Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe 2	2009 ca <u>lendar ye</u>	ır, or tax year beginning 01-01-2009	and ending 12-31-20	0.5		
B Che	eck if ap	oplicable Please	C Name of organization ENTERPRISE COMMUNITY PARTNERS IN	IC		D Employer ider	ntification number
- Add	tress cha	ange use IRS label or	Doing Business As			52-1231931 E Telephone nui	
Nar	me chan	nge print or type. See	Doing Business As			·	
Inıt	ial retur		Number and street (or P O box if mail	ıs not delivered to street addı	ress) Room/suite	(410) 964-1	
Ter	mınated		10227 WINCOPIN CIRCLE SUITE 500			G Gross receipts \$	40,373,000
– _{Am}	ended r	eturn	City or town, state or country, and ZIP	+ 4	I		
— App	olication	pending	COLUMBIA, MD 21044				
		F Na	me and address of principal officer		H(a) Is th	■ is a group return	for
						ites?	⊤Yes ▽ No
					H(b) Are a	II affiliates include	d?
							(see instructions)
I Ta:	x-exem	pt status 🔽 501(d	(a) (3) ◄ (insert no)	□ 527		ip exemption nur	
ı w	ebsite	: www enterpris	ecommunity org		7 ` ´		
V Com	n of ora	· · · · · · · · · · · · · · · · · · ·	tion Trust Association Other ►			rmation 1980 M	State of logal democile
K FOII	n or org	janization je Corpora	tion Trust Association Other		L real of it	ME	State of legal domicile
Pa	rt I	Summary					
			ne organization's mission or most si				I F HO HOTHO AND
	1		ORTUNITIES FOR LOW AND MODING COMMUNITIES THROUGH P.				
8	I	STATE/LOCAL G					
Ē							
≣							
Governance	,	Check this hov		e operations or dispose	d of more than	25% of its not a	eeate
		'					
Activities &			members of the governing body (Pa				
Ě			ndent voting members of the govern		.D)		
5			mployees (Part V, line 2a)				<u>301</u>
4.			olunteers (estimate if necessary)				
		-	ited business revenue from Part VII	, , , , ,			
	ь	Net unrelated bus	iness taxable income from Form 99	0-1, line 34		7b	0
		Cttt	d (D		Pric	or Year	Current Year
<u>a</u>	8		d grants (Part VIII, line 1h)	•	40,413,000	28,958,000	
Revenue	9	•	revenue (Part VIII, line 2g)		•	18,587,010	8,460,000
ž	10		me (Part VIII, column (A), lines 3,		•	1,414,000	2,131,000
	11 12	•	Part VIII, column (A), lines 5, 6d, 8 dd lines 8 through 11 (must equal f	ne	-1/9,///		
	12					60,234,233	40,068,000
	13		ar amounts paıd (Part IX, column (A			21,227,981	13,867,000
	14	Benefits paid to	or for members (Part IX, column (A)), line 4)			0
.	15	Salaries, other c	ompensation, employee benefits (Pa	5 –			
Expenses		10)			23,837,341	20,318,000	
₹	16a	Professional fun	draising fees (Part IX, column (A), li	ne 11e)			0
置	Ь	Total fundraising ex	penses (Part IX, column (D), line 25) $\blacktriangleright 1,08$	34,000			
	17	Other expenses	(Part IX, column (A), lines 11a-11	d, 11f–24f)		19,654,911	14,063,000
	18	·	Add lines 13–17 (must equal Part I			64,720,233	48,248,000
	19	Revenue less ex	penses Subtract line 18 from line 1	2		-4,486,000	-8,180,000
Net Assets or Fund Balances					_	g of Current Year	End of Year
Sets Han	20	Total accets (Da	rt X, line 16)				174 167 000
A B	20 21	•	rt X, line 16)			8,159,000	174,167,000
2 E	21		rart x, line 26)			169,584,000	167,465,000
	22 11 11 1	Signature B		ine 20		169,584,000	167,465,000
r C.I	777	_	ock erjury, I declare that I have examined this i	return including accompanies	n schedules and a	tatements, and to th	e hest of my knowledge
		and belief, it is true,	correct, and complete Declaration of prepa	arer (other than officer) is bas	sed on all informat	ion of which prepare	r has any knowledge
		l 			I		
		*****	or		2010- Date	-08-11	
		Signature of office			Date		
		Signature of office					
		mike mcneely vi	ce president				
		[[ce president	1		1	
Sign Here		mike mcneely vi Type or print nar	ce president	Date	Check if self-	Preparer's identify (see instructions)	ring number
He re	e	mike mcneely vi Type or print nar	ce president ne and title	Date			ring number
Paid Prepa	arer's	mike mcneely vi Type or print nar Preparer's signature	ce president ne and title	Date	self-	(see instructions)	ring number
Paid Prepa	arer's	mike mcneely vi Type or print nar Preparer's signature	ce president ne and title REZNICK GROUP PC		self-		ring number
Paid	arer's	mike mcneely vi Type or print nar Preparer's signature Firm's name (or you if self-employed),	ce president ne and title rs REZNICK GROUP PC		self-	(see instructions)	

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To create opportunities for low and moderate-income people through fit, affordable housing and diverse, thriving communities. They provide development capital and expertise to create decent, affordable homes and to rebuild communities. Services provided by the organization to community organizations include grants for their operations, short-term loans ranging from working capital lines to predevelopment, acquisition and construction loans, technical services and training programs, and research and information services.

2					which were not listed on	┌ Yes ┌ No
	the prior Form 990 or If "Yes," describe thes					Tes No
3	Did the organization coservices?	ease conducting, or ma	ike significar	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Schedul	e O			
4		501(c)(4) organizatio	ns and section	on 4947(a)(1) trusts a	largest program services by re required to report the amo service reported	
4a	(Code) (Expenses \$	41,012,000	ıncludıng grants of \$	13,867,000) (Revenue \$	8,460,000)
	Enterprise and its subsidia	ries have raised and invest	ed more than \$1	0 6 billion in equity, grants	, and loans to create more than 27	0,000 affordable homes
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Sche	dule O)			
	(Expenses \$	ınclu	ding grants of	f\$) (Revenue \$)
4e	Total program service	e expenses►\$	41,012,00	0		

art TV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
h	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1a	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		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
5a	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?	6a		No
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).			
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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	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			
l1	Section 501(c)(12) organizations. Enter			
а	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)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
				

12b

10227 WINCOPIN CIRCLE500 columbia, MD 210443400

(410) 772-6016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management				
36	Ction A. Governing body and Management		Yes	No	
1a	Enter the number of voting members of the governing body 1a 28				
b	Enter the number of voting members that are independent 1b 26				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75			
3	year by the following				
а	The governing body?	8a	Yes		
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο	
	ection B. Policies (This Section B requests information about policies not required by the Internal				
Re	venue Code.)		Yes	No	
102	Does the organization have local chapters, branches, or affiliates?	10a	103	No	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110	
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	2a Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a	Yes		
	Other officers or key employees of the organization	15b	Yes		
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
	2				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DC , F KY , ME , MD , MA , MI , MN , MS , NH , ND , OH , OK , OR , PA , RI , SC , TN , U WI	NJ, NI	M,NY,	NC,	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website.				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the MICHAEL MCNEELY	ne orga	nızatıor	n ►	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	ot compens	ate any	curre	ent o	r for	mer o	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posit t	(C tion (hat a	ched		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DORIS W KOO PRESIDENT & CEO	40 0	Х		х		х		320,436	0	22,782
bill beckmann trustee	1 0	Х						0	0	0
norman rice chairman	1 0	х		х				0	0	0
patricia Rouse Vice president & secretary	1 0	Х		х				0	0	0
catherine p bessant trustee	1 0	Х						0	0	0
John bOORN trustee	1 0	Х						0	0	0
raymond christman trustee	1 0	Х						0	0	0
sheila crowley trustee	1 0	х						0	0	0
martin fine trustee	1 0	х						0	0	0
ronald grzywinski trustee	1 0	х						0	0	0
alıcıa glen trustee	1 0	х						0	0	0
Jing lyman trustee	1 0	х						0	0	0
edward norton trustee	1 0	Х						0	0	0
carol parry trustee	1 0	Х						0	0	0
franklin raines trustee	1 0	Х						0	0	0
nicolas retsinas trustee	1 0	Х						0	0	0
jonathan rose trustee	1 0	Х						0	0	0

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

(A)	(B)			•••				(D)	(E)	(5)
(A) Name and Title	(B) Average hours	A verage Position (chair hours that app						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
michael roth trustee	1 0	Х						0	0	0
tony salazar trustee	1 0	х						0	0	0
J ronald terwilliger trustee	1 0	Х						0	0	0
reginald williams trustee	1 0	х						0	0	0
Jaime yordan trustee	1 0	х						0	0	0
Barry zigas trustee	1 0	х						0	0	0
CHARLES WERHANE DIRECTOR	40 0	х						0	569,169	63,659
nchard ac coles trustee	1 0	Х						0	0	0
adam r flatto trustee	1 0	х						0	0	0
dora leong gallo trustee	1 0	Х						0	0	0
JEFFREY SCHAFFER vice president	40 0			Х				172,491	0	15,535
WILLIAM R FREY senior VICE PRESIDENT	40 0			Х		х		268,336	0	22,453
CHRISTINE K CARTALES VICE PRESIDENT	40 0			х				183,113	0	13,477
NAOMI BAYER senior VICE PRESIDENT	40 0			Х				204,146	0	22,004
LORI CHATMAN senior VICE PRESIDENT	1 0			х				0	192,335	15,993
RICHARD GROSS VICE PRESIDENT	40 0			х				185,636	0	21,477
MARK MCDERMOTT VICE PRESIDENT	40 0			Х				170,461	0	12,064
LAURA MCGRATH VICE PRESIDENT	40 0			х				170,180	0	16,694
MICHAEL MCNEELY svP, TREASURER, & CFO	40 0			Х		х		247,450	0	18,846
ABBY JO SIGAL VICE PRESIDENT	40 0			х				164,800	0	21,682
KRISTIN SIGLIN VICE PRESIDENT	40 0			х				132,480	0	8,682
ALAZNE SOLIS senior VICE PRESIDENT	40 0			х		х		224,686	0	23,806
FAITH E THOMAS sVP & general counsel	40 0			Х				199,981	0	20,774
PAUL M CUMMINGS svp & western region executive	40 0			х		х		245,250	0	24,521
DANA L BOURLAND VICE PRESIDENT	40 0			х				165,897	0	13,261
AMALIA M KASTBERG VICE PRESIDENT	40 0			х				142,519	0	2,656
MONIKA ELGERT VICE PRESIDENT	40 0			х				128,719	0	5,641
MICHELLE WHETTEN VICE PRESIDENT	40 0			х				123,821	0	9,577
DAVID CHARLES BOWERS VICE PRESIDENT	40 0			х				122,728	0	9,499
terri I Ludwig executive Vice President & COO	40 0			х				54,167	0	0
PETER WERWATH vice president	10						х	161,078	0	115
F							٠	2 700 275	764 504	205 100

•	Total namber of marviadals (including but not infilted to those his
	\$100,000 in reportable compensation from the organization \ 55

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
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? <i>If</i> "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than

\$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BLANK ROME LLP ONE LOGAN SQUARE PHILADELPHIA, PA 19103	CONSULTING- LEGAL	138,482
NOVAK-BIRCH 130 BALTIC AVENUE BALTIMORE, MD 21225	ADVERTISING	206,220
FORSYTH STREET ADVISORS 588 BROADWAY SUITE 1208 NEW YORK, NY 10012	CONSULTING	161,388
BROPHY REILLY LLC 10480 LITTLE PATUXENT PARKWAY SUIT COLUMBIA, MD 21044	CONSULTING	163,956
REZNICK GROUP PC 7700 OLD GEORGETOWN ROAD SUITE 400 BETHESDA, MD 208146224	CONSULTING- AUDIT	154,819

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization $\blacktriangleright 7$

385,198

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ut	1a	Federated camp	paigns 1a					
gra	Ь		es 1b					
ffs,	c d	Fundraising eve	ents 1c	1,092,000				
<u>2</u> <u>€</u>	e e	Government grants		13,540,000				
ions r	f		ons, gifts, grants, and 1f	14,326,000				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri lınes 1a-1f \$	butions included in					
ဝမ	h	Total. Add lines	s 1a-1f	▶	28,958,000			
				Business Code				
Program Service Revenue	2a	INTEREST LOANS			107,000	107,000		
<u>윤</u>	b c	AFFILIATE SERVICE TRAINING PROGRA			6,155,000	6,155,000		
Š	d	- TRAINING PROGRA			2,198,000	2,198,000		
ž	e							
gran	f	All other progra	ım service revenue					
Š	g	Total. Add lines	s 2a – 2f		8,460,000			
	3		ome (including dividend		, ,			
			aramounts)	-	519,000			519,000
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	2,328,000			2,328,000
	5	Royalties	(ı) Real	(II) Personal	2,320,000			2,320,000
	6a	Gross Rents	(i) iteal	(ii) i dibbilai				
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
	7a	Gross amount from sales of	(ı) Securities	(II) O ther				
	ь	assets other than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d		s)		0			
Other Revenue	8a	Gross income fi events (not incl \$ 108 of contributions See Part IV, lin	luding ,000 reported on line 1c)					
÷ رت			a	1,092,000				
ŧ.	Ь		penses b [305,000				
0	c 9a		loss) from fundraising	events 📴	-197,000	-197,000		
	94	See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b	vities▶	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve		0			
	11a	Miscellaneous	s Kevenue	Business Code				
	ь							
	c							
	d	All other revenu	ue		+			
	е	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	·	40,068,000	8,263,000		2,847,000

	990 (2009)				Page 10
Pari	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	13,867,000			Скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0		-	
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	3,720,000	2,756,000	964,000	
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			
7	Other salaries and wages	12,837,000	10,512,000	1,531,000	794,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	3,761,000	2,973,000	599,000	189,000
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			_
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	912,000	653,000	229,000	30,000
14	Information technology	0			<u> </u>
15	Royalties	0			
16	Occupancy	4,035,000	2,900,000	1,066,000	69,000
17	Travel	1,088,000	1,043,000	· · · · · ·	32,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	, ,	,	,
19	Conferences, conventions, and meetings	656,000	648,000	6,000	2,000
20	Interest	0	,		<u> </u>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	737,000	353,000	384,000	
23	Insurance	0	·		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROFESSIONAL AND CONTRACT SERV	6,774,000	4,190,000	2,530,000	54,000
ь	BAD DEBT EXPENSE	16,000	16,000		·
С	INDIRECT COST ALLOCATION	-202,000	806,000	 	181,000
d	MISCELLANEOUS	-194,000	-241,000	 	31,000
e		546,000	536,000	<u> </u>	7,000
f	All other expenses	-305,000	, ==	<u> </u>	-305,000
25	Total functional expenses. Add lines 1 through 24f	48,248,000	41,012,000	6,152,000	1,084,000
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	10,240,000	11,012,000	5,132,000	1,001,000
	campaign and randrations sometimeton		1	<u> </u>	

Part X Balance Sheet (A) (B) Beginning of year End of vear 1.946.000 527.000 1 1 Cash—non-interest-bearing 22.302.000 2 21,226,000 2 13,785,000 3 7,645,000 3 4 3.951.000 2.564.000 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 932,000 7 5,422,000 8 Inventories for sale or use 231,000 9 211,000 Land, buildings, and equipment cost or other basis Complete 6.955.000 10a 10a Part VI of Schedule D 3.179,000 10c 10b 3.244.000 3.711.000 b Less accumulated depreciation 16,179,000 11 18,146,000 11 12 856.000 1,044,000 12 Investments—other securities See Part IV, line 11 109,693,000 13 107,604,000 13 Investments—program-related See Part IV, line 11 . . 14 14 4.689.000 15 6.067.000 15 16 177,743,000 16 174,167,000 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 7.661.000 17 3.899.000 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 297,000 21 2,602,000 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 201.000 25 25 Other liabilities Complete Part X of Schedule D 201.000 26 **Total liabilities.** Add lines 17 through 25 8,159,000 26 6,702,000 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 123,580,000 123,627,000 27 27 Unrestricted net assets 28 46.004.000 28 43.838.000 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 169,584,000 33 Total net assets or fund balances 33 167,465,000 34 Total liabilities and net assets/fund balances 177,743,000 34 174,167,000

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

ENTERPRISE COMMUNITY PARTNERS INC

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number

52-1231931

1	l_	A churc	h, conventio	on of churches, or as:	sociation of c	hurches se	ction 170(b)(1)(A)(i).						
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)							
3	Γ	A hospı	tal or a coop	erative hospital serv	/ice organiza	tıon descrıb	ed in section	170(b)(1)(A)(iii).					
4	Γ		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın sect	tion 170(b)(1)(A)((iii). Ente	rthe		
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a	governmenta	l unit	describe	_ ed in		
		section	170(b)(1)(#	\)(iv). (Complete Pa	rt II)									
6	\sqcap	A feder	al, state, or l	ocal government or	governmenta	l unit descri	bed in sectio i	n 170(b)(1))(A)(v).					
7	굣	describ	ed in	t normally receives a		part of its s	upport from a	governmer	ntal unit or fro	m the	e general	public	:	
8	Г			described in section)(vi) (Com	olete Part II)							
9	Ė			t normally receives					utions, memb	ers hı	p fees, a	nd gro	SS	
	·			ties related to its ex										
		· ·		ss investment incom	•	-								
				anızatıon after June 3										
10	\sqcap	Anorga	nızatıon org	anızed and operated	exclusively t	to test for pu	ublic safety S	ee section	509(a)(4).					
11		one or r	n organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of ne or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check ne box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other											
e f g	V	other the section of the or check the Since A	ian foundation 509(a)(2) rganization r his box ugust 17, 2 g persons?	x, I certify that the or on managers and other eceived a written de 006, has the organiz ectly or indirectly co	er than one o termination fi ation accept	r more publi rom the IRS ed any gift o	cly supported that it is a Ty or contribution	d organizati /pe I, Type n from any o	ons described	d in s	ection 50	09(a)(1) or	
				overning body of the	•		-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	311200 III (II)		11g(i)	103	No	
				r of a person describ							11g(ii)		No	
		• •	•	ed entity of a person			ove?				11g(iii)		No	
h				g information about t										
	(i) Name suppo rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gover docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi Is th organiza col (1) org in the U	ie tion ii janize		A m	vii) ount of oport?	
				instructions))	Yes	No	Yes	No	Yes	l N	No	1		
				,,										
										1		<u> </u>		
ota	ıl													

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checkeu the	box on line 5,	7, 01 0 01 Pait 1)			
	ection A. Public Support endar year (or fiscal year beginning							
Car	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	42,192,00	0 42,540,000	49,222,000	40,413,000	28,9	58,000	203,325,000
	include any "unusual grants ")							
2	Tax revenues levied for the							
-	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	42,192,00	0 42,540,000	49,222,000	40,413,000	28,9	58,000	203,325,000
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							22,551,804
	supported organization) included on line 1 that exceeds 2% of the							22,551,604
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							180,773,196
	from line 4							
	ection B. Total Support			1				
Сак	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	A mounts from line 4	42,192,000	1,356,000	49,222,000	40,413,000	28,95	8,000	203,325,000
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	962,000	1,356,000	4,413,000	4,193,000	2,84	7,000	13,771,000
	and income from similar							
•	sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							217,096,000
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		58,289,198
13	First Five Years If the Form 990 is	for the organizat	ıon's fırst, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3)	organız	ation,
	check this box and stop here							► □
_	ation C. Commutation of Dul	alia Cummant I	Da					
<u></u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (f))		1 44 1		02.260.00
		•		II column (1))		14		83 269 %
15	Public Support Percentage for 2003	•	•			15		70 780 %
тоа	33 1/3% support test—2009. If the and stop here. The organization qua				iine 14 is 33 1/3%	or more, o	песк	nis dox ► ✓
ь	33 1/3% support test—2008. If the	•	• • • •		a, and line 15 is 3	33 1/3% or	more,	
	box and stop here. The organization	-			,		,	▶ ┌
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organiza							
	in Part IV how the organization mee	ets the "facts an	a circumstances"	test The organiz	ation qualifies as	a publicly :	support	ed ▶□
Ь	organization 10%-facts-and-circumstances test	—2008. If the ord	ianization did not i	check a box on lir	ne 13.16a.16h o	r 17a and	line	F1
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza			,		-		
	supported organization							► □
18	Private Foundation If the organizat	ion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and se	е	.
	ınstructions							▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 52-1231931

Name: ENTERPRISE COMMUNITY PARTNERS INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROFESSIONAL AND CONTRACT SERV	6,774,000	4,190,000	2,530,000	54,000
BAD DEBT EXPENSE	16,000	16,000		
INDIRECT COST ALLOCATION	-202,000	806,000	-1,189,000	181,000
MISCELLANEOUS	-194,000	-241,000	16,000	31,000
MARKETING	546,000	536,000	3,000	7,000

DLN: 93493224006180

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number ENTERPRISE COMMUNITY PARTNERS INC 52-1231931 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 0 Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? Yes **4a** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group if the filing organization checked box A and "limited control" provisions apply B Check (a) Filing (b) Affiliated Limits on Lobbying Expenditures Organization's Group (The term "expenditures" means amounts paid or incurred.) Totals Totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 77.124 **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 694,113 c Total lobbying expenditures (add lines 1a and 1b) 771,237 d Other exempt purpose expenditures 47,476,763 48,248,000 e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both 1,000,000 columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

•	Graceroote	nontavable	amount (enter	25% of line	1 f)

Over \$1,500,000 but not over \$17,000,000

Over \$17,000,000

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

\$1,000,000

┌ Yes ┌ No

250.000

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	586,611	759,346	889,656	771,237	3,006,850
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f_	Grassroots lobbying expenditures	65,179	75,935			307,204

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493224006180

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	me of the organization ERPRISE COMMUNITY PARTNERS INC		Employer identification number
CINI	ERPRISE COMMONITY PARTNERS INC		52-1231931
Pa	rt I Organizations Maintaining Donor A		<u> </u>
	organization answered "Yes" to Form 99		(h) Funda and ather accounts
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	· ·		
	Aggregate contributions to (during year)		
1	Aggregate grants from (during year) Aggregate value at end of year		
•			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-	or advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		·
)a	rt II Conservation Easements. Complete	if the organization answered "Yes" to	<u> </u>
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure of a conservation
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	;	2b
c	Number of conservation easements on a certified his	ŀ	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
	Number of conservation easements modified, transfe		d by the organization during
	the taxable year	arrea, rereasea, extinguishea, or terminate	a by the organization daring
	· ————		
•	Number of states where property subject to conserve		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		Iling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🟲
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year 🕨 \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	·
ar	t III Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	·
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶- \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easu</u>	res, or C	<u>the</u>	<u>r Similaı</u>	<u>: Asse</u>	ts (ca	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	owing t	that ar	e a significa	ant u	se of its co	llection	า	
а	Public exhibition		d	Γ	Loan	orexcl	hange progi	rams				
b	Scholarly research		e	\sqcap	Other	r						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	n the	y furthe	rthe o	organizatior	ı's ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
Part	Part IV, line 9, or reported an an						າ answere	d "Y	es" to For	m 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions o	or other ass	etsi	not	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ung ta	able		Γ			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
	Did the organization include an amount on Fo	orm 990 Part V lin	717 م				L				Yes	□ No
			c Z I ,							1*	. C3	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans		ad "Va	s" to i	Form 990	Dar	t IV line	10		
FGI	Lindowinient i unus. Complete i	(a)Current Year		Prior \			o Years Back		Three Years E		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
	Permanent endowment %											
	Term endowment ► %											
	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are helo	d and a	ıdmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	<u> </u>	<u> </u>
	(ii) related organizations							•		3a(ii)	 	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b	Ь—	<u></u>
	VI Investments—Land, Buildings					QN D:	art Y line	10				
ur:II	<u>, </u>	,, and Equipme	114. 3		Cost or	•	(b) Cost or o		(c) Accumu	ulated		
	Description of investment				is (inves		basis (othe		deprecia		(d) Bo	ook value
	and		•							\longrightarrow		
	Buildings		•				 		 			
	easehold improvements		•				· ·	3,000		90,000		1,443,000
	quipment		•				<u> </u>	7,000		28,000		319,000
	Other					l	3,675	5,000	1,7	26,000		1,949,000
	. A dd lines 1a-1e (Column (d) should equal Fo			- -			<u> </u>			\longrightarrow		3,711,000

Investments—Other Securities. See	T T T T T T T T T T T T T T T T T T T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of cha of year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
ESIC	89,558,000	F
STOCK-EMI	1,302,000	F
OTHERS	-584,000	F
EHOP		F
	-3,777,000	
CORNERSTONE	3,272,000	F
ENTERPRISE COMMUNITY LOAN FUND	17,833,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	107,604,000	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
DUE EDOM A SETURATE		5,209,000
DUE FROM AFFILIATE		
OTHER		858,000
	5.)	
OTHER		858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	, line 25.	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	858,000

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1 1	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-	
b	Other (Describe in Part XIV)	-	
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	- 1
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial statements	1 1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)	<u> </u>	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Corr	uplete this part to provide the descriptions required for Part II lines 3-5, and 9, Part III, lines 1 a and 4, P.	art IV III	nes 1 b and 2 b

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
FUNDS HELD FOR OTHERS	PART IV LINE 2B	The organization holds assets, primarily cash and cash equivalents, for third parties pursuant to fiscal agency and similar contractual arrangements. The assets held are classified as restricted and the related liability is included in funds held for others.
FIN 48 FOOTNOTE	PART X LINE 2	DURING 2009, THE ORGANIZATION ADOPTED THE ACCOUNTING GUIDANCE PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2009, THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS

DLN: 93493224006180

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

iame of the organization INTERPRISE COMMUNITY	/ PARTNERS INC			Employer iden	tification number
INTERNATE COMMONITY	TARTNERS INC			52-1231931	
	Activities. Complet filers are not require			to Form 990, Part IV,	line 17.
 Indicate whether the of Mail solicitations Internet and e-ma Phone solicitations 	ıl solicitations	= -	e following activities Ch Solicitation of no Solicitation of go Special fundraisi	n-government grants vernment grants	
d In-person solicita	tions	J	dividual (including office		
or key employees liste b If "Yes," list the ten hi	ed in Form 990, Part VII ghest paid individuals o	I) or entity in conn r entities (fundrais	ection with professional ers) pursuant to agreem	fundraising activities?	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
sb consulting	planning Hope Sf	Yes No		31,500	
reative group inc	design appeal	No		7,815	
otal		>		39,315	
3 List all states in which	th the organization is re	gıstered or lıcense	d to solicit funds or has	been notified it is exemp	t from registration or

Pai	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1 NY EVENT (event type)	LA SOCIAL 1		(d) Tot (Add col co			
Ме	1	Gross receipts	1,000,000	102,000	98,000		1,20	0,000	
Reveilue	2	Less Charitable contributions	908,000	96,000	88,000		1,09	2,000	
	3	Gross income (line 1 minus line 2)	92,000	6,000	10,000		10	8,000	
	4	Cash prizes							
မွာ	5	Non-cash prizes							
euse	6	Rent/facility costs	154,000	38,000	45,000		23	7,000	
Expenses	7	Food and beverages							
Direct	8	Entertainment							
△	9	Other direct expenses .	40,000	10,000	18,000		6	8,000	
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌		30	5,000	
	11	Net income summary Combine lir						7,000	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co			
	1	Gross revenue							
ses Ses	2	Cash prizes							
xpenses	3	Non-cash prizes							
Direct E	4	Rent/facility costs							
툽	5	Other direct expenses							
	6	Volunteer labor	Г Yes	∀es	┌ Yes%_ ┌ No				
		Direct expense summary Add lines							
	8	Net gaming income summary Com	bine lines 1, column d, ai	nd line /	<u> </u>		Yes	No	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	,		 .	· 9a			
10a b									
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11			
					Schedule G (Form 9	90 or 990-	EZ) 20	09	

			res	IAO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility]		
b	An outside facility	.		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲	.		
	Address ►	-		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the			
	amount of gaming revenue retained by the third party 🟲 \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲	-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	1/4		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224006180

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

ENTERDRICE COMMUNITY BARTH	TO C THE						
ENTERPRISE COMMUNITY PARTNE	ERSINC					52-1231931	
Part I General Information	on on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance [?]			_	•	▽ Yes
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grand or assistance
See Additional Data Table							

236

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
part I, Line 2	Grant monitoring process	HUD Section 4 Program The majority of pass through funding utilized by Enterprise is through the Section 4 program, a capacity building program administered by the Department of Housing & Urban Development Each year since the early 1990's, Congress has appropriated funds to the Section 4 program Eligible applicants for this funding has been limited to Habitat for Humanity, Local Initiative Support Corporation, youthbuild usa, living cities, inc /national community development initiative, and Enterprise Community Partners. Of each annual award received a percentage of the funds are restricted to use within rural areas of the country. Eligible activities under the Section 4 program are technical assistance, via staff, trainings and grants, development activities via grants, loans and consultant contracts, and other activities authorized by the secretary of HUD. After receipt of the award, Enterprise's senior management distributes funding to initiatives and local programs through an allocation process. After funds are allocated, specific work plans and detailed budgets are developed and submitted to HUD for approval. Once work plans are approved, funds can be drawn. Coding expenses and time to a specific work plan draws funds utilized internally. Pass through funding in a work plan is awarded to organizations through a RFP process, or in unique situations, through a sole source process. After funds election process is complete, a grant request package is submitted to Contracts Administration for processing. Some work plans include funding for predevelopment and working capital loans. These loans are administered by Enterprise Community Loan Fund. Private Funding Grants Enterprise program staff determines the most appropriate use of these funds submitted to specific programs, geography or uses. Enterprise program staff determines the most appropriate use of these funds within their specific program areas. Typical uses of private funding is staff time, pass through grants and consultants. Pass Through Grant Process

Software ID: Software Version:

EIN: 52-1231931

Name: ENTERPRISE COMMUNITY PARTNERS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Torin 330,3cheddie 1, Far	t 11, Grants and	T Other Assistance	- to covernments	T gamzatione	T THE SHITE STA		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1260 HOUSING DEVELOPMENT CORPORATION2042-48 ARCH STREET 2ND FLOOR PHILADELPHIA,PA 19103	23-2536730	501(c)(3)	70,000				CAPACITY BUILDING
1512 MOUNT ROYAL1800 N CHARLES STREET BALTIMORE, MD 21201	26-1355115	501(C)(3)	25,000				CAPACITY BUILDING
A COMMUNITY OF FRIENDS 3345 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES,CA 90010	95-4203106	501(C)(3)	272,643				CAPACITY BUILDING
ADOBE COMMUNITIES701 EAST 3RD STREET SUITE 400 LOS ANGELES,CA 90013	95-6377511	501(c)(3)	12,500				CAPACITY BUILDING
AFFORDABLE HOUSING ASSOCIATES1250 ADDISON STREET SUITE G BERKLELY,CA 94702	94-3186770	501(C)(3)	50,000				CAPACITY BUILDING
AHC INC2230 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 22201	54-1026365	501(C)(3)	18,750				CAPACITY BUILDING
ALAMO AREA MUTUAL HOUSING ASSOCIATION 4100 PIEDRAS DRIVE EAST SUITE 200 SAN ANTONIO,TX 78228	74-2569914	501(c)(3)	45,000				CAPACITY BUILDING
AMERICAN COMMUNITY DEVELOPERS INC20250 HARPER AVENUE DETROIT,MI 48225	38-2338848		100,000				CAPACITY BUILDING
AMY BIEHL HIGH SCHOOL FOUNDATION123 4TH STREET SW ALBUQUERQUE,NM 87102	85-0483977	501(c)(3)	20,000				CAPACITY BUILDING
ARCHDIOCESAN HSING AUTH OF SEATTLE100 23RD AVENUE S SEATTLE, WA 98144	91-1099134	501(c)(3)	22,500				CAPACITY BUILDING

Form 990,Schedule I, Part	II, Grants and	l Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOCIACION PUERTORRIQUENOS EN MARCHA4301 RISING SUN AVENUE PHILADELPHIA,PA 19140	23-1930630	501(c)(3)	8,000				CAPACITY BUILDING
ASSISTED LIVING INC1008 RIVER ROAD EWING,NJ 08628	22-3626780	501(C)(3)	25,000				CAPACITY BUILDING
ATLANTA HOUSING ASSCN OF NEIGHBORHOOD BASED DEVELO633 PRYOR STREET SW ATLANTA,GA 30312	58-2187131	501(c)(3)	13,000				CAPACITY BUILDING
AURORA HOUSING AUTHORITY10745 EAST KENTUCKY AVENUE AURORA,CO 80012	84-1034458	501(c)(3)	20,000				CAPACITY BUILDING
AUSTIN HABITAT FOR HUMANITY310 COMAL STREET 100 AUSTIN,TX 78702	74-2373217	501(c)(3)	6,000				CAPACITY BUILDING
BACK BAY MISSION INC 1012 DIVISION STREET BILOXI,MS 39530	64-0431066	501(c)(3)	13,216				CAPACITY BUILDING
BILOXI HOUSING AUTHORITY330 BENACHI AVENUE BILOXI,MS 39530	64-6000156	biloxi hsg auth	80,505				CAPACITY BUILDING
BANDON COMMUNITY DEVELOPMENT TRUSTPO BOX 565 BANDON,OR 97411	20-8690828	501(c)(3)	13,000				CAPACITY BUILDING
BICKERDIKE REDEVELOPMENT CORPORATION2550 WEST NORTH AVENUE CHICAGO,IL 606475216	23-7087890	501(c)(3)	85,811				CAPACITY BUILDING
BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORATIO 27499 RIVERVIEW CENTER BOULEVARD BONITA SPRINGS,FL 34134	65-0276988	501(C)(3)	42,000				CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) BRIDGE HOUSING 94-2827909 501(c)(3) CAPACITY BUILDING CORPORATION345 SPEAR 83,000 STREET SUITE 700 SAN FRANCISCO, CA 94105 **BROAD COMMUNITY** 26-3184397 501(C)(3) CAPACITY BUILDING CONNECTIONS INC2803 ST 15,000 PHILLIP STREET NEW ORLEANS, LA 70119 **BROOKLYN** 11-2644860 CAPACITY 501(C)(3) NEIGHBORHOOD HDFC11 BUILDING 50,000 CATHERINE STREET 3rd FLOOR BROOKLYN, NY 11211 **BUILDING CHANGES2014 E** 91-1410450 501(c)(3) CAPACITY MADISON BUILDING 18,000 suite 200 SEATTLE.WA 98122 91-0979968 CAPITOL HILL HOUSING 501(c)(3) CAPACITY IMPROVEMENT PROGRAM BUILDING 15,000 1406 TENTH AVENUE **SUITE 101** SEATTLE, WA 98122 CARITAS COMMUNITY 94-3395473 501(c)(3) CAPACITY BUILDING HOUSING CORPORATION 36,387 231 SE 12TH AVENUE PORTLAND, OR 97214 CHARLOTTESVILLE 20-4851820 501(c)(3) CAPACITY COMMUNITY DESIGN BUILDING 12,000 CENTER100 5TH STREET NE CHARLOTTESVILLE, VA 22902 CHESAPEAKE HABITAT FOR 52-1226188 501(c)(3) CAPACITY BUILDING **HUMANITY INC3326** 112,589 KESWICK ROAD BALTIMORE, MD 21211 CHICANOS POR LA CAUSA 86-0227210 501(c)(3) CAPACITY INC200 N STONE AVENUE BUILDING 18,500 TUCSON, AZ 85701 CITY FIRST ENTERPRISES 52-2101165 CAPACITY 501(c)(3) 1432 U STREET NW BUILDING 25,000 WASHINGTON, DC 20009

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND HOUSING NETWORK INC2999 PAYNE AVENUE CLEVELAND,OH 44114	34-1346763	501(c)(3)	151,415				CAPACITY BUILDING
CLIFFORD BEERS HOUSING INC1200 WILSHIRE BLVD ste 205 LOS ANGELES,CA 90017	95-4485263	501(c)(3)	16,364				CAPACITY BUILDING
COALITION FOR NONPROFIT HOUSING & ECONOMIC DEVELOP1432 U STREET NW WASHINGTON, DC 20009	52-1750323	501(c)(3)	60,000				CAPACITY BUILDING
COBB HOUSING INC268 LAWRENCE STREET SUITE 100 MARIETTA,GA 30060	58-2081893	501(C)(3)	25,000				CAPACITY BUILDING
COGSWELL HALL INC7200 FRANKLIN BOULEVARD CLEVELAND,OH 44102	34-0714653	501(c)(3)	34,340				CAPACITY BUILDING
COLORADO COALITION FOR THE HOMELESS2111 CHAMPA STREET DENVER, CO 80205	84-0951575	501(c)(3)	40,000				CAPACITY BUILDING
COLUMBUS HOUSING PARTNERSHIP INC562 EAST MAIN STREET COLUMBUS,OH 43215	31-1208260	501(c)(3)	225,001				CAPACITY BUILDING
COLORADO HOUSING AND FINANCE AUTHORITY1981 BLAKE STREET DENVER, CO 80202	84-0676451	501(c)(3)	19,200				CAPACITY BUILDING
COMMUNITY ASSISTED TENNANT CONTROLLED HS 121 SIXTH AVENUE NEW YORK, NY 10013	13-3706959	501(c)(3)	29,945				CAPACITY BUILDING
COMMUNITY DEVELOPMENT COLLABORATIVE OF GREATER COL185 S FIFTH STREET SUITE 201 COLUMBUS,OH 43215	31-1595197	501(c)(3)	25,000				CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY DEVELOPMENT FOR ALL PEOPLE946 PARSONS AVENUE PO BOX 06063 COLUMBUS,OH 43206	51-0476886	501(c)(3)	40,000				CAPACITY BUILDING	
COMMUNITY HOUSING INITIATIVES INC14 WEST 21ST STREET PO BOX 473 SPENCER,IA 51301	42-1416426	501(c)(3)	55,000				CAPACITY BUILDING	
COMMUNITY HOUSING PARTNERSHIP280 TURK STREET SAN FRANCISCO, CA 94102	94-3112338	501(c)(3)	62,409				CAPACITY BUILDING	
COMMUNITY LEAGUE OF THE HEIGHTS INC500 WEST 159TH STREET NEW YORK, NY 10032	13-2564241	501(c)(3)	140,529				CAPACITY BUILDING	
COMMUNITYWORKS NORTH DAKOTA400 EAST BORADWAY SUITE 418 BISMARCK,ND 58501	45-0440770	501(c)(3)	11,550				CAPACITY BUILDING	
CORPORATION FOR SUPPORTIVE HOUSING 2801 21ST AVENUE S SUITE 220 MINNEAPOLIS, MN 55407	13-3600232	501(c)(3)	58,765				CAPACITY BUILDING	
CROTCHED MOUNTAIN FOUNDATION1 VERNEY DRIVE GREENFIELD,NH 03047	02-0222168	501(c)(3)	20,000				CAPACITY BUILDING	
CUYAHOGA COUNTY LAND REUTILIZATION CORPORATION323 Lakeside Avenue W SUITE 160 CLEVELAND,OH 44113	26-4753241	501(c)(3)	10,000				CAPACITY BUILDING	
DALLAS FOUNDATION900 JACKSON STREET SUITE 150 DALLAS,TX 75202	75-2890371	501(c)(3)	89,000				CAPACITY BUILDING	
DISTRICT OF COLUMBIA DEPARTMENT OF HOUSING AND COM1800 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20020	53-6001131	DC dept hud	199,224				CAPACITY BUILDING	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN EMERGENCY SERVICE CENTER515 THIRD AVENUE SEATTLE, WA 981042304	91-1275815	501(c)(3)	45,000				CAPACITY BUILDING
DRUID HEIGHTS COMMUNITY DEVELOPMENT CORPORATION2140 MCCULLOH STREET BALTIMORE, MD 21217	52-1021726	501(c)(3)	112,724				CAPACITY BUILDING
EAST LOS ANGELES COMMUNITY CORPORATION530 SOUTH BOYLE AVENUE LOS ANGELES, CA 90033	95-4531076	501(c)(3)	18,750				CAPACITY BUILDING
EDEN HOUSING INC22645 GRAND STREET HAYWARD,CA 94541	23-1716750	501(c)(3)	15,000				CAPACITY BUILDING
EHC STEVENS FOREST LLC 312 NORTH MLK JR BOULEVARD 3RD FLOOR BALTIMORE, MD 21201	75-3243601		50,000				CAPACITY BUILDING
EHOP DALLAS INC100 NORTH CENTRAL EXPRESSWAY SUITE1299 DALLAS,TX 75201	72-1590088	501(C)(3)	123,000				CAPACITY BUILDING
EMORY BEACON OF LIGHT INC6128 GEORGIA AVE NW WASHINGTON,DC 20011	52-2109509	501(c)(3)	10,000				CAPACITY BUILDING
EMPIRE HOMES OF MARYLAND INC1800 NORTH CHARLES STREET SUITE 700 BALTIMORE, MD 21201	20-3521473	501(c)(3)	6,597				CAPACITY BUILDING
ENTERPRISE COMMUNITY LOAN FUND10227 WINCOPIN CIRCLE AMERICAN CITY BUILDING SUITE 500 COLUMBIA,MD 21044	52-0192004	501(c)(3)	1,093,896				CAPACITY BUILDING
ENTERPRISE HOME OWNERSHIP PARTNERS315 WEST NINTH STREET SUITE 801 LOS ANGELES, CA 90015	31-1737642	501(c)(3)	122,817				CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) FAITH & PHILANTHROPY 36-4489504 501(c)(3) CAPACITY INSTITUTE400 FULLER BUILDING 15,000 WISER **SUITE 124** EULESS,TX 76039 FAITHWORKS INC1459 51-0006522 501(c)(3) CAPACITY BUILDING COLUMBIA ROAD NW 7,500 SUITE 201 WASHINGTON, DC 20009 52-1253695 501(c)(3) CAPACITY FALLS CHURCH HOUSING BUILDING CORPORATION330-BSVA 15,000 AVEFALLS CHURCH, VA 22046 FAR SW-SE CDC3939 52-1226188 501(C)(3) CAPACITY SOUTH CAPITOL ST SW BUILDING 10,000 WASHINGTON, DC 20032 FARMWORKER HOUSING 93-1055994 501(c)(3) CAPACITY BUILDING DEVELOPMENT 78,650 CORPORATION 160 W CLEVELAND STREET WOODBURN, OR 97071 22-2317109 CAPACITY FIRST WARD ACTION 501(c)(3) COUNCIL167 CLINTON BUILDING 21,753 STREET BINGHAMTON, NY 13905 FIFTH AVENUE 11-2475743 501(c)(3) CAPACITY COMMITTEE INC621 BUILDING 23,000 **DEGRAW STREET** BROOKLYN, NY 11217 FORDHAM BEDFORD 13-3010578 501(c)(3) CAPACITY HOUSING CORPORATION BUILDING 84,500 2751 GRAND CONCOURSE BRONX, NY 10468 54-1970097 FIRST NATIONS OWEESTA 501(c)(3) CAPACITY CORPORATION1010 NINTH BUILDING 101,376 STREET SUITE 3 RAPID CITY, SD 57701 FOUNDATION FOR 85-0463453 501(c)(3) CAPACITY BUILDING BUILDING4811 B 20,000 HARDWARD DRIVE NE SUITE 2 ALBUQUERQUE, NM 87109

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLINTON DEVELOPMENT ASSOCIATION924 WEST BROAD ST COLUMBUS,OH 43223	31-1380384	501(c)(3)	40,000				CAPACITY BUILDING
FULL SPECTRUM OF NY LLC 104 WEST 124TH STREET NEW YORK, NY 10027	65-1277701		25,000				CAPACITY BUILDING
GENESIS NON-PROFIT HOUSING CORPORATION 528 BRIDGE STREET NW SUITE 6 GRAND RAPIDS,MI 49504	38-3323628	501(c)(3)	24,500				CAPACITY BUILDING
GEORGIA STATE TRADE ASSN OF NONPROFIT DEVELOPERS260 PEACHTREE STREET suite 100 ATLANTA,GA 30303	58-2661528	501(C)(3)	8,000				CAPACITY BUILDING
GARRETT COUNTY MARYLAND COMMUNITY ACTION COMMITTEE104 EAST CENTER STREET OAKLAND,MD 21550	52-0820662	501(c)(3)	62,789				CAPACITY BUILDING
GOVANS ECUMENICAL DEVELOPMENT corporation 5513 york road baltimore, MD 212123806	52-1767577	501(c)(3)	87,000				CAPACITY BUILDING
GEORGETOWN UNIVERSITYBOX 571168 WASHINGTON, DC 200571168	53-0196603	501(c)(3)	25,000				CAPACITY BUILDING
GREATER ALBUQUERQUE HOUSING PARTNERSHIP 320 GOLD SW SUITE 918 ALBUQUERQUE,NM 87102	85-0412352	501(c)(3)	25,000				CAPACITY BUILDING
GM UPTOWN TOWER APARTMENTS LLC710 NW 14TH AVENUE 2ND FLOOR PORTLAND,OR 97209	26-2209469		25,000				CAPACITY BUILDING
GREATER ROCHESTER HOUSING PARTNERSHIP 183 EAST MAIN STREET SUITE 900 ROCHESTER,NY 14604	16-1399793	501(c)(3)	22,497				CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization ıf applicable cash orassistance arant valuation non-cash assistance or government assistance (book, FMV, appraisal, other) GREATER WASHINGTON 53-0208981 501(c)(3) CAPACITY BUILDING URBAN LEAGUE2901 14TH 10,000 STREET NW WASHINGTON, DC 20009 75-3209894 501(c)(3) CAPACITY GREATER MINNESOTA HOUSING FUND332 BUILDING 6,000 MINNESOTA STREET SUITE 1201 EAST ST PAUL, MN 55101 GULF COAST HOUSING 20-4216595 CAPACITY 510(c)(3) BUILDING PARTNERSHIP INC1614B 20,293 ORETHA CASTLE HALEY BOULEVARD NEW ORLEANS, LA 70113 HABITAT FOR HUMANITY 13-4296515 501(c)(3) CAPACITY MARYLAND INC312 BUILDING 21,313 SEDGEFIELD COURT BEL AIR, MD 210156137 HABITAT FOR HUMANITY 52-1299516 501(c)(3) CAPACITY BUILDING OF MONTGOMERY COUNTY 15,000 MD INC9110 GAITHER ROAD GAITHERSBURG, MD 20877 HABITAT FOR HUMANITY 42-1580163 501(c)(3) CAPACITY PHILADELPHIA INC1829 BUILDING 7,000 NORTH 19TH STREET PHILADELPHIA, PA 19121 HACIENDA COMMUNITY 93-0979064 501(c)(3) CAPACITY DEVELOPMENT BUILDING 32,000 CORPORATION5136 NE **42ND AVENUE** PORTLAND, OR 97218 CAPACITY HANAC INC49 WEST 45TH 11-2290832 501(c)(3) STREET BUILDING 64,984 NEW YORK, NY 10036 HARLEM CONGREGATIONS 13-3526262 501(c)(3) CAPACITY BUILDING FOR COMMUNITY 25,000 **IMPROVEMENT IN2854** FREDERICK DOUGLAS BOULEVARD NEW YORK, NY 10039 HEARTLAND HOUSING INC 36-3642952 CAPACITY 501(c)(3) 208 S LASALLE 1818 BUILDING 25,000 CHICAGO, IL 60647

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (f) Method of (a) Description of (h) Purpose of grant ıf applicable valuation organization arant cash non-cash assistance orassistance (book, FMV, appraisal, or government assistance other) HOLLYWOOD COMMUNITY 95-4198215 501(c)(3) CAPACITY HOUSING CORPORATION BUILDING 10,000 1640 NORTH WILCOX AVENUE HOLLYWOOD, CA 90028 HOMEOWNER'S REHABING 04-2519279 501(c)(3) CAPACITY BUILDING 280 FRANKLIN STREET 70,000 CAMBRIDGE, MA 02139 13-2875896 HOMES FOR NEW YORKERS 501(c)(3) CAPACITY INC551 FIFTH AVENUE BUILDING 10,000 FLOOR 23 NEW YORK, NY 10176 HOMEWISE INC1301 SILER 85-0346325 501(c)(3) CAPACITY ROAD BUILDING 16,000 BUILDING D SANTA FE, NM 87507 HOMEWORD INC127 81-0522626 501(c)(3) CAPACITY BUILDING **NORTH HIGGINS 307** 7,500 MISSOULA, MT 59802 HOUSING & COMMUNITY 74-2685268 501(c)(3) CAPACITY SERVICES INC8610 NORTH BUILDING 57,036 **NEW BRAUNFELS** SUITE 500 SAN ANTONIO, TX 78217 HOUSING ASSISTANCE 52-0939288 501(c)(3) CAPACITY COUNCIL1025 VERMONT BUILDING 86,501 **AVENUE NW** SUITE 606 WASHINGTON, DC 20005 HOST DEVELOPMENT INC 93-1011235 501(c)(3) CAPACITY 3835 NE HANCOCK STREET BUILDING 6,000 SUITE 101 PORTLAND, OR 97212 HOUSING AUTHORITY OF 93-6001547 hsg auth portla CAPACITY PORTLAND135 SW ASH BUILDING 50,000 STREET PORTLAND, OR 97204 16-1265765 CAPACITY HOUSING OPPORTUNITIES 501(c)(3) **INC7 PRINCE STREET** BUILDING 25,000 ROCHESTER, NY 14607

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING RESOURCES OF COLUMBIA COUNTY757 COLUMBIA ST HUDSON,NY 12534	14-1664264	501(c)(3)	25,000				CAPACITY BUILDING
HUMANITAS4128 FRANKLIN AVENUE UPSTAIRS NEW ORLEANS, LA 70122	31-1563638	501(c)(3)	40,000				CAPACITY BUILDING
HUMBOLDT WORKSHOP & RESIDENTIAL SERVICES INCPO BOX 587 HUMBOLDT,IA 50548	42-1166301	501(c)(3)	50,000				CAPACITY BUILDING
HUNTERS VIEW ASSOCIATES LP1388 SUTTER STREET 11th FLOOR SAN FRANCISCO, CA 94109	26-1174178		50,000				CAPACITY BUILDING
IBERO AMERICAN DEVEL CORP954 CLIFFORD AVENUE ROCHESTER,NY 14621	16-1303858	501(c)(3)	50,000				CAPACITY BUILDING
IFFONE NORTH LASALLE SUITE 700 CHICAGO,IL 60602	36-3656836	501(c)(3)	25,000				CAPACITY BUILDING
JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION31 GERMANIA STREET BUILDING A BOSTON, MA 02130	04-2652919	501(c)(3)	30,000				CAPACITY BUILDING
JEFFERSON AREA BOARD FOR AGING INC764 HILLSDALE DRIVE SUITE 9 CHARLOTTESVILLE, NC 22901	54-0990078	501(c)(3)	20,000				CAPACITY BUILDING
JOB OPPORTUNITIES TASK FORCE231 E BALTIMORE STREET SUITE 102 BALTIMORE, MD 21202	52-2278450	501(c)(3)	25,600				CAPACITY BUILDING
JUBILEE BALTIMORE INC 1228 NORTH CALVERT STREET BALTIMORE, MD 21202	52-0122237	501(c)(3)	54,388				CAPACITY BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JUBILEE HOUSING INC 1640 COLUMBIA ROAD NW WASHINGTON,DC 20009	52-0986261	501(c)(3)	38,750				CAPACITY BUILDING		
LA PLATA HOMES FUND701 CAMINO DEL RIO STREET SUITE 312 DURANGO,CO 81301	80-0266636	501(c)(3)	54,500				CAPACITY BUILDING		
LATINO ECONOMIC DEVELOPMENT CORPORATION2316 18TH STREET NW WASHINGTON, DC 20009	52-1749216	501(c)(3)	20,000				CAPACITY BUILDING		
LAUREL CREST LP2081 BUSINESS CENTER DRIVE SUITE 110 IRVINE,CA 92612	20-3061970		35,000				CAPACITY BUILDING		
LAWNDALE CHRISTIAN DEVELOPMENT CORPORATION3843 WEST OGDEN AVENUE CHICAGO,IL 606232451	36-3573036	501(c)(3)	25,000				CAPACITY BUILDING		
LAZARUS HOUSE INC410 HAMPSHIRE STREET 2ND FLOOR LAWRENCE,MA 01841	04-2755382	501(c)(3)	23,000				CAPACITY BUILDING		
LEGAL AID BUREAU INC 500 EAST LEXINGTON STREET BALTIMORE, MD 21202	52-0591621	501(c)(3)	10,000				CAPACITY BUILDING		
LIBERTY HILL FOUNDATION2121 CLOVERFIELD BOULEVARD SUITE 113 SANTA MONICA, CA 90404	51-0181191	501(c)(3)	30,000				CAPACITY BUILDING		
LINC HOUSING CORPORATION110 PINE AVENUE SUITE 500 LONG BEACH,CA 90802	33-0578620	501(c)(3)	36,500				CAPACITY BUILDING		
LITTLE TOKYO SERVICE CENTER CDC231 EAST THIRD STREET LOS ANGELES,CA 90012	95-3451280	501(c)(3)	40,000				CAPACITY BUILDING		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant cash organization if applicable arant valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) LOCAL INITIATIVES 13-3030229 501(c)(3) CAPACITY BUILDING SUPPORT CORPORATION 10,000 **501 SEVENTH AVENUE** 7TH FLOOR NEW YORK, NY 10018 LOS ANGELES HOUSING 95-4238596 510(c)(3) CAPACITY PARTNERSHIP INC1200 BUILDING 10,000 WILSHIRE BOULEVARD SUITE 307 LOS ANGELES.CA 90017 LOUISIANA ASSOCIATION 72-1444119 501(c)(3) CAPACITY **OF NONPROFIT** BUILDING 40,000 ORGANIZATIONSI8281 GOODWOOD BLVD SUITE A BATON ROUGE, LA 70806 26-2634956 CAPACITY LOUISIANA CONFERENCE 501(c)(3) OF THE UMC DISASTER BUIDLING 30,000 RESPONSE141 NORTH SIXTH STREET BATON ROUGE, LA 70802 94-3155150 CAPACITY LOW INCOME HOUSING 501(c)(3) INSTITUTE2407 FIRST AVE BUIDLING 64,000 SUITE 200 SEATTLE, WA 981211311 LYTTON GARDENS SENIOR 94-3382412 CAPACITY BUIDLING COMMUNITIES437 50.000 WEBSTER STREET PALO ALTO, CA 94301 MAIN SOUTH COMMUNITY 04-2921465 501(c)(3) CAPACITY DEVELOPMENT BUIDLING 6,000 CORPORATION875 MAIN STREET WORCESTER, MA 01310 52-1260698 501(c)(3) CAPACITY MANNA INC828 EVARTS STREET NE BUIDLING 29,965 WASHINGTON, DC 20018 MARY ERICKSON 33-0502327 510(c)(3) CAPACITY BUIDLING COMMUNITY HOUSING 20,000 CORPORATIONPO BOX 775 SAN CLEMENTE, CA 92674 MERCED HOUSING TEXAS 74-2740889 CAPACITY 501(c)(3) 212 WEST LAUREL BUIDLING 51,000 SAN ANTONIO, TX 78212

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MERCY HOUSING CALIFORNIA1360 MISSION STREET SUITE 300 SAN FRANCISCO,CA 94103	94-3081666	501(c)(3)	141,763				CAPACITY BUIDLING		
MERCY HOUSING INC1999 BROADWAY SUITE 1000 DENVER, CO 80202	47-0646706	501(c)(3)	16,478				CAPACITY BUIDLING		
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS777 N CAPITOL STREET NE SUITE 300 WASHINGTON, DC 20002	52-6060391	501(c)(3)	25,000				CAPACITY BUIDLING		
MIAMI DADE NEIGHBORHOOD HOUSING SERVICES100 NE 84TH STREET 200 MIAMI,FL 331383714	59-1845761	501(c)(3)	7,910				CAPACITY BUIDLING		
MID PENINSULA HOUSING COALITION 303 VINTAGE PARK DRIVE SUITE 250 Foster City, CA 94404	23-7089977	510(c)(3)	50,000				CAPACITY BUIDLING		
MISSISSIPPI STATE UNIVERSITY425 DIVISION STREET BILOXI,MS 39530	64-6000819	501(c)(3)	33,000				CAPACITY BUIDLING		
MONTGOMERY HOUSING PARTNERSHIP INC12200 TECH ROAD SUITE 250 SILVER SPRING, MD 20904	52-1631939	501(c)(3)	33,750				CAPACITY BUIDLING		
NATIONAL AMERICAN INDIAN HOUSING COUNCIL50 F STREET NW SUITE 3300 WASHINGTON, DC 20001	22-2096315	501(c)(3)	61,011				CAPACITY BUIDLING		
NATIONAL CENTER FOR HEALTHY HOUSING INC 10320 LITTLE PATUXENT PARKWAY 500 COLUMBIA,MD 21044	52-1792579	501(c)(3)	23,514				CAPACITY BUIDLING		
NATIONAL CHURCH RESIDENCES615 ELSINORE PLACE 8TH FLOOR CINCINNATI,OH 45202	31-0651750	501(c)(3)	25,000				CAPACITY BUIDLING		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL COMMUNITY STABILIZATION TRUST 1325 G STREET NW SUITE 800 WASHINGTON, DC 20005	26-3703347	501(c)(3)	200,000				CAPACITY BUIDLING			
NATIONAL HOUSING TRUST1101 30TH STREET NW SUITE 400 WASHINGTON, DC 20007	52-1477599	501(c)(3)	137,271				CAPACITY BUIDLING			
NATIONAL HOUSING CONFERENCE INC1801 K STREET NW SUITE M100 WASHINGTON, DC 20006	53-0208180	501(C)(3)	25,000				CAPACITY BUIDLING			
NCS COMMUNITY DEVELOPMENT CORPORATION275 DRIVING PARK AVENUE ROCHESTER, NY 14613	16-1159574	501(C)(3)	30,600				CAPACITY BUIDLING			
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO INC851 STEVES AVENUE SAN ANTONIO,TX 78210	74-2379794	501(C)(3)	55,000				CAPACITY BUIDLING			
NEIGHBORHOOD NONPROFIT HOUSING CORPORATION95 WEST GOLF COURSE ROAD suite 104 LOGAN,UT 84321	87-0559307	501(C)(3)	25,387				CAPACITY BUIDLING			
NEIGHBORHOOD PROGRESS INC1956 WEST 25TH STREET 200 CLEVELAND,OH 44113	34-1611055	501(C)(3)	518,410				CAPACITY BUIDLING			
NEIGHBORWORKS AMERICA INC1325 G STREET NW SUITE 800 WASHINGTON, DC 20005	52-1148078	501(C)(3)	147,499				CAPACITY BUIDLING			
NEW DESTINY HOUSING CORPORATION1140 BROADWAY SUITE 1002 NEW YORK, NY 10001	13-3778489	501(C)(3)	25,000				CAPACITY BUIDLING			
NEW DESTINY TREATMENT CENTER INC6694 TAYLOR ROAD CLINTON,OH 44216	23-7029330	501(C)(3)	50,000				CAPACITY BUIDLING			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT COLLABORATIVE1055 ST CHARLES AVENUE NEW ORLEANS, LA 70130	72-1436907	501(c)(3)	7,500				CAPACITY BUIDLING			
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT FOUNDATION4000 BIENVILLE AVENUE SUITE A NEW ORLEANS, LA 70119	58-1681468	501(c)(3)	75,000				CAPACITY BUIDLING			
NEW SONG COMMUNITY LEARNING CENTER1530 PRESSTMAn STREET BALTIMORE, MD 21217	52-1838848	501(c)(3)	500,000				CAPACITY BUIDLING			
NEW YORK CITY ACQUISITION FUND LLC80 FIFTH AVE 6TH FLOOR NEW YORK, NY 10012	22-3928216	501(c)(3)	500,000				CAPACITY BUIDLING			
NHTENTERPRISE PRESERVATION CORPORATION1101 30TH STREET NW SUITE 400 WASHINGTON, DC 20007	31-1662007	501(c)(3)	35,032				CAPACITY BUIDLING			
NORTH EAST AREA DEVELOPMENT360 WEBSTER AVENUE ROCHESTER,NY 14609	16-6091542	501(c)(3)	56,331				CAPACITY BUIDLING			
NORTH MIDTOWN COMMUNITY DEVELOPMENT CORPORATION215 MCTYERE AVENUE JACKSON,MS 39202	39-2021531	501(c)(3)	25,000				CAPACITY BUIDLING			
NORTHWEST DETROIT NEIGHBORHOOD DEVELOPMENT INC16631 LAHSER ROAD DETROIT,MI 48219	38-3008147	510(c)(3)	46,000				CAPACITY BUIDLING			
NORTHWEST HOUSING ALTERNATIVES INC2317 SE WILLARD STREET PORTLAND,OR 97222	93-0814473	501(c)(3)	9,000				CAPACITY BUIDLING			
NORTHWESTERN BAND OF SHOSHONI NATION HOUSING AUTHO707 NORTH MAIN STREET BRIGHAM CITY,UT 84302	84-1373602	501(c)(3)	50,000				CAPACITY BUIDLING			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NUESTRA COMUNIDAD DEVELOPMENT CORPORATION56 WARREN STREET SUITE 200 ROXBURY,MA 02119	04-2741543	501(c)(3)	41,490				CAPACITY BUIDLING		
OFFICE OF RURAL & FARMWORKER HOUSING 1400 SUMMIT VIEW AVENUE SUITE 203 YAKIMA,WA 98902	91-1218499	501(c)(3)	5,250				CAPACITY BUIDLING		
OPEN ARMS HOUSING INC 1527 OTIS STREET NE WASHINGTON, DC 20017	52-2040518	501(c)(3)	14,000				CAPACITY BUIDLING		
OPERATION NEIGHBORHOOD RECOVERY LLC CO HANDS 15 SOUTH ESSEX AVENUE- REAR ORANGE, NJ 07050	80-0334220		50,000				CAPACITY BUIDLING		
PALLADIA INC2006 MADISON AVENUE NEW YORK, NY 10035	23-7089380	501(c)(3)	10,000				CAPACITY BUIDLING		
PARK HEIGHTS RENAISSANCE INC4151 PARKS HEIGHT AVE 207 BALTIMORE, MD 21215	77-0673126	501(c)(3)	10,000				CAPACITY BUIDLING		
PATH VENTURES2346 COTNER AVENUE LOS ANGELES,CA 90064	20-1892523	501(c)(3)	10,000				CAPACITY BUIDLING		
PATHSTONE CORPORATION400 EAST AVENUE ROCHESTER,NY 14607	16-0984913	501(c)(3)	25,000				CAPACITY BUIDLING		
PHI1217 SLATE HILL ROAD CAMP HILL,PA 170118034	23-1381404	501(c)(3)	64,865				CAPACITY BUIDLING		
PIEDMONT ENVIRONMENTAL COUNCIL FISCAL AGENT FOR CO 45 HORNER STREET WARRENTON, VA 20186	54-0935569	501(c)(3)					CAPACITY BUIDLING		

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PONTCHARTRAIN PARK CDC1010 COMMON ST STE 2510 NEW ORLEANS, LA 70112	45-0592884	501(C)(3)	75,000				CAPACITY BUIDLING
PRESERVATION ALLIANCE OF NEW ORLEANS923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(c)(3)	50,000				CAPACITY BUIDLING
PROGRESSIVE REDEVELOPMENT INC 321 W HILL STREET SUITE 3 DECATUR, GA 30030	58-1835663	501(c)(3)	52,250				CAPACITY BUIDLING
PROJECT FOR PRIDE IN LIVING INC1035 EAST FRANKLIN AVENUE MINNEAPOLIS,MN 55404	23-7232208	501(c)(3)	87,000				CAPACITY BUIDLING
PROJECT HOME1515 FAIRMOUNT AVENUE PHILADELPHIA,PA 19130	23-2555950	501(c)(3)	25,000				CAPACITY BUIDLING
PROVIDENCE COMMUNITY HOUSING1050 S JEFFERSON DAVIS PARKWAY SUITE 301 NEW ORLEANS, LA 70125	20-4627275	501(c)(3)	680,616				CAPACITY BUIDLING
PROVIDENCE HOUSING DEVELOPMENT CORP1136 BUFFALO RD ROCHESTER,NY 14624	22-3311544	501(c)(3)	16,484				CAPACITY BUIDLING
PUENTES NEW ORLEANS INC1050 S JEFFERSON DAVIS PARKWAY SUITE 321 NEW ORLEANS, LA 70125	70-1251218	501(c)(3)	30,000				CAPACITY BUIDLING
REACH COMMUNITY DEVELOPMENT1135 SE SALMON STREET PORTLAND, OR 97214	93-0813981	501(c)(3)	80,952				CAPACITY BUIDLING
REGIONAL HOUSING & COMMUNITY DEVELOPMENT ALLIANCE 611 OLIVE STREET SUITE 1641 ST LOUIS, MO 63101	43-1611669	501(c)(3)	115,000				CAPACITY BUIDLING

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENAISSANCE HOUSING DEVELOPMENT CORPORATION2111 CHAMPA STREET DENVER,CO 80205	84-0951575	501(c)(3)	50,000				CAPACITY BUIDLING
RESIDENT ACTION COMMITTEE1329 N FULTON AVENUE BALTIMORE, MD 21217	20-4621438	501(c)(3)	10,000				CAPACITY BUIDLING
RESOURCES FOR COMMUNITY DEVELOPMENT2730 TELEGRAPH AVENUE BERKELEY, CA 94705	94-2952466	501(c)(3)	17,500				CAPACITY BUIDLING
RESOURCES FOR RESIDENTS AND COMMUNITIES OF GEORGIA100 FLAT SHOALS AVENUE ATLANTA,GA 30316	58-1869105	501(C)(3)	20,000				CAPACITY BUIDLING
RESTORE NEIGHBORHOOD LOS ANGELES INC 315 W 9TH STREET SUITE 801 LOS ANGELES, CA 90015	26-4142930	501(C)(3)	213,150				CAPACITY BUIDLING
RESTORED HOMES HOUSING DEVELOPMENT FUND CORPORATIO150 BROADWAY SUITE 2101 NEW YORK, NY 10038	20-3853610	501(c)(3)	75,000				CAPACITY BUIDLING
RIDGE POINT NON PROFIT HOUSING CORPORATION 140 CASHMERE STREET SAN FRANCISCO, CA 94124	23-7006582	501(c)(3)	30,000				CAPACITY BUIDLING
ROC USA LLC7 WALL STREET CONCORD,NH 03301	35-2319441	501(c)(3)	79,500				CAPACITY BUIDLING
RPJ HOUSING2666 MILITARY ROAD ARLINGTON,VA 22207	52-1133518	501(c)(3)	20,000				CAPACITY BUIDLING
RURAL COMMUNITY ASSISTANCE CORPORATION3120 FREEBOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691	94-2512284	501(c)(3)	35,000				CAPACITY BUIDLING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization of organization of organization or government or grant (b) EIN (c) IRC Code section of organization or government (b) EIN (c) IRC Code section of organization or grant or grant (d) A mount of cash organization or grant organization or grant organization or grant organization organizations in the United States

(a) Name and address of organization organization (d) A mount of cash organization organ

or government			j	assistance	(book, FMV, appraisal, other)	
RURAL OPPORTUNITIES INC7 PRINCE STREET ROCHESTER, NY 14607	16-0984913	501(c)(3)	37,751			CAPACITY BUIDLING
SAN FELIPE PUEBLO HOUSING AUTHORITYPO BOX 4222 SAN FELIPE PUEBLO,NM 870014222	85-0479954	501(c)(3)	54,259			CAPACITY BUIDLING
SAN FRANCISCO HOUSING DEVELOPMENT CORPORATION4439 THIRD STREET SAN FRANCISCO, CA 94124	94-3090854	501(c)(3)	21,083			CAPACITY BUIDLING
SANTA FE COMMUNITY HOUSING TRUSTPO BOX 713 SANTA FE,NM 87505	85-0392520	501(c)(3)	43,034			CAPACITY BUIDLING
SATELLITE HOUSING1521 UNIVERSITY AVENUE BERKELEY,CA 94703	94-3031375	501(c)(3)	25,000			CAPACITY BUIDLING
SAWMILL COMMUNITY LAND TRUSTPO BOX 25181 ALBUQUERQUE,NM 87125	85-0430381	501(c)(3)	25,000			CAPACITY BUIDLING
SECTOR 4 CDCPO BOX 19781 ROCHESTER,NY 14619	22-3253505	501(c)(3)	39,217			CAPACITY BUIDLING
SELFHELP COMMUNITY SERVICES INC520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624178	501(c)(3)	23,750			CAPACITY BUIDLING
SKID ROW HOUSING TRUST 1317 EAST SEVENTH STREET LOS ANGELES,CA 90021	95-4205316	501(c)(3)	25,000			CAPACITY BUIDLING
SOME INC71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(c)(3)	20,000			CAPACITY BUIDLING

(h) Purpose of grant

orassistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance or government assistance (book, FMV, appraisal, other) SOUTH COUNTY HOUSING 94-2590572 501(c)(4) CAPACITY CORPORATION9015 BUIDLING 36,500 MURRAY AVENUE SUITE 100 GILROY, CA 95020 SOUTH WEDGE PLANNING 16-1190886 501(c)(3) CAPACITY COMMITTEE224 MOUNT BUIDLING 58,127 **HOPE AVENUE** ROCHESTER, NY 14620 95-4019655 CAPACITY SOUTHERN CALIFORNIA 501(c)(3) BUIDLING ASSOCIATION OF NON-7,500 PROFIT HOUS3345 WILSHIRE BOULEVARD **SUITE 1005** LOS ANGELES, CA 90010 SOUTHWEST MINNESOTA 41-1721815 501(C)(3) CAPACITY HOUSING PARTNERSHIP BUIDLING 5,883 2401 BROADWAY AVENUE SLAYTON, MN 56172 CAPACITY SOUTHWESTERN 02-6013808 501(C)(3) BUIDLING COMMUNITY SERVICES 9,900 INCPO BOX 603 KEENE, NH 03431 SPOKANE NEIGHBORHOOD 91-1311127 501(C)(3) CAPACITY BUIDLING ACTION PROGRAMS2116 25,000 EAST FIRST AVENUE SPOKANE, WA 99202 ST AMBROSE HOUSING AID 52-1729460 501(C)(3) CAPACITY CENTER321 E 25TH ST BUIDLING 85,000 BALTIMORE, MD 21218 94-3110312 501(C)(3) CAPACITY ST ANDREW'S HOUSING GROUP1775 12TH AVENUE BUIDLING 60,000 NW **SUITE 102** ISSAQUAH, WA 98027 CAPACITY ST PATRICK CENTER800 N 43-1263499 501(C)(3) TUCKER BUIDLING 17,000 ST LOUIS, MO 63101 26-1824498 501(C)(3) CAPACITY ST ROCH COMMUNITY CHURCH COMMUNITY BUIDLING 25,000 DEVELOPMENTPO BOX 770950 NEW ORLEANS, LA 70117

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance (book, FMV, appraisal, or government assistance other) ST VINCENT DE PAUL 93-0454786 501(c)(3) CAPACITY SOCIETY OF LANE COUNTY BUIDLING 35,000 VOCATIOPO BOX 24608 EUGENE, OR 97402 99-6001081 STATE OF HAWAII state of HI CAPACITY DEPARTMENT OF BUIDLING 10,500 HAWAIIAN HOMELANDS91-5420 KAPOLEI PARKWAY KAPOLEI, HI 96707 SUMMECH COMMUNITY 58-1895918 501(c)(3) CAPACITY BUIDLING DEV CORP633 PRYOR 19,266 STREET SW ATLANTA, GA 30312 SUPPORTIVE HOUSING 85-0439315 501(c)(3) CAPACITY COALITION OF NEW BUIDLING 61,269 MEXICOPO BOX 27459 ALBUQUERQUE, NM 87125 20-1870231 501(c)(3) CAPACITY SUSTAINABLE COMMUNITY DEVELOPMENT GROUP INC BUIDLING 26,000 PO BOX 15395 WASHINGTON, DC 20003 74-3115390 TEAGRAS HELPING HANDS 501(c)(3) CAPACITY INC5130 CHARTRES BUIDLING 25,000 STREET NEW ORLEANS, LA 70117 THC AFFORDABLE 52-1675958 501(C)(3) CAPACITY HOUSING INC5101 16TH BUIDLING 25,000 STREET NW WASHINGTON, DC 20011 THE ALDEN FOUNDATION 36-3697502 501(C)(3) CAPACITY 4200 W PETERSON AVE BUIDLING 25,000 140 CHICAGO, IL 60646 THE ASSOCIATION OF 52-1326863 501(c)(3) CAPACITY **BALTIMORE AREA** BUIDLING 110,000 GRANTMAKERS2 EAST **READ STREET** 2ND FLOOR BALTIMORE, MD 21202 THE CENTER FOR LIFE 87-0662958 501(c)(3) CAPACITY BUIDLING SPECIFIC DESIGNPO BOX 36,260 3779 PARK CITY, UT 84060

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BON SECOURS OF MARYLAND FOUNDATION INC26 NORTH FULTON AVENUE BALTIMORE, MD 21223	52-1732800	501(c)(3)	7,100				CAPACITY BUIDLING
THE FORTUNE SOCIETY53 WEST 23 STREET NEW YORK, NY 10010	13-2645436	501(C)(3)	50,000				CAPACITY BUIDLING
THE HOUSING PARTNERSHIP1555 ISLINGTON STREET PORTSMOUTH,NH 03801	02-0427331	501(c)(3)	15,000				CAPACITY BUIDLING
THE LOWER 9TH WARD NEIGHBORHOOD EMPOWERMENT NETWOR 1120 LAMANCHE STREET NEW ORLEANS, LA 70117	76-0827045	501(C)(3)	10,000				CAPACITY BUIDLING
THE NEIGHBORHOOD PARTNERSHIP FUND INC 1020 SW TAYLOR STREET SUITE 680 PORTLAND,OR 97205	91-1943624	501(c)(3)	127,573				CAPACITY BUIDLING
THE SOMERVILLE COMMUNITY CORPORATION1 DAVIS SQUARE SUITE 213 SOMERVILLE, MA 02144	23-7293380	501(c)(3)	22,752				CAPACITY BUIDLING
THE VILLAS AT GOWER LP 3345 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES,CA 90010	20-8949465		50,000				CAPACITY BUIDLING
THE WOMEN'S HOUSING COALITION INC119 EAST 25TH STREET BALTIMORE,MD 21218	52-1189812	501(c)(3)	21,199				CAPACITY BUIDLING
TIERRA DEL SOL HOUSING CORPORATION880 ANTHONY DRIVE 3C - D ANTHONY,NM 88021	85-0227016	501(c)(3)	27,254				CAPACITY BUIDLING
TOLEDO COMMUNITY DEVELOPMENT CORPORATION1611 N DETROIT AVENUE TOLEDO,OH 43607	34-1787037	501(c)(3)	24,000				CAPACITY BUIDLING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TUNICA-BILOXI HOUSING AUTHORITY257 MELACON ROAD MARKSVILLE,LA 71351	72-0942856	501(c)(3)	19,020				CAPACITY BUIDLING		
UMPQUA COMMUNITY DEVELOPMENT CORPORATION605 SE KANE STREET ROSEBURG,OR 97470	93-1057208	501(c)(3)	38,000				CAPACITY BUIDLING		
UNDER ONE ROOF INC60 GREGORY BLVD NORWALK,CT 06855	06-1377860		50,000				CAPACITY BUILDING		
UNIVERSITY COMMUNITY DEVELOPMENT CORPORATION160 EUHRALEE STREET SW ATLANTA,GA 30314	58-1827811	501(c)(3)	12,000				CAPACITY BUILDING		
URBAN LAND INSTITUTE SEATTLE700 5TH AVENUE SUITE 6200 SEATTLE,WA 98104	53-0159845	501(c)(3)	25,000				CAPACITY BUILDING		
VILLAGE CAPITAL CORPORATION1956 WEST 25TH STREET 200 CLEVELAND,OH 44113	34-1704488	501(c)(3)	409,262				CAPACITY BUILDING		
VISION REGENERATION INCPO BOX 458 LANCASTER,TX 75146	75-2673875	501(c)(3)	7,000				CAPACITY BUILDING		
VILLAGE GREEN ELDERLY LLC5309 TRANSPORTATION BOULEVARD CLEVELAND,OH 44125	26-1260574		50,000				CAPACITY BUILDING		
VOCATIONAL INSTRUCTION PROJECT COMMUNITY SERVICES 1910 ARTHUR AVENUE 4TH FLOOR BRONX,NY 104576305	13-3224700	501(c)(3)	47,000				CAPACITY BUILDING		
VOLUNTEERS OF AMERICA NATIONAL SERVICES1660 DUKE STREET ALEXANDRIA,VA 22314	41-1467162	501(c)(3)	35,000				CAPACITY BUILDING		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (h) Purpose of grant (g) Description of organization ıf applicable grant cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, or government other) 91-1327250 WALLA WALLA HOUSING walla walla hsg CAPACITY AUTHORITY501 CAYUSE BUILDING 17,000 STREET WALLA WALLA, WA 99362 52-1756853 501(c)(3) CAPACITY WASHINGTON REGIONAL BUILDING ASSOCIATION OF 10,000 GRANTMAKERS1825 K STREET NW **SUITE 1100** WASHINGTON, DC 20006 WBC COMMUNITY 20-2652453 501(c)(3) CAPACITY DEVELOPMENT BUILDING 5,585 CORPORATION3200 GARRISON BOULEVARD BALTIMORE, MD 21216 WEST HOLLYWOOD 95-4122368 501(c)(3) CAPACITY BUILDING COMMUNITY HOUSING 8,889 CORPORATION8285 W SUNSET BOULEVARD SUITE 3 WEST HOLLYWOOD, CA 900462420 WESTCHESTER GARDENS 84-1640459 CAPACITY BUILDING LP2006 MADISON AVENUE 32,000 NEW YORK, NY 10035 07-4808007 CAPACITY WILLIAM C SMITH & COMPANY1100 NEW BUILDING 37,500 JERSEY AVE SE **SUITE 1000** WASHINGTON, DC 20003 WYOMING COUNTY 16-1488538 501(C)(3) CAPACITY COMMUNITY ACTION INC BUILDING 12,698 6470 ROUTE 20A SUITE 1 PERRY, NY 14530 85-0388252 501(c)(3) YES HOUSING INC104 CAPACITY ROMA NW BUILDING 20,000 ALBUQUERQUE, NM 87102 YWCA OF BROOKLYN30 11-1630919 501(c)(3) CAPACITY BUILDING THIRD AVENUE 25,000 BROOKLYN, NY 10027 YWCA OF SEATTLE-KING 91-0482890 501(c)(3) CAPACITY COUNTY-SNOHOMISH1118 BUILDING 20,000 **5TH AVENUE** SEATTLE, WA 98101

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224006180

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ENT	ERPRISE COMMUNITY PARTNERS INC	52-1231931					
Pa	rt I Questions Regarding Compensation	32 1231331					
				Yes	Νo		
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to	ed any of the following to or for a person listed in Form provide any relevant information regarding these items					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di		2				
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations						
4	During the year, did any person listed in Form 990, Par or a related organization	t VII, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control pa	yment?	4a	Yes			
ь	Participate in, or receive payment from, a supplementa	l nonqualified retirement plan?	4b		Νο		
c	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		Νο		
	If "Yes" to any of lines 4a-c, list the persons and provi	de the applicable amounts for each item in Part III					
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of						
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a, dıd the organızatıon pay or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des		7		Νo		
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Ro in Part III	·	8		Νo		
9	If "Yes" to line 8, did the organization also follow the re	buttable presumption procedure described in Regulations					

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensat			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
compensation	question 4a	Peter Werwath a former officer recieved a severance payment of \$157,248 during 2009

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 52-1231931

Name: ENTERPRISE COMMUNITY PARTNERS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(i) Base		W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other compensation		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
JEFFREY SCHAFFER	(1) (11)	163,780 0	7,540 0	1,171 0	12,515 0	3,020 0	188,026	0	
DORIS W KOO	(I) (II)	255,992 0	62,400 0	2,044 0	18,774 0	4,008 0	343,218	0	
WILLIAM R FREY	(I) (II)	221,393 0	4 5,000 0	1,943 0	18,846 0	3,607 0	290,789 0	0	
CHRISTINE K CARTALES	(I) (II)	162,145 0	20,034 0	934 0	8,670 0	4 ,807 0	196,590	0	
NAOMI BAYER	(I) (II)	188,566 0	13,600 0	1,980 0	15,570 0	6,434 0	226,150 0	0	
LORI CHATMAN	(ı) (ıı)	0 174,027	0 17,500	0 808	0 14,219	1,774	0 208,328	0	
RICHARD GROSS	(1) (11)	163,947 0	20,399 0	1,290 0	15,423 0	6,054 0	207,113	0	
MARK MCDERMOTT	(ı) (ıı)	157,417 0	11,560 0	1,484	12,064 0	0	182,525 0	0	
LAURA MCGRATH	(I) (II)	156,951 0	12,480 0	749 0	12, 444 0	4,250 0	186,874 0	0	
MICHAEL MCNEELY	(ı) (ıı)	223,600 0	22,360 0	1,490 0	18,846 0	0	266,296 0	0	
ABBY JO SIGAL	(ı) (ıı)	136,245 0	28,288 0	267 0	12,435 0	9,247 0	186,482	0	
ALAZNE SOLIS	(I) (II)	210,416 0	14,000 0	270 0	17,556 0	6,250 0	248,492 0	0	
FAITH E THOMAS	(I) (II)	183,051 0	15,093 0	1,837 0	15,167 0	5,607 0	220,755 0	0	
PETER WERWATH	(I) (II)	3,830 0	0	157,248 0	115 0	0	161,193 0	0	
PAUL M CUMMINGS	(I) (II)	244,950 0	0	300 0	19,471 0	5,050 0	269,771 0	0	
DANA L BOURLAND	(I) (II)	152,988 0	12,650 0	259 0	11,832 0	1,429 0	179,158 0	0	
CHARLES WERHANE	(I) (II)	0 290,435	0 232,378	0 46,356	0 57,048	0 6,611	0 632,828	0	

DLN: 93493224006180

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

paul brophy

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization ENTERPRISE COMMUNITY PARTNERS INC						Employer identification number					
						52-1231					
Part I	Excess Benefit Tra	,	, , , ,			_		ne 40b			
1	(a) Name of disq		,		ription of t		,, ,		rrected?		
*	(a) Name of alsq	damica person		(b) Desc	. Tiption of t	iansaction		Yes	No		
	er the amount of tax impos	ed on the orgar	iization managers o	r dısqualıfıed pers	ons during	the year und	er				
	tion 4958 er the amount of tax, if any	on line 2, abo	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			► \$ —— ► \$				
Part II	Loans to and/or Complete if the organi			0, Part IV, line 26	, or Form 9	90-EZ, Part	V, line 38	a			
		(b) Loan to			(e) In	(f A ppr		(g) Writte	n		
(a) Nam	e of interested person and purpose	or from the organization?	(c)O riginal principal amount	(d)Balance due	default?	by bo	ard or	agreemen			
	parpose	To From	principal amount		Yes I	comm No Yes	ıttee? No	Yes	No		
Total .			> \$		I	i		1			
Part III			ing Interested		l	<u> </u>					
	Complete if the orga	(1	vered "Yes" on Fo Relationship betw								
(;	a) Name of interested pers	son		rganization	(4	c) A mount of	grant or ty	pe of assist	ance		
Part IV	Business Transac	tions Involv	ina Interested	Persons							
	Complete If the orga				/, line 28a	, 28b, or 2	8c.				
		hatv	Relationship Ween interested	(c) A mount of				organi	arıng of zatıon's		
(a)	Name of interested perso	n pe	rson and the	transaction	(d) [Description o	ftransacti	ion reve	nues?		
		•	rganization					Vac	No		

former trustee

164,000 firm provided consulting serv

Νo

SCHEDULE M

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number Name of the organization ENTERPRISE COMMUNITY PARTNERS INC 52-1231931 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 6 54,648 FMV ON DATE ACQUIRED 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 23 24 Archeological artifacts . 25 Other ► (__ Other ►(__ 26 27 Other ►(__ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Νo Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
USE OF THIRD PARTY IN PROCESSING NONCASH CONTRIBUTIONS	, ,	FINANCIAL INSTITUTIONS ARE USED TO REDEEM/SELL DONATED STOCK

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493224006180

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ENTERPRISE COMMUNITY PARTNERS INC Employer identification number

52-1231931

Identifier	Return Reference	Explanation
governance	part vi section B question 11	The entire Board is given a copy of the 990 return to review prior to filing the 990 return. The Audit Committee of the Board reviews and approves the 990 return in a meeting
governance	part vi section B question 12C	An annual conflict of interest disclosure exercise is performed by the organization each January. This exercise requires each employee to read the Business Ethics Policy and complete the conflict of interest disclosure form identifying any possible conflicts known by the employee. New employees are also required to complete this conflict of interest disclosure form upon hiring. The Executive Officer includes the conflict of interest policy and the conflict of interest disclosure statement in its mailing to the Trustees in advance of the annual meeting of the Board (usually held in March). We ask that Trustees return the disclosure form by the annual meeting. The chief audit executive reviews and approves the document (Conflict of Interest Disclosure Form) content and follows up on any concerns with the employee. For new hires, a log is maintained of any documented conflicts for future referencing. The Executive Office monitors and follows up on the status of any unreturned disclosure forms. The General Counsel reviews all disclosure forms and follows up if there are any issues, in accordance with the procedures set forth in the policy.
governance	part vi section b question 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND OTHER OFFICERS OF ENTERPRISE COMMUNITY PARTNERS IS AS FOLLOWS Partners engages an independent consulting firm to provide a compensation study for the CEO & Office positions to establish a market value. The market analysis is reviewed by the Board of Trustees. The Board of Trustees discusses and sets the CEO compensation. The Board also reviews and approves the CEO's recommendations for the other officers' compensation. This process is documented through the Board meeting minutes.
governance	part vi section C question 19	documents made available to public upon request and our w ebsite
governance	part vi, section A, question 4	the bylaws were amended to designate the board of trustee by class and to assign respective term limits additionally, the bylaws were amended to abolish compensation to trustees previously permitted but not exercised

DLN: 93493224006180

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ENTERPRISE COMMUNITY PARTNERS INC **Employer identification number**

52-1231931

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ENTERPRISE LOUISIANA LOAN FUND LLC 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044 47-1718653	FINANCING	DE	10,354	5,175,511 ^E	CP INC
New generation fund LLC 10227 wincopin circle columbia, MD 21044 26-2105382	financing	DE	132,596	27,616,833 [€]	ср іпс
enterprise new orleans llc 10227 wincopin circle columbia, MD 21044 26-4201991	afford hsg	DE	0	0 6	ср іпс
National community stabilization trust 10227 wincopin circle columbia, MD 21044 26-3703347	afford hsg	DE	O	0 €	cp inc

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

See Additional Data Table

52-1348286

(c)

(j)

General or

Yes

(h)

Yes

No

(i)

Code V—UBI

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.)		

(e)

(b) Primary activity (f) Share of total income (a) Name, address, and EIN of (d) Direct controlling Disproprtionate Lègal (g) Predominant income allocations? amount in box 20 of managing domicile Share of end-of-year (related, unrelated, Schedule K-1 partner? related organization entity (state or assets excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ENTERPRISE COMMUNITY INVESTMENT INC 10227 WINCOPIN CIRCLE COLUMBIA, MD21044 52-1206840	AFF HOUSING	MD	ECP INC	C CORP	4,684,351	89,558,347	100 000 %
ENTERPRISE GROUP INC 10227 WINCOPIN CIRCLE COLUMBIA, MD21044	AFF HOUSING	MD	ECP INC	C CORP	0	0	100 000 %

Part V	Transactions With Related Organiz	ations (Complete if the organizat	ion answered "Yes" on Form 990	, Part IV, line 34, 35	i, or 36.)
--------	-----------------------------------	-----------------------------------	--------------------------------	------------------------	------------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
ь	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

p Reimbursement paid by other organization for expenses	1 p	Yes	
O ther transfer of cash or property to other organization(s) O ther transfer of cash or property from other organization(s)	1q 1r		No No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		
(a) (b) Transaction Name of other organization type(a-r)	(Amount	c) involve	d
(1) ENTERPRISE COMMUNITY INVESTMENT INC		2,328	8,000
(2) ENTERPRISE COMMUNITY INVESTMENT INC		5,75	7,000
(3) ENTERPRISE COMMUNITY INVESTMENT INC		2,500	6,000
(4) ENTERPRISE COMMUNITY INVESTMENT INC		1,668	8,000
(5) ENTERPRISE COMMUNITY INVESTMENT INC		2,22	2,000
(6)			

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) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)

section 501(c)(3) organizations? Yes No (e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 52-1231931

Name: ENTERPRISE COMMUNITY PARTNERS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ENTERPRISE COMMUNITY LOAN FUND INC	FINANCING	MD	501(c)(3)	509(a)(3)	ECP INC
10227 WINCOPIN CIRCLE COLUMBIA, MD21044 52-0192004					
ENTERPRISE HOME OWNERSHIP PARTNERS INC	AFF HOUSING	CA	501(c)(3)	509(a)(3)	ECP INC
315 WEST 9TH STREET LOS ANGELES, CA90015 _31-1737642					
EHOP- DALLAS INC	AFF HOUSING	TX	501(c)(3)	509(a)(3)	ECP INC
100 NORTH CENTRAL EXPRESSWAY DALLAS, TX75201 72-1590088					
NEIGHBORHOOD PARTNERSHIP HOUSING DEVELOP	AFF HOUSING	NY	501(c)(3)	509(a)(3)	ECP INC
1 WHITEHALL STREET NEW YORK, NY10004 13-3811616					
ENTERPRISE MARYLAND LLC	AFF HOUSING	MD	501(c)(3)	509(a)(3)	ECP INC
10227 WINCOPIN CIRCLE COLUMBIA, MD21044 26-3262997					
IACENTERPRISE NEHEMIAH DEVELOPMENT	AFF HOUSING	MD	501(c)(3)	509(a)(3)	ECP INC
505 AMERICAN CITY BUILDING COLUMBIA, MD21044 52-1742031					
CORNERSTONE HOUSING CORPORATION	AFF HOUSING	MD	501(c)(3)	509(a)(3)	ECP INC
10227 WINCOPIN CIRCLE COLUMBIA, MD21044 52-1742293					
CITY HOMES INC	AFF HOUSING	MD	501(c)(3)	509(a)(3)	ECP INC
10227 WINCOPIN CIRCLE COLUMBIA, MD21044 52-1479114					
the consortium for hsg & asset mgmtinc	aff housing	MD	501(c)(3)	509(a)(3)	ecp inc
10227 wincopin circle columbia, MD21044 52-2230229					

DLN: 93493224006180

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

> Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return Business or activity to which this form relates Identifying number ENTERPRISE COMMUNITY PARTNERS INC

		GENERAL DE	EPRECIATION		į	52-1231	1931
	•	Certain Property Un				_	
		sted property, comple			ipiete Part .		1 + 405 000
		for a higher limit for cert				. 1	,,
		ced in service (see instru	•			. 2	
		/ before reduction in limit		ructions) .		3	+
		from line 2 If zero or les	ŕ			. 4	
	•	line 4 from line 1 If zero	or less, enter - 0	0- If married	filing		
separately, see instru	ctions		<u> </u>			. 5	
			/h) Cost	/husiness use	. 1		
6 (a)	Description of pr	operty		(business use only)	(c) Elec	ted cost	t
6							
7 Listed property Enter	the amount from	line 29		. 7			T
8 Total elected cost of s	section 179 prop	erty Add amounts in coli	umn (c), lines 6	and 7 .		. 8	
9 Tentative deduction [Enter the smaller	of line 5 or line 8 .				. 9	
10 Carryover of disallowe	d deduction from	line 13 of your 2008 Fo	rm 4562 .			. 10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11	ī
12 Section 179 expense	deduction Add I	nes 9 and 10, but do not	enter more tha	n line 11 •		12	2
13 Carryover of disallowe				.▶ 13			
Note: Do not use Part		<u> </u>					
		Allowance and Othe			: include liste	d prope	rty) (See instructions)
14 Special depreciation a	_			_			
tax year (see instruct	ions)					14	1
15 Property subject to se	ction 168(f)(1) e	election				15	5
16 Other depreciation (in	cluding ACRS)					. 16	737,497
Part IIII MACRS De	preciation ([Do not include listed p		ee instructio	ns.)		
			ection A				_ T
17 MACRS deductions fo						. 17	<u>′ </u>
18 If you are electing		<u>-</u>	_	ax year into	one or mo	_	
general asset accor							
Section b-Ass	Tets Placed III	Service During 200	Jo Tax Teal		General L	eprec	System
(a) Classification of	(b) Month and	depreciation	(d) Recovery				(a)Depresention
property	year placed in	(business/investment	period	(e) Convent	ion (f) M	ethod	(g)Depreciation deduction
	service	use only—see instructions)					
19a 3-year property		Citi, Coo motifications,					
b 5-year property							
c 7 - year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/		
h Residential rental property			27 5 yrs	MM	S/		
i Nonresidential real	+		27 5 yrs	M M M M	S/ S/		
property			39 yrs	MM	S/		
	_∟ on C—Assets Plac	led in Service During 2009	∟ 9 Tax Year Usin∈	-			_ stem
20a Class life	T				s/		<u></u>
b 12-year	7		12 yrs		S/		
c 40-year			40 yrs	мм	S/		
Part IV Summa	ry (see instruc	tions)					
21 Listed property Enter	amount from line	28				21	1
22 Total. Add amounts fr and on the appropriate	•	14 through 17, lines 19 urn Partnerships and S				ere 22	737,497
23 For assets shown abo portion of the basis at		=		e 23			

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and

property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes." is the evidence written? Yes Vo (c) (e) (i) (b) (d) (f) (a) Business/ (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention cost use only) percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Yes No Yes Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) .

(a) Description of costs	(b) Date amortization begins	(c) A mortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
2 A mortization of costs that	begins during your 20	09 tax year (see instruct	tions)		
3 A mortization of costs that	began before your 200	09 tax year		43	