1/3% support test-2019. 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	a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 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 te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-ar d-circumstances' t	nd-circumstances est. The organiza	test, check this b tion qualifies as	box and stop here a publicly support	Explain in Part ed organization.	VI how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►	

Schedule A (Form 990 or 990-EZ) 2020

77-0312119

# 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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees					.,,	
	received. (Do not include						
	any 'unusual grants.')						
2	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						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
5	facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from						
	disgualified persons						
h	Amounts included on lines 2		1		1		
5	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.						
с	Add lines 7a and 7b						
8	Public support. (Subtract line						
•	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						••
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
5	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
	10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	, third, fourth, or f	iffth tax year as a	section 501(c)(3)	►□
Sec	tion C. Computation of Pu						
	Public support percentage for 20			ine 13. column (f)	))		00
	Public support percentage from	•			-		0/0
						01	6
	tion D. Computation of Inv				(0)	a= 1	o
17	Investment income percentage f	-		-			00
18	Investment income percentage f						0/0
19a	33-1/3% support tests-2020. If						
	is not more than 33-1/3%, check		• •	•		-	
b	<b>33-1/3% support tests—2019.</b> If 1 line 18 is not more than 33-1/3%						
20	<b>Private foundation.</b> If the organi		•				
20				1 <del>4</del> , 19a, 01 190, (	LIECK UIIS DUX AIIC		

#### Part IV Supporting Organizations

BAA

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

# Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> 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) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and ElN 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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i> ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below</i> .	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

#### Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

ra	(continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
;	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
I	A family member of a person described in line 11a above? 11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> . 11c		
~			

#### Section B. Type I Supporting Organizations

with Composition Organization

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

## Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization</i> (s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **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.*

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Page 5

Yes

1

2

No

Yes

2a

2b

3a

3h

No

# Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### 77-0312119 Page 6

ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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		
ec	tion 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):			
а	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
	• From 2016				
	From 2017				
-	From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
ā	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
(	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Forr	m 990 or 990-EZ) 2020	ENTERPRISE +	ECONOMIC	DEVELOPMENT	77-0312119	Page 8
Part VI	Supplemental In	nformation. Provide	the explanation	s required by Part II,	line 10; Part II, line 17a or 17b; Part	
	III, line 12; Part IV, S	Section A, lines 1, 2, 3b,	3c, 4b, 4c, 5a,	6, 9a, 9b, 9c, 11a, 11	b, and 11c; Part IV, Section	
	B, lines 1 and 2; Par	t IV, Section C, line 1; P	art IV, Section I	D, lines 2 and 3; Par	t IV, Section E, lines 1c, 2a, 2b,	
					i, and 8; and Part V, Section E,	
	lines 2, 5, and 6. Als	so complete this part for	any additional	information. (See ins	structions.)	

SCHEDULE D		Sun	plemental Financial S	tatements			OMB No.	1545-0047	
	rm 990)	► Comple	te if the organization answered ' 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, '	Yes' on Form 990	, 2b.		20	20	
Department of the Treasury Internal Revenue Service <b>Go to www.irs.</b>			Attach to Form 990. s.gov/Form990 for instructions a	Open to Public Inspection					
Name of the organization			•			Employer i	er identification number		
	ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC 77-0312								
Par	HIR, INC	tions Maintaining Done	or Advised Funds or Othe	r Similar Funds	s or Ac	77-031 counts.	.2119		
	Complete	if the organization ans	wered 'Yes' on Form 990,	Part IV, line 6.					
	<b>.</b>		(a) Donor advised fu	nds	<b>(b)</b> F	unds and	other accou	Ints	
1 2		end of year							
2	55 5	ants from (during year)							
4		at end of year							
5	Did the organizat	ion inform all donors and do	nor advisors in writing that the a organization's exclusive legal co	ssets held in dono	r advisec	l funds	Yes	No	
6						L			
	for charitable pur	poses and not for the benefitivate benefit?	ors, and donor advisors in writing t of the donor or donor advisor, o	or for any other pu	rpose co	nferring	Yes	No	
Par		ation Easements.							
i ui			wered 'Yes' on Form 990,	Part IV, line 7.					
1			y the organization (check all that						
		of land for public use (for exam	ple, recreation or education)	Preservation		, ,		area	
		natural habitat		Preservation	of a certi	ified histori	c structure		
2		of open space	held a qualified conservation contri	bution in the form o	f a conco	nuction acco	mont on the		
2	last day of the ta		neiu a quaimeu conservation contin				End of the		
	a Total number of o	conservation easements			2 a				
			ements		2 b				
(	Number of conse	rvation easements on a cert	ified historic structure included ir	n (a)	2 c				
(	Number of conse structure listed in	rvation easements included the National Register.	in (c) acquired after 7/25/06, and	I not on a historic	2 d				
3	Number of conserv tax year ►	vation easements modified, tra	nsferred, released, extinguished, or	terminated by the	organizati	on during th	ie		
4	Number of states v	where property subject to cons	ervation easement is located ►						
5			egarding the periodic monitoring,						
6			nts it holds?				<b>Yes</b> uring the yea	<b>No</b> ar	
7	Amount of expense	es incurred in monitoring, insp	ecting, handling of violations, and e	nforcina conservati	on aasam	ents durina	the vear		
,	►\$				on easem	ents during	the year		
8	and section 170(	h)(4)(B)(ii)?	n line 2(d) above satisfy the requ				Yes	No	
9	In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in to the organization's financial st	its revenue and ea atements that desc	xpense s cribes the	tatement a e organizat	nd balance ion's accou	sheet, and nting for	
Par	t III Organiza Complete	tions Maintaining Colle	ections of Art, Historical T swered 'Yes' on Form 990,	<b>reasures, or O</b> Part IV, line 8.	ther Sir	nilar Ass	ets.		
1;	historical treasure	es, or other similar assets he	er FASB ASC 958, not to report in eld for public exhibition, educatio al statements that describes thes	n, or research in f	ment and urtherand	d balance s e of public	sheet works service, pr	of art, ovide in	
I	following amount	s, or other similar assets held f is relating to these items:	er FASB ASC 958, to report in its for public exhibition, education, or r	esearch in furtherar	nce of pub	lic service,	t works of a provide the	art,	
	(i) Revenue included on Form 990, Part VIII, line 1								
2	<ul> <li>(ii) Assets included in Form 990, Part X</li> <li><sup>▶</sup>\$</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> </ul>								
2			historical treasures, or other similar ASC 958 relating to these items e 1				lowing		
			e I						
_			e Instructions for Form 990.			· · · · · · · · · · · · · · · · · · ·	lule D (Forr	n 990) 2020	

Schedule D (Form 990) 2020 ENTER						77-031		Page <b>2</b>
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other Similar Ass	ets (cont	tinued)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check a	ny of t	he following that ma	ke significant use of its	collection	
<b>a</b> Public exhibition			d Loan	or exc	hange program			
<b>b</b> Scholarly research			e Other					
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		ions and	explain how they	/ furthe	er the organization's	exempt purpose in		
Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the the sold to raise funds rather the sold to rather the	ition solicit or nan to be ma	receive	donations of ar as part of the c	t, hist organiz	orical treasures, or zation's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia							rm 990, I	
line 9, or reported an	amount on	Form	990, Part X,	line	21.		,	
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or oth	er intermediary	for co	ontributions or othe	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and com	plete the follow	ng tat	ole:			
							Amount	
<b>c</b> Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance								
<b>2 a</b> Did the organization include an a						-		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Спеск п	ere if the explai	nation	has been provided	on Part XIII		
Part V Endowment Funds. C	omplata if	the ore	anization or		rad 'Vac' on For	m 000  Port  1)/  lir	10	
	(a) Current		(b) Prior yea		(c) Two years back	(d) Three years back		years back
<b>1 a</b> Beginning of year balance		year		1	(c) Two years back	(u) Three years back	(e) i oui	years back
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
<ul><li>g End of year balance</li><li>2 Provide the estimated percentag</li></ul>	a of the curre	nt vear d	and balance (lir	no 1 a	column (a)) held a	c.		
a Board designated or guasi-endowm		int year o		ie iy,	column (a)) neid a	3.		
b Permanent endowment ►	2		0					
c Term endowment ►	°							
The percentages on lines 2a, 2b, a	nd 2c should e	aual 100	%.					
				oro bol	d and administered	for the		
<b>3a</b> Are there endowment funds not in to organization by:	ne possession		iyanization that a			or the	Ye	es No
(i) Unrelated organizations							3a(i)	
(ii) Related organizations							3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organiza	tions list	ed as required	on Scl	hedule R?		. 3b	
4 Describe in Part XIII the intended		-	ation's endowm	ent fur	nds.			
Part VI Land, Buildings, and								
Complete if the organ	zation ans	wered	'Yes' on Fori	n 99	0, Part IV, line	11a. See Form 99	0, Part X	(, line 10.
Description of property		(a) Cost (in)	or other basis vestment)	(b)	Cost or other Cosis (other)	(c) Accumulated depreciation	<b>(d)</b> Boo	k value
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Colum	nn (a) must e	qual Fori	m 990, Part X,	colum	п (В), IIne IOc.)		ula D (Est	0.
BAA						Sched	ule D (Form	1 330) 2020

Part VII	Investments – Other Securities.		N/A	
( ) D	Complete if the organization answered			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	-year market value
	al derivatives			
(2) Closely (3) Other				
(A)				
(A) (B)				
(C)				
<u>(D)</u>				
(D) (E)				
(F)				
(G)				
(H)				
(I)				
	n (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII	Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A Part IV line 11c, See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				<u> </u>
	n (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets	N/A		
	Complete if the organization answered		), Part IV, line 11d. See Form 9	
(1)	(a) De	scription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (	B) line 15.)	••••••	
Part X	Other Liabilities.	orm 000 Dart IV line 11	Lo av 11f Cao Farm 000 Dart V Lina 25	
1.	Complete if the organization answered 'Yes' on F	iption of liability	Te of TTL. See Form 990, Part A, The 25.	(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 25.)		••••••	

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 D (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT	77-0312119	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	<b>Return.</b> N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# PART X - FASB ASC 740 FOOTNOTE

THE AGENCY HAS QUALIFIED AS A NON-PROFIT ORGANIZATION AND HAS BEEN GRANTED

TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF

CALIFORNIA INCOME TAXES.

THE AGENCY IS ALSO SUBJECT TO FEDERAL AND STATE INCOME TAX ON ANY UNRELATED BUSINESS

TAXABLE INCOME.

BAA

Schedule D (Form 990) 2020

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDES ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE AGENCY'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

SCHEDULE J	Compensation Information	and a d Environment	OMB No. 1		47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compen- Complete if the organization answered 'Yes' on Form 990, Part IV, li		20	20	
Department of the Treasury Internal Revenue Service	► Attach to Form 990.		Open to Inspe		
N. CH. S. P.	► Go to www.irs.gov/Form990 for instructions and the latest infor ENTERPRISE + ECONOMIC DEVELOPMENT	Employer identifica	•	CUON	
	CENTER, INC	77-031211			
Part I Question	s Regarding Compensation				
<b>1 a</b> Check the approp	priate box(es) if the organization provided any of the following to or for a person listed	on Form 990, Part		Yes	No
VII, Section A, I	ine 1a. Complete Part III to provide any relevant information regarding these ite	ms.			
	or charter travel Housing allowance or residence				
Travel for co					
	ification and gross-up payments Health or social club dues or in				
Discretionar	y spending account Personal services (such as ma	id, chauffeur, chef)			
<b>b</b> If any of the boxe	es on line 1a are checked, did the organization follow a written policy regarding payme	nt or			
reimbursement	or provision of all of the expenses described above? If 'No,' complete Part III to	explain	1b		
2 Did the organize	stion require substantiation prior to reimburging or allowing superpass insurred b	, all directors			
2 Did the organiza trustees, and of	ation require substantiation prior to reimbursing or allowing expenses incurred by ficers, including the CEO/Executive Director, regarding the items checked on line	an unectors, e 1a?	2		
3 Indicate which, if	any, of the following the organization used to establish the compensation of the organ	ization's CEO/			
Executive Direct	tor. Check all that apply. Do not check any boxes for methods used by a related ensation of the CEO/Executive Director, but explain in Part III.	organization to			
	on committee				
	t compensation consultant Compensation survey or study				
	f other organizations Approval by the board or comp		,		
4 During the year, organization or	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to a related organization:	the filing			
	ance payment or change-of-control payment?				Х
•	receive payment from a supplemental nonqualified retirement plan?				X
•	receive payment from an equity-based compensation arrangement? f lines 4a-c, list the persons and provide the applicable amounts for each item in		4c		Х
ii res to any o		TT art III.			
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons lister contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any cor	npensation			
5	n?		5a		Х
	anization?				X
If 'Yes' on line 5a	a or 5b, describe in Part III.				
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any cor ne net earnings of:	npensation			
<b>a</b> The organization	n?		6a		Х
• •	anization?		6b		Х
If 'Yes' on line 6a	a or 6b, describe in Part III.				
7 For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any no escribed on lines 5 and 6? If 'Yes,' describe in Part III	nfixed	7		Х
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that $v$	was subject			
to the initial con	tract exception described in Regulations section 53.4958-4(a)(3)? e in Part III		8		v
			· · · · · O		Х
9 If 'Yes' on line 8, section 53.4958	did the organization also follow the rebuttable presumption procedure described in Re -6(c)?	guiations	9		
	Reduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	2020

TEEA4101L 09/25/20

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MI	SC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
EMILIA REYES	(i)	0.	0.	0.	0.	0.	0.	0.
1 SECRETARY	(ii)	172,090.	0.	0.	17,538.	6,325.	195,953.	0.
	(i)	·						
2	(ii)		+		+		+	
	(i)							
3	(ii)				<b>+</b>		<u> </u>	
	(i)							
4	(ii)				<b>+</b>		<u> </u>	
	(i)							
5	(ii)				T		F	
	(i)							
6	(ii)		T		Γ		Γ	
	(i)							
7	(ii)		T		Γ		Γ	
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
<u>11</u>	(ii)							
	(i)		$\lfloor \_ \_ \_ \_ \_ \_ \_$		$\bot$		$\bot$	
12	(ii)							
	(i)		$\lfloor \_ \_ \_ \_ \_ \_ \_$		$\bot$		$\bot$	
13	(ii)							
	(i)		$\lfloor \_ \_ \_ \_ \_ \_ \_$		$\bot$		$\bot$	
14	(ii)							
	(i)		L		L		L	
15	(ii)							
	(i)		L		L		L	
16	(ii)							
BAA			TEEA4102L 09/2	5/20			Schedule	J (Form 990) 2020

Page 2

77-	-02	1211	10
11-	- U.S		19

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

77-0312119

Schedule J (Form 990) 2020

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public

Inspection

 Name of the organization
 ENTERPRISE + ECONOMIC DEVELOPMENT
 Employer identification number

 CENTER, INC
 77-0312119

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL

OFFICER AND COMMISSIONERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS WILL EXCUSE HIM/HERSELF, OR WILL BE ASKED TO EXCUSE HIM/HERSELF FROM ACTIONS INVOLVING CONFLICTS OF INTEREST. ANNUAL TRAINING IS PROVIDED ON THIS MATTER. TRAINING IS ALSO PROVIDED TO STAFF TO ASSIST IN IDENTIFYING CONFLICT OF INTEREST SITUATIONS. ENFORCEMENT AND TRAINING ARE LINKED TO AREAS OF EXPOSURE BY PROGRAM AND ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES WAGE COMPARABILITY SURVEYS ARE COMPLETED, BY THE RELATED ENTITY, AT THE NATIONAL AND STATE LEVEL. ALSO, WAGE STUDIES OF LIKE-AGENCIES WITHIN THE CENTRAL VALLEY REGION ARE PERFORMED. COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER OF THE RELATED ENTITY IS APPROVED BY THE BOARD OF COMMISSIONERS OF THE RELATED ENTITY.

TEEA4901L 07/28/20

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

77-0312119

Department of the Treasury Internal Revenue Service

Name of the organization ENTERPRISE + ECONOMIC DEVELOPMENT CENTER, INC

#### Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

										-		
(a) Name, address, and EIN (if applicable) of disregarded	entity	<b>(b)</b> Primary ac	ctivity	(a Legal dom or foreign	<b>;)</b> icile (state i country)	Тс	(d) otal income	End-c	(e) of-year assets	Dire	(f) ct contro entity	olling
(1)												
(2)												
(3)												
Part II Identification of Related Tax-Exempt C had one or more related tax-exempt or	Drganization	ons. Complete s during the ta	if the org	ganization	answered	d 'Yes'	' on Form 99	0, Part	: IV, line 34,	becau	ise it	
(a) Name, address, and EIN of related organization		(b) ary activity	I	<b>c)</b> nicile (state	(d) Exempt ( sectio	Code	<b>(e)</b> Public charity (if section 501	status	(f) Direct contr entity		(g Sec 512 controlled Yes	<b>)</b> (b)(13) d entity? <b>No</b>
(1) FRESNO COUNTY ECONOMIC OPPORTUNIT 1920 MARIPOSA MALL FRESNO, CA 93721 94-1606519		NITY HUMAN CES AGENCY		CA	501 (0	1) 2	PUBLI CHARIJ	-	N/A		Tes	X
(2) 		CED AGENCI			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	CIART	. 1	<u>N/A</u>			Λ
(3)	-											
(4)												

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

Schedule **R** (Form 990) 2020

#### Schedule R (Form 990) 2020 ENTERPRISE + ECONOMIC DEVELOPMENT

77-0312119 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controllin entity	g (rel exc	(e) lominant inco ated, unrelate cluded from ta nder sections 512-514)	ed, tax	(f) Share o incor	f total	Sha end-o	<b>g)</b> are of of-year sets	Dispi	h) opor- nate tions? <b>No</b>	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form 1065)	Gene x man	j) eral or aging mer? No	<b>(k)</b> Percentage ownership
<u>(1)</u>											105					
Part IV Identification of line 34, because	of Related Organ se it had one or	nizations more rela	Taxable a ated organi	s a Corp zations	oration treated a	or T as a	<b>rust.</b> Co corpora	omplete ation or	e if the o trust di	organizat uring the	tion a tax y	nswei ear.	red 'Yes' on	Form 9	90, Pa	art IV,
(a) Name, address, and EIN	of related organizat	ion Prim	<b>(b)</b> ary activity	(c) Legal do (state or coun	foreign	cont	<b>(d)</b> irect trolling ntity	(C corp	<b>e)</b> of entity , S corp, rust)	(f) Share total inc	e of		<b>(g)</b> are of end-of- year assets	<b>(h)</b> Percentaç ownershi	je Sec p cont	(i) 512(b)(13) rolled entity?
<u>(1)</u>		  														
(2)		  														

(3)

Schedule **R** (Form 990) 2020

# Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	ted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		Х
c Gift, grant, or capital contribution from related organization(s)			1 c		Х
d Loans or loan guarantees to or for related organization(s).			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s).			1 f		Х
g Sale of assets to related organization(s).			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1 k	Х	
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>			11	Ă	Х
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)			1 m		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		X
<ul> <li>o Sharing of paid employees with related organization(s)</li> </ul>			10	Х	
			10	Λ	
p Reimbursement paid to related organization(s) for expenses			1 p		Х
<b>q</b> Reimbursement paid by related organization(s) for expenses.			1q		X
<b>4</b>			- 1		
r Other transfer of cash or property to related organization(s).			1r		Х
s Other transfer of cash or property from related organization(s)			1s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covere					21
(a) Name of related organization	(b)		<b>(c</b> hod of (	l)	
Name of related organization	Transaction type (a-s)	Amount involved Me	hod of a mount	determ	iining ed
	3 p c (u c)				
(1) FRESNO COUNTY ECONOMIC OPPORTUNITI	K	1,285.CO	ST AT.		TTO
	1	1/200.001			110
(2) FRESNO COUNTY ECONOMIC OPPORTUNITI	0	7,976.CO	ד איד	TOCA	TTΟ
(2) TRESNO COUNTI ECONOMIC OFFORTUNITI	0	7,970.00		посч	.110
(3)					
(4)					
(5)					
(6)					
BAA TEEA5003L 07/15/20		Schedule	<b>R</b> (Forn	1 990)	2020

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	income (related, unre- lated, excluded	992	e) partners tion (c)(3) tations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	tior	h) ropor- nate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	) ral or aging her?	<b>(k)</b> Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(FOITH 1005)	Yes	No	+
(1)													
	]												
	-												
(2)													
	]												
	-												
(3)													
	]												
(4)													
	]												
	-												
(5)													
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	-												
(6)													
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	-												
(7)	]												
	]												
	-												
(8)	]												
	]												
	-												
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Schedule **R** (Form 990) 2020

#### Part VII Supplemental Information

77-0312119 Page **5** 

Provide additional information for responses to questions on Schedule R. See instructions.



# ENTERPRISE PLUS MEETING

Date: December 17, 2021	Program: Access Plus Capital
Agenda Item #: 5	Director: N/A
Subject: Transfer of Net Assets to Access Plus Capital	Officer: Tate Hill

#### **Recommended Action**

Staff recommends board approval for the transfer of net asset for lending to Access Plus Capital.

#### Background

As a subsidiary of Fresno EOC, Access Plus Capital has managed EPlus lending activities since 2013. The lending came through two \$800,000 grants to E Plus from the Department of Health & Human Services (HHS)-Office of Community Services (OCS). As required by HHS-OCS, EPlus executed a manage agreements for both grants with APC that expired with the conclusion of each program grant period. As of 2020, the last grant completed its program requirements. Currently, no agreement is in place between EPlus and APC.

Friedman & Associates, APC's CDFI and finance consultant, conducted an operational assessment in 2020 delivering a set of recommendations to strengthen the organization's finances and operations that including streamlining the relationship and assets between Fresno EOC and E Plus. The APC board of director adopted this report in November 2020 and Friedman & Associates created the attached Transfer of Assets Guidance memo in June 2021. The guidance encourages the completion of the transaction by December 31 to eliminate the off-balance sheet activity in the APC 2021-audited financial statements. The transfer would be a net of any committed funded by the EPlus board.

### **Fiscal Impact**

APC is a subsidiary of Fresno EOC and thereby this transfer does not affect Fresno EOC consolidated financials or the financial presentation of consolidated financials. If ePLUS is diluted and inactive, it would be presented in the notes to the audit but not in the financial presentation.

#### Conclusion

If approved, EOC Finance Department will calculate and prepare the set of accounting transactions for the final net balance as of December 31 to Access Plus Capital.







# F A FRIEDMAN ASSOCIATES, LLC

COMMUNITY DEVELOPMENT FINANCE CONSULTANTS

# MEMORANDUM

**TO:** Finance and Accounting Teams – Access Plus Capital and EOC

- **DATE:** June 4, 2021
- **FROM:** Jonathan Harrison
- **SUBJECT:** Guidance on Transfer of EOC Lending and Enterprise Plus (ePLUS) Assets to the APC Balance Sheet

## **Engagement Summary**

This memo outlines recommendations to Fresno EOC leadership (EOC) on Access Plus Capital (APC) for the accounting treatment of the lending program assets currently on the Fresno EOC books as 'Fresno EOC Lending" as well as the Enterprise Plus (ePLUS) net assets, which are currently part of a separate 501 c-3 *"Enterprise + Economic Development Center, Inc (ePLUS), a community development corporation subsidiary of Fresno EOC.* 

We evaluated the entity structure of APC as well that of ePLUS and our conclusion is that it would be of great benefit to the APC balance sheet of APC of over \$1.445 million in unrestricted net assets to transfer those unencumbered net assets from ePLUS to the APC balance sheet. All of the reporting on the ePLUS OCS assets has been completed and all grants "closed out".

Furthermore, the assets and liabilities of the Fresno EOC, comprised of the SBA Intermediary relending Program (ILP) and the City of Fresno Small Farm Emergency Loan Program, which is a forgivable loan program should also be transferred to the APC balance sheet. The next step is to seek transfer of assets approval by the SBA. We have worked with the SBA at the state office of California in the past and they have been amendable to this type of transfer.

The City of Fresno loans receivable have not been 100% either charged off or repaid and a letter to City of Fresno releasing/forgiving the liability has been drafted awaiting final review and signature by Fresno EOC. In this case assets nearly equal liabilities so there is little transfer following the forgiveness of the liabilities

# Summary of Assets and lending history of each program for consideration

**Fresno EOC Lending** – is comprised of total net assets of (-\$132,328), which contain both assets and liabilities. Total Assets of \$1.7 million include total cash of \$464,507, loans receivables of \$1.3 million including \$406,039.77 in 3 outstanding SBA ILP loans as well as \$900k of City of Fresno loans receivables that have been documented as uncollectible.

Liabilities include two long term notes payables, one from the City of Fresno Small Farm Emergency Loan Program for \$979,131 which is in the process of being forgiven as well as the SBA ILP program note, which was originated on August 23, 2011, for \$1 million. It is a 20-year note, with 1% interest per annum and currently has an outstanding balance of \$514,712. The SBA ILP loan maturity date is August 23, 2031.

It is our understanding that the Fresno EOC is amenable to the transfer and that these program assets were deemed to be housed at the parent organization at a time when the APC CDFI balance sheet was much smaller than it is at present. The transfer of these assets would help to simplify the accounting for the APC and Fresno EOC.

**Enterprise Plus -** was initially established in 1992 as a Community Development Corporation (CDC) in order to provide a stand-alone entity with the stated purpose of applying for and administering program grants of the Department of Health and Human Services (HHS). At the time, lending organizations, including CDFIs were encouraged to set up separate entities with Board membership that met the community representation requirements set forth by the Office of Community Services (OCS) and the definition of an Enterprise Plus applied for and was successful in securing seven grants from the OCS at HHS since 1993.

Over the last 10 years, many CDFIs with board representation that mirrored the CDC designation of the past have been successful at securing OCS funding directly through their CDFI entity and have not needed a separate entity to apply through for OCS funding. APC is likely to meet the community representation test as well.

The last grant received by E Plus through the OCS was for \$800,000. Each OCS grant is a three-year grant period, with the last grant running from 9/30/2016- 9/29/2019. The grant must be used for loan capital re-lending, with up to 20% of the funds for operating support. Once the funds are lent and repaid by borrowers, they are no longer restricted Net assets.

As of 3/31 there are currently 7 loans on the books (shown in Appendix A) that are currently being serviced by APC for Enterprise Plus. The total amount of the loan's receivable is \$274,167. As of 3/31/2021, The ePLUS Balance sheet includes total net assets of \$1.445 million, with no liabilities and \$384,922 in accounts receivables.

E Plus has also been the receiving entity for CSBG ARRA funds received by Fresno.

In order to remain active, the exempt organization must hold an annual meeting with minutes to discuss the year's activities as well as file form 990 tax returns each year.

# Six great reasons to complete a balance sheet transfer of assets in 2021.

- 1. **Risk Management of Assets and Liabilities** the CDFI is currently managing the Fresno EOC Lending and Enterprise Plus assets and reports to the APC board of directors on the activities related to these assets and therefore should have these assets on their balance sheet if possible.
- 2. **Reduces Management Complexity for Finance** The accounting and finance roles in managing multiple program lines of business are cumbersome. Multiple 501c3 entities equates to multiple tax filings each year as well as governance concerns.
- 3. **APC Board of Directors oversight** needs clarity– the board of directors of APC monitors the activities of both ePLUS and the Fresno EOC lending and transfer of assets would be logical next step.
- 4. APC By-Laws inconsistencies Per the APC by-laws, the CDFI stated purpose includes "Operate as a lending entity for and on behalf of Fresno Economic Opportunities Commission (Fresno EOC). (Section 3, Purpose subletter E) however, no specific mention of asset management of FEOC assets are included. This requires further clarification of purpose. Also, the Management and Administrative Services Agreement (signed 12/23/2020 by

FEOC and APC) does not include the management of ePLUS or EOC lending assets either. The transfer of these assets would remove these inconsistencies.

- 5. **No effect on Fresno EOC financial position** APC is a subsidiary of Fresno EOC and thereby this transfer does not affect Fresno EOC consolidated financials or the financial presentation of consolidated financials. If ePLUS is diluted and inactive, it would be presented in the notes to the audit but not in the financial presentation.
- 6. Operating under obsolete and less than optimal conditions In 2021, APC CDFI can apply directly to HHS-OCS for funding as a CDFI as long as its board composition meets the community representation guidelines. At the same time, as a CDFI with almost \$10 million in net assets, the APC balance sheet is strong enough to petition current and future investors to hold their assets and liabilities directly on the APC balance sheet. There are no reporting restrictions on the current net assets for ePLUS.
- 7. **Good for APC CDFI balance sheet!** the ePLUS assets can be effectively transferred and further enhance the equity position of the CDFI. Equity is difficult to come by and the CDFI can leverage this additional equity in the form of more borrowed capital and in the end more impact!

		ACCESS PLUS CAPITA FINANCIAI		IDATED STA N (unaudited		T OF
			of 03/31/2	-		
			_			
				EOC lending		RPRISE +
ASSET	S		Mar	ch 31, 2021	March	31, 2021
	Currer	nt Assets				
		Cash and Cash Equivalents	\$	535 <i>,</i> 402	\$	704,316
		Cash - Loan Loss Reserve Funds		106,104		-
		Account Receivables		-		384,922
	Total	Current Assets		641,507		1,089,238
	Long-	Term Assets				
		Loans Receivable		1,384,506		368,080
		Allowance for Loan Losses		(263,715)		(11,539
	Loans	Receivable, Net of Allowance		1,120,791		356,540
ΤΟΤΑΙ	L ASSE	TS	\$	1,762,297	\$	1,445,778
I IABII	ITIES /	AND NET ASSETS				
		nt Liabilities				
		Accrued Interest Payable	•	1,458		-
		Interfund Payable		343,641		
		Current Portion of Debt	•	55,683		-
	Total	Current Liabilities		400,782		-
	lona-	Term Liabilities				
	Long	City of Fresno	-	979,131		
		SBA ILP	-	514,712		-
	Total	Long Term Notes Payable		<i>1,493,843</i>		
Total			\$	1,894,625	\$	-
Net As	ssets	Liprostrictod Not Access				1 445 770
		Unrestricted Net Assets		(157,710)		1,445,778
		Current Earnings		11,114		-
Total	Net A	Revolving Loan Fund		14,268 (132,328)		1,445,778
				()		_,,. , . , .
		ILITIES AND NET ASSETS	\$		\$	1,445,778

## **APPENDIX- OCS IDA -56700 -Loans Receivables Details**

access+capital Fresno Community Development Financial Institution

bbirk Page 1 of 2 Thu, May 27, 2021 8:50:43 AM v10.010 (13)

# Trial Balance Report (Simplified) Through the Close of Accounting Month 3/2021 \*\*\* Not final, currently-open month is 3/2021 \*\*\* Corp # Between '410 (OCS IDA)' and '411 (OCS CED)'

"Net Accrued Interest" is as of the close of business on 3/31/21 and considered due on 4/1/21. It reflects any interest earned through 3/31/21 but not yet satisfied by any Receipt of an Effective Date on or before that day.

Loan # Client	Borrower Name	Approved Loan Amount	Actual Loan Amount	Loan Balance	Net Accrued Interest
Corp: 410 OCS IDA- 5670	0				
Permanent					
288-02-01 McWealth Care Inc	McWealth Care Inc	45,000.00	45,000.00	7,983.51	13.95
467-01-01 Mad Illustrators	Myrick Wilson	30,000.00	30,000.00	1,756.61	4.40
Permanent Subtotal:			75,000.00		18.35
2 Loans		75,000.00		9,740.12	
Corp 410 Subtotal:			75,000.00		18.35
2 Loans		75,000.00		9,740.12	

access+capital Fresno Community Development Financial Institution

bbirk Page 2 of 2 Thu, May 27, 2021 8:50:43 AM v10.010 (13)

Trial Balance Report (Simplified) Through the Close of Accounting Month 3/2021 \*\*\* Not final, currently-open month is 3/2021 \*\*\* Corp # Between '410 (OCS IDA)' and '411 (OCS CED)'

"Net Accrued Interest" is as of the close of business on 3/31/21 and considered due on 4/1/21. It reflects any interest earned through 3/31/21 but not yet satisfied by any Receipt of an Effective Date on or before that day.

Loan #	Client	Borrower Name	Approved Loan Amount	Actual Loan Amount	Loan Balance	Net Accrued Interest
Corp: 41	OCS CED- 5670	00				
Permanen	nt					
538-01-03	3 AC Industries, Inc.	AC Industries, Inc. DBA Andres	130,000.00	130,000.00	90,741.83	232.54
580-01-03	3 Quantum Machining and D	esign Quantum Machining and Design	15,000.00	15,000.00	2,392.90	6.16
632-01-01	Lovett & Ratliff Quality Res	sale, I Lovett & Ratliff Quality Resal	41,700.00	41,700.00	32,076.15	115.94
635-01-03	3 The Village Butcher, LLC	The Village Butcher, LLC	90,000.00	90,000.00	80,828.91	341.00
655-01-01	Donnell Court, LLC	Donnell Court, LLC	72,837.00	72,837.00	58,387.58	246.40
Permar	nent Subtotal:			349,537.00		942.04
	5 Loans		349,537.00		264,427.37	
Corp 411	Subtotal:			349,537.00		942.04
	5 Loans		349,537.00		264,427.37	
Grand Tot	tal			424,537.00		960.39
	7 Loans		424,537.00		274,167.49	

End of Report Processing at: 5/27/2021 8:50:43 AM

# **APPENDIX B – Fresno EOC loans Receivables:**

# SBA ILP -56610

Access+capital Fresno Community Development Financial Institution	bbirk Page 1 of 1 Thu, May 27, 2021 8:52:20 AM v10.010 (13)
Trial Balance Report (Simplified) Through the Close of Accounting Month 3/2021 Corp # Equal To '330 (SBA ILP)'	*** Not final, currently-open month is 3/2021 ***

"Net Accrued Interest" is as of the close of business on 3/31/21 and considered due on 4/1/21. It reflects any interest earned through 3/31/21 but not yet satisfied by any Receipt of an Effective Date on or before that day.

Loan #	Client	Borrower Name	Approved Loan Amount	Actual Loan Amount	Loan Balance	Net Accrued Interest
Corp: 33	SBA ILP- 56610					
Permanen	t					
175-01-01	3V Feed and Garden Suppl	y, In 3V Feed and Garden Supply, In	200,000.00	200,000.00	50,420.60	299.77
410-01-02	Estetica La Moda	Teresa Negrete	200,000.00	200,000.00	187,978.70	5,424.99
491-01-02	M-Rivas Transport, Inc.	M-Rivas Transport, Inc.	200,000.00	200,000.00	167,640.47	707.30
Permar	nent Subtotal:			600,000.00		6,432.06
	3 Loans		600,000.00		406,039.77	
orp 330	Subtotal:			600,000.00		6,432.06
	3 Loans		600,000.00		406,039.77	
Grand Tot	al			600,000.00		6,432.06
	3 Loans		600,000.00		406,039.77	
nd of Re	port Processing at: 5/	27/2021 8:52:20 AM				