Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ENTERPRISE COMMUNITY PARTNERS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
11000 BROKEN LAND PARKWAY 700

City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MD 21044

D Employer identification number
52-1231931

E Telephone number
(410) 964-1230

G Gross receipts $ 160,577,326

F Name and address of principal officer:
DAVID RANDS
11000 BROKEN LAND PARKWAY 700
COLUMBIA,MD 21044

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ENTERPRISECOMMUNITY.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1980

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ENTERPRISE'S MISSION IS TO MAKE HOME AND COMMUNITY PLACES OF PRIDE, POWER AND BELONGING, AND PLATFORMS FOR RESILIENCE AND UPWARD MOBILITY FOR ALL. ENTERPRISE IS THE ONLY NATIONAL NONPROFIT THAT ADDRESSES AMERICA'S AFFORDABLE HOUSING CRISIS FOR LOW AND MODERATE INCOME PEOPLE FROM EVERY ANGLE, COMBINING 40+ YEARS OF EXPERIENCE, THOUSANDS OF LOCAL PARTNERS AND THE EXPERTISE OF OVER 1,649 EMPLOYEES NATIONWIDE INCLUDING OUR AFFILIATED ORGANIZATIONS. WE BRING TOGETHER NATIONWIDE KNOW-HOW, POLICY LEADERSHIP, PARTNERS, DONORS AND INVESTORS TO MULTIPLY THE IMPACT OF LOCAL AFFORDABLE HOUSING DEVELOPMENT AND TO ACHIEVE OUR VISION OF A COUNTRY WHERE HOME AND COMMUNITY ARE STEPPING STONES TO MORE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	300
6	Total number of volunteers (estimate if necessary)	**6**	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	82,126,590	132,376,992
	9	Program service revenue (Part VIII, line 2g)	7,427,537	8,351,466
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,278,247	7,808,879
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,289,806	11,072,106
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,122,180	159,609,443
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,205,261	74,525,706
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,007,112	39,083,805
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	188,032	211,925
	b	Total fundraising expenses (Part IX, column (D), line 25) 6,873,990		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,142,403	34,571,779
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	113,542,808	148,393,215
	19	Revenue less expenses. Subtract line 18 from line 12	-3,420,628	11,216,228

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	913,170,085	941,952,049
	21	Total liabilities (Part X, line 26)	51,274,589	59,414,082
	22	Net assets or fund balances. Subtract line 21 from line 20	861,895,496	882,537,967

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date 2025-06-27
MATTHEW FOSTER SVP, DEPUTY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-06-27		P01511850

Firm's name COHNREZNICK ADVISORY LLC — Firm's EIN 33-3709623

Firm's address 7501 WISCONSIN AVENUE SUITE 400E BETHESDA, MD 20814 — Phone no. (301) 652-9100

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ENTERPRISE'S MISSION IS TO MAKE HOME AND COMMUNITY PLACES OF PRIDE, POWER AND BELONGING, AND PLATFORMS FOR RESILIENCE AND UPWARD MOBILITY FOR ALL. ENTERPRISE IS THE ONLY NATIONAL NONPROFIT THAT ADDRESSES AMERICA'S AFFORDABLE HOUSING CRISIS FOR LOW AND MODERATE INCOME PEOPLE FROM EVERY ANGLE, COMBINING 40+ YEARS OF EXPERIENCE, THOUSANDS OF LOCAL PARTNERS AND THE EXPERTISE OF OVER 1,649 EMPLOYEES NATIONWIDE INCLUDING OUR AFFILIATED ORGANIZATIONS. WE BRING TOGETHER NATIONWIDE KNOW-HOW, POLICY LEADERSHIP, PARTNERS, DONORS AND INVESTORS TO MULTIPLY THE IMPACT OF LOCAL AFFORDABLE HOUSING DEVELOPMENT AND TO ACHIEVE OUR VISION OF A COUNTRY WHERE HOME AND COMMUNITY ARE STEPPING STONES TO MORE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 56,374,088 including grants of $) (Revenue $ 6,730,823)

SEE SCHEDULE OSOLUTIONS:OUR SOLUTIONS DIVISION DELIVERS PROGRAMMATIC, POLICY, ADVISORY AND CAPACITY-BUILDING SERVICES AT THE NATIONAL, STATE AND LOCAL LEVELS, WORKING IN URBAN, RURAL AND SUBURBAN COMMUNITIES ACROSS THE COUNTRY IN COLLABORATION WITH THOUSANDS OF PARTNERS IN THE NONPROFIT, PUBLIC AND FOR-PROFIT SECTORS. WE HAVE OFFICES AND DEDICATED STAFF IN THESE MARKETS: CHICAGO, DENVER, DETROIT, GULF COAST, MID-ATLANTIC, NEW YORK, NORTHERN CALIFORNIA, OHIO, PACIFIC NORTHWEST, SOUTHEAST AND SOUTHERN CALIFORNIA. WE ALSO SUPPORT AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT ON TRIBAL LANDS AND IN RURAL AREAS. IN 2024, WE PROVIDED TECHNICAL ASSISTANCE AND TRAINING TO MEET OUR PARTNERS' GREATEST NEEDS, IDENTIFIED POLICY LEVERS THAT COULD PROVIDE RESOURCES TO INCREASE PRODUCTION AND PRESERVATION IN THEIR COMMUNITIES, AND SUPPORTED EFFORTS TO STRENGTHEN THE AFFORDABLE HOUSING ECOSYSTEM NATIONWIDE. THE FOCUS OF OUR PROGRAMMATIC WORK WAS ON THREE STRATEGIC AREAS OF FOCUS: 1) INCREASING HOUSING ACCESS, QUALITY AND RESILIENCE; 2) SUPPORTING AND STRENGTHENING COMMUNITY AND CIVIC INFRASTRUCTURE; 3) PROMOTING SYSTEMS CHANGE.

4b (Code:) (Expenses $ 74,415,706 including grants of $ 74,415,706) (Revenue $)

SEE SCHEDULE OCAPITAL:ENTERPRISE, IN CONJUNCTION WITH ITS AFFILIATES, RAISES PRIVATE AND PUBLIC CAPITAL THROUGH INVESTMENT AND FUNDRAISING, AND BY FORMING EFFECTIVE PARTNERSHIPS. THROUGH IDENTIFYING AND CHANNELING CAPITAL TO QUALIFIED PARTNERS, WE BRING NATIONAL DOLLARS TO LOCAL COMMUNITIES. IN 2024, ENTERPRISE AWARDED $42.6 MILLION IN GRANTS TO 212 AFFORDABLE HOUSING AND COMMUNITY ORGANIZATIONS. THIS INCLUDED $19.4 MILLION AWARDED TO ORGANIZATIONS TO SCALE INNOVATIVE HOUSING SOLUTIONS THROUGH THE NATIONAL HOUSING AFFORDABILITY BREAKTHROUGH CHALLENGE; APPROXIMATELY $3.3 MILLION AWARDED TO SUPPORT THE CONSTRUCTION OF NEW AND EXPANDING EARLY LEARNING FACILITIES AND CO-LOCATED AFFORDABLE HOUSING AND EARLY LEARNING PROJECTS IN WASHINGTON STATE; $2.2 MILLION AWARDED TO SOCIAL SERVICE AND COMMUNITY DEVELOPMENT ORGANIZATIONS IN MICHIGAN TO SUPPORT PRESERVATION AND HOME REPAIR; AND THROUGH OUR NATIONAL FAITH-BASED DEVELOPMENT PROGRAM, $1.9 MILLION WAS AWARDED TO HOUSES OF WORSHIP AND OTHER COMMUNITY ORGANIZATIONS WORKING TO DEVELOP UNDERUTILIZED LAND INTO AFFORDABLE HOUSING.

4c (Code:) (Expenses $ 4,314,063 including grants of $ 110,000) (Revenue $ 1,620,643)

SEE SCHEDULE OPOLICY:ENTERPRISE WORKS WITH A BROAD RANGE OF PUBLIC AND PRIVATE PARTNERS TO PROTECT, EXPAND AND IMPROVE AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT PROGRAMS. OUR TEAM WORKS NATIONALLY AND IN STATE HOUSES AND CITY HALLS ACROSS THE COUNTRY TO INCREASE RESOURCES FOR AFFORDABLE HOUSING AND USE EXISTING RESOURCES MORE EFFECTIVELY. OUR ADVOCACY PRIORITIES ARE INFORMED BY THE WORK OF OUR POLICY DEVELOPMENT EXPERTS, WHO CONDUCT IN-DEPTH RESEARCH AND ANALYSIS ON EMERGING POLICY-RELATED CHALLENGES AND OPPORTUNITIES, IDENTIFY BEST PRACTICES AND SOLUTIONS, AND ADVANCE ENTERPRISE'S MISSION.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 135,103,857

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		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		No
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 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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.* See instructions.	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		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	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	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	Yes	
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 on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	203		
b	Enter the number of Forms W-2G included on 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?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 300			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WV,WI,LA,NV,WA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DAVID RANDS 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA,MD 21044 (410) 772-2630

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHAUN DONOVAN TRUSTEE, PRESIDENT & CEO	37.00 3.00	X		X				916,874	0	55,845
(2) RICK LAZIO CHAIRMAN	1.00 1.00	X		X				0	0	0
(3) PHYLLIS CALDWELL VICE CHAIR	1.00	X		X				0	0	0
(4) ELIZABETH BLAKE TRUSTEE	1.00	X						0	0	0
(5) KEVIN CHAVERS TRUSTEE	1.00 1.00	X						0	0	0
(6) CHRIS COLLINS TRUSTEE	1.00	X						0	0	0
(7) ANDREW GARVEY TRUSTEE	1.00 1.00	X						0	0	0
(8) ISMAEL GUERRERO TRUSTEE	1.00	X						0	0	0
(9) SHARON HECK TRUSTEE	1.00	X						0	0	0
(10) DORA LEONG GALLO TRUSTEE	1.00	X						0	0	0
(11) DONALD LAYTON TRUSTEE	1.00 1.00	X						0	0	0
(12) CARMEN MIDDLETON TRUSTEE	1.00	X						0	0	0
(13) SHEKAR NARASIMAHN TRUSTEE	1.00	X						0	0	0
(14) EDWARD NORTON TRUSTEE	1.00	X						0	0	0
(15) BARBARA POPPE TRUSTEE	1.00	X						0	0	0
(16) RONALD PORTER TRUSTEE	1.00	X						0	0	0
(17) RONALD RATNER TRUSTEE	1.00 1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JONATHAN ROSE TRUSTEE	1.00	X						0	0	0
(19) MEGAN SANDEL TRUSTEE	1.00	X						0	0	0
(20) J RONALD TERWILLIGER TRUSTEE	1.00 2.00	X						0	0	0
(21) SARAH WARTELL TRUSTEE	1.00	X						0	0	0
(22) DARRIN WILLIAMS TRUSTEE	1.00	X						0	0	0
(23) ANDREW WARSHAW SVP & COO	37.00 3.00			X				806,998	0	35,266
(24) DAVID RANDS SVP & CFO AND TREAS. AS OF 10/2024	26.00 14.00			X				0	105,266	7,313
(25) JACQUELINE WAGGONER EVP, SOLUTIONS DIVISION	40.00			X				529,349	0	36,845
(26) LINDA MANLEY SVP & CHIEF LEGAL OFFICER & SEC.	20.00 20.00			X				0	521,668	58,996
(27) JUDITH KENDE SVP, CHIEF PROGRAM OFFICER	40.00			X				173,751	0	5,241
(28) DIANA FALVO SVP, DEVELOPMENT & COMMUNICATIONS	26.00 14.00			X				364,717	0	35,349
(29) BAABA HALM SVP PROGRAMS, OFFICER AS OF 06/24	40.00			X				321,149	0	25,008
(30) MIKKI GALLOWAY SVP & CHRO AS OF 06/2024	10.00 30.00			X				0	391,571	10,983
(31) MEAGHAN VLKOVIC SVP, PROGRAMS AS OF 06/2024	40.00			X				280,783	0	52,139
(32) PAT CAVE SVP, POLICY AS OF 12/2024	40.00			X				43,255	0	33
(33) WILLIAM BECKMANN SVP & CFO AND TREAS. UNTIL 10/2024	26.00 14.00			X				0	560,180	47,850
(34) MICHELLE MARSHALL VP & MARKET LEADER, GULF COAST	40.00					X		274,562	0	47,829
(35) JENNIFER RODGERS VP, DENVER MARKET LEADER	40.00					X		270,973	0	52,116
(36) DAVID BOWERS VP & MARKET LEADER, MID-ATLANTIC	40.00					X		280,315	0	29,961
(37) MELINDA CLEMONS VP & MARKET LEADER	40.00					X		270,678	0	39,211
(38) WILLIAM JENKINS PFC DIRECTOR	40.00					X		279,382	0	24,242
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,812,786	1,578,685	564,227

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 134

		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**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GRANT THORNTON LLP 3333 FINLEY ROAD SUITE 700 DOWNERS GROVE, IL 605151253	CONSULTING	717,097
FOLEY HOAG LLP 11192 PO BOX 70280 PHILADELPHIA, PA 191760280	LEGAL SERVICES	598,204
PURPOSE VENTURE ADVISORS LLC 13426 MANGO DRIVE DEL MAR, CA 92014	CONSULTING	585,000
BDO USA PC 5300 PATTERSON AVENUE SE SUITE 100 GRAND RAPIDS, MI 49512	CONSULTING	272,323
MSCONSULTA LLC PO BOX 9024240 SAN JUAN, PR 00902	CONSULTING	201,236

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 13

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . . . 1a 377,172				
	b Membership dues . . . 1b				
	c Fundraising events . . . 1c 1,168,008				
	d Related organizations 1d 6,697,862				
	e Government grants (contributions) 1e 27,827,791				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 96,306,159				
	g Noncash contributions included in lines 1a - 1f:$ 1g 84,182				
	h **Total.** Add lines 1a-1f				132,376,992

Program Service Revenue

	Business Code				
2a AFFILIATE SERVICES	531390	4,152,451	4,152,451		
b TRAINING PROGRAMS	531390	3,945,279	3,945,279		
c					
d					
e					
f All other program service revenue.		253,736	253,736		
g **Total.** Add lines 2a–2f.	8,351,466				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		7,808,879			7,808,879
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		11,725,481			11,725,481
6a Gross rents — 6a (i) Real: ; (ii) Personal:					
b Less: rental expenses — 6b					
c Rental income or (loss) — 6c					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory — 7a (i) Securities: ; (ii) Other:					
b Less: cost or other basis and sales expenses — 7b					
c Gain or (loss) — 7c					
d Net gain or (loss)					
8a Gross income from fundraising events (not including $ 1,168,008 of contributions reported on line 1c). See Part IV, line 18 . . . . — 8a 314,508					
b Less: direct expenses — 8b 967,883					
c Net income or (loss) from fundraising events . .		-653,375			-653,375
9a Gross income from gaming activities. See Part IV, line 19 . . . — 9a					
b Less: direct expenses — 9b					
c Net income or (loss) from gaming activities . .					
10a Gross sales of inventory, less returns and allowances . . — 10a					
b Less: cost of goods sold — 10b					
c Net income or (loss) from sales of inventory . .					
	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d					
12 **Total revenue.** See instructions		159,609,443	8,351,466	0	18,880,985

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	74,501,766	74,501,766		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,940	23,940		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,682,602	2,968,124	297,995	416,483
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,771,451	23,331,506	2,275,134	3,164,811
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,741,190	1,283,063	185,795	272,332
9 Other employee benefits	2,634,165	1,941,086	281,081	411,998
10 Payroll taxes	2,254,397	2,253,339	594	464
11 Fees for services (non-employees):				
a Management				
b Legal	995,690	753,906	190,153	51,631
c Accounting	3,881,370	3,099,067	684,990	97,313
d Lobbying	972,334	972,334		
e Professional fundraising services. See Part IV, line 17	211,925			211,925
f Investment management fees	152,675		152,675	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,176,378	9,514,580	849,025	812,773
12 Advertising and promotion	1,112,873	955,094	61,347	96,432
13 Office expenses	576,878	338,323	128,169	110,386
14 Information technology	5,042,541	4,192,232	456,033	394,276
15 Royalties				
16 Occupancy	2,227,483	1,716,823	282,718	227,942
17 Travel	1,381,717	1,124,713	71,335	185,669
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	927,910	835,907	41,330	50,673
20 Interest				
21 Payments to affiliates	3,002,704	2,438,330	322,902	241,472
22 Depreciation, depletion, and amortization	1,970,103	1,832,718	80,131	57,254
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STAFF COSTS	405,514	331,261	40,486	33,767
b DUES/FEES/SUBSCRIPTIONS	282,293	247,665	13,312	21,316
c FINANCING COSTS	129,859	117,472		12,387
d BAD DEBT EXPENSE	86,771	86,771		
e All other expenses	246,686	243,837	163	2,686
25 **Total functional expenses.** Add lines 1 through 24e	148,393,215	135,103,857	6,415,368	6,873,990
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		53,238,776	1	
	2	Savings and temporary cash investments		86,161,643	2	170,496,881
	3	Pledges and grants receivable, net		40,661,377	3	25,422,474
	4	Accounts receivable, net		9,490,773	4	12,789,043
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		22,135,623	7	25,916,680
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		867,326	9	291,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,352,867			
	b	Less: accumulated depreciation	10b 17,606,706	7,218,189	10c	7,746,161
	11	Investments—publicly traded securities		22,452,015	11	26,924,016
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		643,259,622	13	648,522,190
	14	Intangible assets		27,684,741	14	23,843,334
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		913,170,085	16	941,952,049
Liabilities	17	Accounts payable and accrued expenses		6,657,230	17	7,179,021
	18	Grants payable		10,672,291	18	23,010,213
	19	Deferred revenue		315,328	19	629,863
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,728,062	21	738,584
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		31,901,678	25	27,856,401
	26	**Total liabilities.** Add lines 17 through 25		51,274,589	26	59,414,082
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		681,953,147	27	733,150,562
	28	Net assets with donor restrictions		179,942,349	28	149,387,405
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		861,895,496	32	882,537,967
	33	Total liabilities and net assets/fund balances		913,170,085	33	941,952,049

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,609,443
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,393,215
3	Revenue less expenses. Subtract line 2 from line 1	3	11,216,228
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	861,895,496
5	Net unrealized gains (losses) on investments	5	2,292,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,133,447
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	882,537,967

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I 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 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	184,227,605	131,184,006	98,516,520	82,126,590	132,376,992	628,431,713
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	184,227,605	131,184,006	98,516,520	82,126,590	132,376,992	628,431,713
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						92,223,336
6 **Public support.** Subtract line 5 from line 4.						536,208,377

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	184,227,605	131,184,006	98,516,520	82,126,590	132,376,992	628,431,713
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	6,045,257	9,442,794	14,929,399	20,243,156	19,534,360	70,194,966
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .				979,563		979,563
11 **Total support.** Add lines 7 through 10						699,606,242

12 Gross receipts from related activities, etc. (see instructions) **12** 28,105,587

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 76.640 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . **15** 71.470 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GRANT RECOVERIES - 2023 AMOUNT: $ 979,563.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

Name of the organization	**Employer identification number**
ENTERPRISE COMMUNITY PARTNERS INC	52-1231931

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

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

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ..... ▶ $

3 Volunteer hours for political campaign activities. See instructions .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ **Yes** ☐ **No**

4a Was a correction made? ..... ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... $

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
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-.		

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.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

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? ☐ **Yes** ☐ **No**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		11,796
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		960,538
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			972,334
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	1D. ENTERPRISE MANAGES AN EMAIL PLATFORM TO SEND ACTION ALERT NOTIFICATIONS TO INTERESTED PARTIES REGARDING AFFORDABLE HOUSING RELATED LEGISLATION. THE COST OF STAFF PERFORMING THESE SERVICES IS $3,064 AND THE COST OF THE OUTSIDE VENDOR FOR THIS SERVICE IS $8,732. 1G. CONSISTENT WITH OUR MISSION, ENTERPRISE PRIMARILY PERFORMS LOBBYING ACTIVITIES WITH STAFF MEMBERS OR PAID LOBBYISTS TO SUPPORT LEGISLATION ASSOCIATED WITH AFFORDABLE HOUSING AND RELATED FUNDING, IE. LOW INCOME HOUSING TAX CREDIT, NEW MARKET TAX CREDIT, CERTAIN HUD, USDA, AND TREASURY PROGRAMS INCLUDING HOME, SECTION 4, AND OTHERS. VISITS TO CAPITOL HILL ARE CONDUCTED REGULARLY TO MEET WITH LEGISLATORS AND THEIR STAFF REGARDING THESE FEDERAL PROGRAMS AND ISSUES. STAFF EFFORTS ALSO OCCUR AT THE STATE AND LOCAL LEVEL TO ADDRESS LEGISLATION TO SUPPORT AFFORDABLE HOUSING MATTERS. THE COST OF STAFF WAS $309,477, OUTSIDE CONSULTANTS OF $325,114, AND DUES/FEES/SPONSORSHIPS OF $325,947.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☑ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,839,813	15,392,131	20,470,120	17,822,293	16,313,315
b Contributions					
c Net investment earnings, gains, and losses	3,107,758	3,355,001	-4,171,357	3,569,158	2,316,950
d Grants or scholarships					
e Other expenditures for facilities and programs	907,873	907,319	906,632	921,331	807,972
f Administrative expenses					
g End of year balance	20,039,698	17,839,813	15,392,131	20,470,120	17,822,293

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶
- **c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,169,083	3,738,384	4,430,699
d Equipment		2,210,047	2,086,072	123,975
e Other		14,973,737	11,782,250	3,191,487
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,746,161

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)ENTERPRISE COMMUNITY INVEST.	648,522,190	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	648,522,190	

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RIGHT OF USE LIABILITIES	27,856,401
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	27,856,401

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	631,908,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,292,796		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	471,126,319		
e	Add lines **2a** through **2d**			2e	473,419,115
3	Subtract line **2e** from line **1**			3	158,488,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	152,675		
b	Other (Describe in Part XIII.)	4b	967,883		
c	Add lines **4a** and **4b**			4c	1,120,558
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	159,609,443

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	590,899,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	442,658,460		
e	Add lines **2a** through **2d**			2e	442,658,460
3	Subtract line **2e** from line **1**			3	148,240,540
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	152,675		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	152,675
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	148,393,215

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
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.
PART V, LINE 4:	ENTERPRISE HAS A QUASI-ENDOWMENT FUND THAT WAS A PART OF AN INITIATIVE CALLED THE LEWIS B. AND DOROTHY CULLMAN CHALLENGE, STARTED IN 2001. THROUGH A CHALLENGE SUPPORT OF DOROTHY AND LEWIS, ENTERPRISE'S BOARD WAS ABLE TO RAISE RESOURCES TO MEET THE CULLMAN'S GENEROUS MATCH AND ESTABLISH THIS SPECIAL RESERVE FUND. ENTERPRISE MANAGES A RESTRICTED GRANT WHICH PROVIDES FOR AN ANNUAL DISTRIBUTION OF UP TO 5% OF THE 3-YEAR MARKET VALUE TO FUND GENERAL EXPENDITURES.
PART X, LINE 2:	PARTNERS IS RECOGNIZED AS A 501(C)(3) CHARITABLE ORGANIZATION AND IS EXEMPT FROM INCOME TAXES WITH RESPECT TO CHARITABLE ACTIVITIES, EXCEPT FOR UNRELATED BUSINESS INCOME. WE DID NOT HAVE ANY UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2024 AND 2023. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE COMBINED FINANCIAL STATEMENTS. WE DO FILE TAX RETURNS REQUIRED TO BE COMPLETED BY TAX-EXEMPT ENTITIES WITH THE INTERNAL REVENUE SERVICE ("IRS") AND OTHER TAXING AUTHORITIES. THESE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, WE DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	OTHER REVENUE NOT INCLUDED ON FORM 990 471,126,319.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES RECLASSED TO REVENUE 967,883.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	OTHER EXPENSES NOT INCLUDED ON FORM 990 441,471,373. NET CHANGE IN ALLOWANCE FOR LOAN LOSSES RECLASSED TO UNREALIZED LOSSES 219,204. SPECIAL EVENT EXPENSES RECLASSED TO REVENUE 967,883.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	SEQUENCE EVENTS LLC 15 W 38TH STREET 5TH FLOOR NEW YORK, NY 10018	EVENT CONSULT. - CREATIVE DEVELOPMENT, TRACKING AND ANALYSIS		No	688,349	171,925	516,424
2	JUDITH L LEVY DBA LPA EVENTS 1557 SOUTH BEVERLY GLEN BOULEVARD LOS ANGELES, CA 90024	EVENT CONSULTATION		No	392,038	25,000	367,038
3	S2 STRATEGIES LLC 1328 FLORIDA AVE NW 2ND FLOOR WASHINGTON, DC 20009	FUNDRAISING CONSULTANT		No	0	15,000	-15,000
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,080,387	211,925	868,462

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 NY GALA (event type)	(b) Event #2 SOUTHLAND SOCIAL; GALA (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	688,349	392,038	402,129	1,482,516
	2 Less: Contributions	547,123	301,866	319,019	1,168,008
	3 Gross income (line 1 minus line 2)	141,226	90,172	83,110	314,508
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,600	187,831	192,884	384,315
	7 Food and beverages	194,010	29,013	73,809	296,832
	8 Entertainment	11,751	0	1,156	12,907
	9 Other direct expenses	196,890	1,351	75,588	273,829
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				967,883
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-653,375

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Form No. J(12)
Regd. Office
"Janpath", New Delhi-110001

STATE BANK OF INDIA
LOCAL HEAD OFFICE: MUMBAI
Unclaimed Deposits - Amount Transferred to Central Government Account
Unclaimed Deposits - Amount Transferred to Other Banks

Unclaimed Deposits - Amount Transferred to Central Government Account

Sr. No.	Name of Branch	Name of Depositor	Address	Nature of Deposit	Amount	Date of Transfer
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENT STIPENDS TO AMERICORPS VISTAS SUPPORTING ENTERPRISE	3	23,940			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PUBLICLY FUNDED GRANTS: A. HUD SECTION 4 PROGRAM THE PORTION OF THE FUNDING UTILIZED BY ENTERPRISE IS THROUGH THE SECTION 4 PROGRAM, A CAPACITY BUILDING PROGRAM ADMINISTERED BY THE DEPARTMENT OF HOUSING & URBAN DEVELOPMENT. EACH FISCAL YEAR SINCE THE EARLY 1990S, CONGRESS HAS APPROPRIATED FUNDS TO THE SECTION 4 PROGRAM. ELIGIBLE APPLICANTS FOR THIS FUNDING HAVE BEEN LIMITED TO HABITAT FOR HUMANITY, LOCAL INITIATIVES SUPPORT CORPORATION, AND ENTERPRISE COMMUNITY PARTNERS. OF EACH ANNUAL AWARD RECEIVED, A PORTION OF THE FUNDS ARE RESTRICTED TO USE WITHIN RURAL AREAS OF THE COUNTRY. ELIGIBLE ACTIVITIES UNDER THE SECTION 4 PROGRAM ARE CAPACITY BUILDING THROUGH ONE-ON-ONE AND GROUP TECHNICAL ASSISTANCE AND TRAINING PROVIDED TO CDCS AND CHDOS BY ENTERPRISE STAFF AND CONSULTANTS, AND FINANCIAL ASSISTANCE IN THE FORM OF GRANTS AND LOANS TO SUPPORT THE CAPACITY OF CDCS AND CHDOS; AND OTHER ACTIVITIES AUTHORIZED BY THE SECRETARY OF HUD. AFTER RECEIPT OF THE AWARD, SPECIFIC WORK PLANS AND DETAILED BUDGETS ARE DEVELOPED AND SUBMITTED TO HUD FOR APPROVAL. ONCE WORK PLANS ARE APPROVED, FUNDS CAN BE COMMITTED AND DRAWN. CODING EXPENSES AND TIME TO A SPECIFIC WORK PLAN DRAWS FUNDS UTILIZED INTERNALLY. PASS-THROUGH FUNDING IS AWARDED TO ORGANIZATIONS THROUGH AN RFP PROCESS, OR IN UNIQUE SITUATIONS, THROUGH OTHER METHODS OF SELECTION. AFTER THE GRANTEE SELECTION PROCESS IS COMPLETE, A GRANT PACKAGE IS DRAFTED AND PROCESSED BY OPERATIONS MANAGEMENT. FINANCIAL ASSISTANCE PROVIDED AS LOANS ARE USED FOR WORKING CAPITAL AND FOR PREDEVELOPMENT. THROUGH THE FY20 FUNDING ROUND, THESE LOANS WERE ADMINISTERED BY ENTERPRISE COMMUNITY LOAN FUND. B. OTHER PUBLICY FUNDED GRANTS ENTERPRISE RECEIVES FUNDS FROM VARIOUS PUBLIC FUNDING SOURCES. MANY OF THE PUBLIC FUNDERS RESTRICT THE USES OF THEIR FUNDS TO SPECIFIC PROGRAMS, ENTERPRISE COMMUNITY PARTNERS, INC. 52-1231931 GEOGRAPHY OR USES. TYPICAL USES OF PUBLIC FUNDING INCLUDE STAFF TIME, PASS-THROUGH GRANTS AND CONSULTANTS. PRIVATELY FUNDED GRANTS ENTERPRISE RECEIVES FUNDS FROM VARIOUS PRIVATE FUNDING SOURCES. MANY OF THE PRIVATE FUNDERS RESTRICT THE USES OF THEIR FUNDS TO SPECIFIC PROGRAMS, ENTERPRISE COMMUNITY PARTNERS, INC. 52-1231931 GEOGRAPHY OR USES. ENTERPRISE PROGRAM STAFF DETERMINE THE MOST APPROPRIATE USE OF THESE FUNDS WITHIN THEIR SPECIFIC PROGRAM AREAS. TYPICAL USES OF PRIVATE FUNDING INCLUDE STAFF TIME, PASS-THROUGH GRANTS AND CONSULTANTS. PASS-THROUGH GRANT PROCESS ONCE AN ORGANIZATION HAS BEEN SELECTED TO RECEIVE A GRANT, A GRANT REQUEST IS COMPLETED AND SUBMITTED TO OPERATIONS MANAGEMENT. WE UTILIZE THE "CLOUD" BASED SALESFORCE SYSTEM WHEREBY ENTERPRISE FIELD STAFF ENTER AND UPLOAD ALL REQUIRED INFORMATION INTO A GRANT REQUEST. A GRANT REQUEST CONSISTS OF A WORK PLAN, BUDGET, ORGANIZATIONAL DUE DILIGENCE DOCUMENTS SUCH AS INCORPORATION AND TAX DOCUMENTATION, FINANCIAL AUDITS, ETC. FIELD STAFF INITIATE A WORKFLOW PROCESS IN SALESFORCE TO REQUEST AND DOCUMENT APPROVALS FROM PROGRAM STAFF, FUNDING MANAGERS, AND GRANTS AND CONTRACTS MANAGEMENT STAFF. GRANTS AND CONTRACTS MANAGEMENT UTILIZE SALESFORCE AND COMPLEMENTARY SOFTWARE TO GENERATE THE GRANT AGREEMENT AND DOCUMENTS ARE REVIEWED FOR COMPLIANCE WITH FUNDER PROGRAM AND BUDGET REQUIREMENTS. THE ORGANIZATION'S STATUS IS ALSO CHECKED ON THE FEDERAL GOVERNMENT'S SYSTEM FOR AWARD MANAGEMENT. AFTER COMPLIANCE REVIEW IS COMPLETE, A GRANT AGREEMENT IS EMAILED TO THE ORGANIZATION WITH INSTRUCTIONS TO RETURN A SIGNED COPY VIA E-MAIL TO ENTERPRISE FOR COUNTER SIGNATURE. UPON RECEIPT, THE GRANT AGREEMENT IS COUNTER SIGNED, THE FULLY EXECUTED COPY OF THE GRANT AGREEMENT IS E-MAILED BACK TO THE ORGANIZATION, AND IS UPLOADED INTO SALESFORCE. TO RECEIVE GRANT FUNDS, THE ORGANIZATION MUST COMPLETE AND SUBMIT A DISBURSEMENT REQUEST FORM, WHICH CONTAINS A NARRATIVE PROGRESS REPORT AND A LINE ITEM BUDGET TO ACTUAL FORM WHICH LISTS THE EXPENSES THAT WERE INCURRED DURING THE REQUESTED TIMEFRAME OR PURSUANT TO THE TERMS OF THE SPECIFIC GRANT AWARD. THE DISBURSEMENT REQUEST IS REVIEWED AND APPROVED FOR PAYMENT BY THE PROGRAM STAFF AND THEN FORWARDED TO OPERATIONS MANAGEMENT FOR UPLOAD TO THE ACCOUNTING SYSTEM FOR PAYMENT PROCESSING. WE UTILIZE WORKDAY TO DOCUMENT THE PAYMENT REQUEST DOCUMENTS, APPROVALS BY PROGRAM/BUDGET MANAGERS, COMPLIANCE REVIEW BY OPERATIONS MANAGEMENT AND PAYMENT BY ACCOUNTING. ONCE OPERATIONS MANAGEMENT VERIFIES THAT ALL DOCUMENTATION IS IN ORDER, FINANCE CONFIRMS PROJECT CODES ARE CORRECT AND THAT THERE IS AVAILABLE FUNDING, AND THEN THE DISBURSEMENT REQUEST IS PAID VIA WORKDAY.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHAUN DONOVAN TRUSTEE, PRESIDENT & CEO	(i)	764,141	150,411	2,322	25,992	29,853	972,719	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW WARSHAW SVP & COO	(i)	461,186	345,000	812	25,992	9,274	842,264	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM BECKMANN SVP & CFO AND TREAS. UNTIL 10/2024	(i)	0	0	0	0	0	0	0
	(ii)	380,167	153,544	26,469	25,992	21,858	608,030	0
4 LINDA MANLEY SVP & CHIEF LEGAL OFFICER & SEC.	(i)	0	0	0	0	0	0	0
	(ii)	379,346	140,000	2,322	25,992	33,004	580,664	0
5 JACQUELINE WAGGONER EVP, SOLUTIONS DIVISION	(i)	408,107	120,000	1,242	25,992	10,853	566,194	0
	(ii)	0	0	0	0	0	0	0
6 MIKKI GALLOWAY SVP & CHRO AS OF 06/2024	(i)	0	0	0	0	0	0	0
	(ii)	340,309	50,000	1,262	10,350	633	402,554	0
7 DIANA FALVO SVP, DEVELOPMENT & COMMUNICATIONS	(i)	275,065	89,112	540	25,992	9,357	400,066	0
	(ii)	0	0	0	0	0	0	0
8 BAABA HALM SVP PROGRAMS, OFFICER AS OF 06/24	(i)	268,281	52,058	810	22,560	2,448	346,157	0
	(ii)	0	0	0	0	0	0	0
9 MEAGHAN VLKOVIC SVP, PROGRAMS AS OF 06/2024	(i)	231,848	46,797	2,138	22,185	29,954	332,922	0
	(ii)	0	0	0	0	0	0	0
10 JENNIFER RODGERS VP, DENVER MARKET LEADER	(i)	219,680	49,172	2,121	20,087	32,029	323,089	0
	(ii)	0	0	0	0	0	0	0
11 MICHELLE MARSHALL VP & MARKET LEADER, GULF COAST	(i)	227,090	45,320	2,152	20,027	27,802	322,391	0
	(ii)	0	0	0	0	0	0	0
12 DAVID BOWERS VP & MARKET LEADER, MID-ATLANTIC	(i)	233,319	45,828	1,168	20,308	9,653	310,276	0
	(ii)	0	0	0	0	0	0	0
13 MELINDA CLEMONS VP & MARKET LEADER	(i)	224,570	44,702	1,406	19,685	19,526	309,889	0
	(ii)	0	0	0	0	0	0	0
14 WILLIAM JENKINS PFC DIRECTOR	(i)	279,067	0	315	7,438	16,804	303,624	0
	(ii)	0	0	0	0	0	0	0
15 JUDITH KENDE SVP, CHIEF PROGRAM OFFICER	(i)	116,751	57,000	0	5,226	15	178,992	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	OFFICERS AND KEY EMPLOYEES HAVE PERFORMANCE BONUS PLANS BASED ON ACHIEVING CERTAIN FINANCIAL AND IMPACT TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA. PRESIDENT/CEO COMPENSATION THE CEO'S W-2, RETIREMENT AND DEFERRED COMPENSATION (UNDER A SUNSET PLAN WITH PAYOUTS REMAINING), AMONG OTHER EMPLOYEES WITH ORGANIZATION-WIDE RESPONSIBILITIES, WAS PAID FROM UNRESTRICTED FUNDS PAID BY RELATED ORGANIZATIONS (LISTED IN PART VIII. LINE 1.D), NOT FROM ANY GRANT, GIFT, GOVERNMENT CONTRACT, OR OTHER SOURCE OF REVENUE LISTED IN PART VIII. THE CEO OVERSEES ALL ENTERPRISE ENTITIES AND SUBSIDIARY CORPORATIONS, INCLUDING ENTERPRISE COMMUNITY INVESTMENT, INC., ENTERPRISE COMMUNITY LOAN FUND, INC., AND ENTERPRISE COMMUNITY DEVELOPMENT, INC.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	292	84,182	FMV
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				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | **29** |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT IN COLUMN (B) REPRESENTS THE TOTAL NUMBER OF ITEMS CONTRIBUTED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE RETURN AT A MEETING WITH MANAGEMENT PRIOR TO FILING. THE ENTIRE BOARD IS GIVEN A COPY OF THE RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE PROVIDED THE CONFLICT OF INTEREST POLICY AND REQUIRED TO ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE COMPLETED STATEMENTS ARE REVIEWED BY THE CHIEF LEGAL OFFICER. ANY ISSUES NOTED ARE REFERRED TO THE BOARD OR APPROPRIATE COMMITTEE. A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS AMONG DIRECTOR, OFFICERS AND KEY EMPLOYEES FOR FUTURE REFERENCING. ADDITIONALLY, ANNUALLY EACH EMPLOYEE IS PROVIDED THE BUSINESS ETHICS POLICY AND MUST COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM. NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING. A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS OF INTEREST AMONG EMPLOYEES FOR FUTURE REFERENCING.
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND OFFICER POSITIONS OF ENTERPRISE COMMUNITY PARTNERS IS AS FOLLOWS: PARTNERS ENGAGES AN INDEPENDENT CONSULTING FIRM WITH SUBJECT MATTER EXPERTISE IN COMPENSATION TO PROVIDE A COMPENSATION STUDY FOR THE CEO & OFFICER POSITIONS TO ESTABLISH REASONABLENESS. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD MEETS WITH THE INDEPENDENT CONSULTING FIRM, REVIEWS PROPOSED COMPENSATION AND RECOMMENDS THE CEO'S COMPENSATION, AND CERTAIN OTHER OFFICERS' COMPENSATION, TO THE FULL BOARD FOR APPROVAL. THIS PROCESS IS DOCUMENTED IN THE COMMITTEE AND BOARD MEETING MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	ECI - DIRECT EQUITY ADJUSTMENT -23,476,000. BOOK-TO-TAX DIFFERENCE 1,266,447. CHANGE IN NET ASSETS ATTRIBUTABLE TO SUBSIDIARIES AND AFFILIATES 29,343,000.

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SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS INC

Employer identification number
52-1231931

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE NEW GENERATION MEMBER LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044	LENDING	DE	0	0	ENTERPRISE COMMUNITY PARTNERS INC (ECP)
(2) ENTERPRISE NEW ORLEANS NT LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1231931	AFFORDABLE HOUSING	MD	0	0	ENTERPRISE COMMUNITY PARTNERS INC (ECP)
(3) ENTERPRISE STANDBY GUARANTY FACILITY LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044	LENDING	MD	-25,840	34,486	ENTERPRISE COMMUNITY PARTNERS INC (ECP)
(4) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 45-1583082	NMTC	MD	0	0	ENTERPRISE COMMUNITY PARTNERS INC (ECP)
(5) ENTERPRISE MARYLAND LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 26-3262997	AFFORDABLE HOUSING	MD	0	0	ENTERPRISE COMMUNITY PARTNERS INC (ECP)

Part II **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	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)ENTERPRISE COMMUNITY LOAN FUND INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-0192004	LENDING	MD	501(C)(3)	LINE 10	ENTERPRISE COMMUNITY INVESTMENT INC (ECI)	Yes	
(2)NEIGHBORHOOD PARTNERSHIP HOUSING DEVELOPMENT FUND INC 1 WHITHALL STREET NEW YORK, NY 10004 13-3811616	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	ENTERPRISE COMMUNITY PARTNERS INC (ECP)	Yes	
(3)ENTERPRISE ADVISORS INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 27-3846733	COMMUNITY DEVELOPMENT CONSULTING	MD	501(C)(3)	LINE 12A, I	ENTERPRISE COMMUNITY PARTNERS INC (ECP)	Yes	
(4)AFFORDABLE HOUSING SOLUTIONS INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 35-2389470	AFFORDABLE HOUSING	MD	501(C)(3)	LINE 12A, I	ENTERPRISE COMMUNITY PARTNERS INC (ECP)	Yes	
(5)ENTERPRISE COMMUNITY INVESTMENT INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1206840	AFFORDABLE HOUSING FINANCE	MD	501(C)(4)	LINE 12A, I	ENTERPRISE COMMUNITY PARTNERS INC (ECP)	Yes	
(6)ENTERPRISE COMMUNITY DEVELOPMENT INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1888775	REAL ESTATE DEVELOPMENT AND PROPERTY MANAGEMENT	MD	501(C)(3)	LINE 10	ENTERPRISE COMMUNITY INVESTMENT INC (ECI)	Yes	
(7)COMMUNITY HOUSING INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1804975	REAL ESTATE DEVELOPMENT	MD	501(C)(3)	LINE 12A, I	COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION (CPDC)	Yes	
(8)EDGEWOOD SENIOR PRESERVATION CORP 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-2274027	REAL ESTATE DEVELOPMENT	DC	501(C)(3)	LINE 12A, I	COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION (CPDC)	Yes	
(9)COMMUNITY PRESERVATION AND DEVELOPMENT CORP 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1662186	REAL ESTATE DEVELOPMENT	MD	501(C)(3)	LINE 10	ENTERPRISE COMMUNITY DEVELOPMENT INC (ECD)	Yes	
(10)EHC CORNERSTONE INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 26-2553376	AFFORDABLE HOUSING	MD	501(C)(3)	LINE 10	ENTERPRISE COMMUNITY DEVELOPMENT INC (ECD)	Yes	

Table 1. Characteristics of the included studies. Abbreviations: Ab, Abstract; Ac, Acceptance; Ar, Article; Ed, Editorial; Fu, Full text; Ln, Letter; Mn, Manuscript; Pr, Protocol; Rv, Review; Sy, Systematic review; Ta, Table; Tl, Title; Ty, Type; Yr, Year; Ref, Reference; Ch, Chapter; Ex, Exclusion; Ex Ab, Exclusion Abstract; Ex Fu, Exclusion Full text; Ex Ty, Exclusion Type; Ex Ln, Exclusion Language; Ex Yr, Exclusion Year; Ex Ch, Exclusion Chapter; Ex Ta, Exclusion Table; Ex Ref, Exclusion Reference; Ex Mn, Exclusion Manuscript; Ex Pr, Exclusion Protocol; Ex Rv, Exclusion Review; Ex Sy, Exclusion Systematic review; Ex Ed, Exclusion Editorial; Ex Ln, Exclusion Letter; Ex Ab, Exclusion Abstract; Ex Tl, Exclusion Title; Ex Ty, Exclusion Type

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**	Yes	
b Gift, grant, or capital contribution to related organization(s)	**1b**	Yes	
c Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o Sharing of paid employees with related organization(s)	**1o**	Yes	
p Reimbursement paid to related organization(s) for expenses	**1p**		No
q Reimbursement paid by related organization(s) for expenses	**1q**	Yes	
r Other transfer of cash or property to related organization(s)	**1r**		No
s Other transfer of cash or property from related organization(s)	**1s**		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) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) ENTERPRISE COMMUNITY INVESTMENT INC	A	11,725,481	COST
(2) ENTERPRISE COMMUNITY DEVELOPMENT INC	B	10,266,806	COST
(3) ENTERPRISE COMMUNITY INVESTMENT INC	B	705,770	COST
(4) ENTERPRISE COMMUNITY INVESTMENT INC	C	6,697,862	COST
(5) ENTERPRISE COMMUNITY INVESTMENT INC	L	3,945,845	COST
(6) ENTERPRISE COMMUNITY INVESTMENT INC	M	6,817,920	COST
(7) ENTERPRISE COMMUNITY INVESTMENT INC	N	3,342,843	COST
(8) ENTERPRISE COMMUNITY INVESTMENT INC	O	5,609,865	COST
(9) ENTERPRISE COMMUNITY INVESTMENT INC	Q	206,605	COST

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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