

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

**2011****Open to Public  
Inspection****A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20****B** Check if applicable:

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Address change      |
| <input type="checkbox"/> | Name change         |
| <input type="checkbox"/> | Initial return      |
| <input type="checkbox"/> | Terminated          |
| <input type="checkbox"/> | Amended return      |
| <input type="checkbox"/> | 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

10227 WINCOPIN CIRCLE, SUITE 500

City or town, state or country, and ZIP + 4

COLUMBIA, MD 21044

**F** Name and address of principal officer:

MICHAEL MCNEELY

10227 WINCOPIN CIRCLE, #500 COLUMBIA, MD 21044-3400

**D** Employer identification number

52-1231931

**E** Telephone number

(410) 964-1230

**G** Gross receipts \$ 60,707,731.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.ENTERPRISECOMMUNITY.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1980 **M** State of legal domicile: MD**Part I Summary**

|  |  |                           |              |
|--|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities:   |                           |              |
|  | TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES.                          |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 26.          |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 23.          |
|  | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)  | <b>5</b>                  | 254.         |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 81.          |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 | <b>7a</b>  | 0                         |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34        | <b>7b</b>  | 0                         |              |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 30,253,043.               | 44,273,272.  |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 10,031,664.               | 9,593,200.   |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 530,000.                  | 565,320.     |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 4,376,748.                | 5,843,252.   |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 45,191,455.               | 60,275,044.  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 12,266,504.               | 19,914,851.  |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0                         | 0            |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 22,030,963.               | 23,976,584.  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,331,812.  | 0                         | 0            |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 16,300,461.               | 18,708,600.  |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 50,597,928.               | 62,600,035.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                 | -5,406,473.  | -2,324,991.               |              |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 178,093,199.              | 185,651,350. |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | 7,773,199.                | 7,683,350.   |
|  |  | 170,320,000.              | 177,968,000. |

**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

▶ Type or print name and title

|                               |  |                         |      |   |                |
|-------------------------------|--|-------------------------|------|---|----------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature    | Date | Check <input type="checkbox"/> if self-employed | PTIN P00223815 |
|                               | Firm's name ▶ REZNICK GROUP, P.C.  | Firm's EIN ▶ 52-1088612 |      |   |                |
|                               | Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583 | Phone no. 301-652-9100  |      |   |                |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2011)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 and section 4947(a)(1) trusts 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 \$ 54,766,990. including grants of \$ 19,914,851. ) (Revenue \$ 9,593,200. )

ENTERPRISE AND ITS SUBSIDIARIES HAVE RAISED AND INVESTED MORE THAN  
\$11.5 BILLION IN EQUITY, GRANTS, AND LOANS TO CREATE NEARLY  
300,000 AFFORDABLE HOMES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses ▶ 54,766,990.

**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | <b>2</b> X   |    |
| <b>3</b> 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 . . . . .  | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   | <b>4</b> X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   | <b>5</b>     |    |
| <b>6</b> 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 . . . . .  | <b>6</b>     | X  |
| <b>7</b> 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 . . . . .  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .   | <b>9</b> X   |    |
| <b>10</b> 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 . . . . .   | <b>10</b>    | X  |
| <b>11</b> 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.  |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | <b>11a</b> X |    |
| <b>b</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 . . . . .   | <b>11b</b>   | X  |
| <b>c</b> 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 . . . . .   | <b>11c</b> X |    |
| <b>d</b> 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 . . . . .  | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | <b>11e</b>   | X  |
| <b>f</b> 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 . . . . .  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .   | <b>12a</b>   | X  |
| <b>b</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, XII, and XIII is optional . . . . .  | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>   | X  |
| <b>b</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 . . . . . | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .  | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .  | <b>16</b>    | X  |
| <b>17</b> 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) . . . . .  | <b>17</b>    | X  |
| <b>18</b> 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 . . . . .   | <b>18</b> X  |    |
| <b>19</b> 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 . . . . .   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>   |    |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .  | X   |    |
| <b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   | X   |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .   | X   |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | X   |    |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .  | X   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | X   |    |

Form **990** (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

|  |               | Yes | No |
|--|---------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .  | <b>1a</b> 266 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .  | <b>1b</b> 0   |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .  | <b>1c</b>     | X   |    |
| <b>2a</b> 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 . . . . .  | <b>2a</b> 254 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .                                     | <b>2b</b>     | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>     |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .  | <b>3b</b>     |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                           | <b>4a</b>     |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .  |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .  | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .   | <b>5c</b>     |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .  | <b>6a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <b>6b</b>     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |               |     |    |
| <b>a</b> 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? . . . . .   | <b>7a</b>     | X   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | <b>7b</b>     | X   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | <b>7c</b>     |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | <b>7e</b>     |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7f</b>     |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |               |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>     |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .   | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |               |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .   | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .   | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .  | <b>13a</b>    |     |    |
| <b>b</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 . . . . .   | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | <b>14b</b>    |     |    |

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

Check if Schedule O contains a response to any question in this Part VI. ☒ **X**

**Section A. Governing Body and Management**

|   |              | Yes | No |
|---|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are . . . . .   | <b>1a</b> 26 |     |    |
| material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .   | <b>1b</b> 23 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  | <b>2</b>     |     | X  |
| <b>3</b> 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? . . . | <b>3</b>     |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   | <b>4</b>     |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   | <b>5</b>     |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .   | <b>6</b>     |     | X  |
| <b>7a</b> 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? . . . . .  | <b>7a</b>    |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  | <b>7b</b>    |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |              |     |    |
| <b>a</b> The governing body? . . . . .  | <b>8a</b>    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .  | <b>8b</b>    | X   |    |
| <b>9</b> 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 . . . . .     | <b>9</b>     |     | X  |

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

|   |            | Yes | No |
|---|------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .   | <b>10a</b> |     | X  |
| <b>b</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? . . .   | <b>10b</b> |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .  | <b>11a</b> | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <b>12a</b> | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <b>12b</b> | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <b>12c</b> | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .   | <b>13</b>  | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .  | <b>14</b>  | X   |    |
| <b>15</b> 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?  |            |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .   | <b>15a</b> | X   |    |
| <b>b</b> Other officers or key employees of the organization . . . . .  | <b>15b</b> | X   |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)   |            |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | <b>16a</b> |     | X  |
| <b>b</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? . . . . . | <b>16b</b> |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 2**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **MICHAEL MCNEELY 10227 WINCOPIN CIRCLE, #500 COLUMBIA, MD 21044-3400 410-772-6016**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                            | (B)<br>Average<br>hours per<br>week<br><br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br><br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
|  |  | Individual trustee<br>or director  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |   |  |
| ATTACHMENT 3                                     |  |  |                       |         |              |                                 |        |   |   |  |
| (1) TERRI L. LUDWIG<br>PRESIDENT & CEO           | 40.00  | X  |                       | X       |              |                                 |        | 427,281.  | 0   | 30,015.  |
| (2) BILL BECKMANN<br>TRUSTEE                     | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (3) PATRICIA ROUSE<br>TRUSTEE, CO-FOUNDER AND VP | 1.00   | X  |                       | X       |              |                                 |        | 0   | 0   | 0  |
| (4) RENATA SIMRIL<br>TRUSTEE                     | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (5) RAYMOND CHRISTMAN<br>TRUSTEE                 | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (6) SHEILA CROWLEY<br>TRUSTEE                    | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (7) RONALD GRZYWINSKI<br>TRUSTEE                 | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (8) ALICIA GLEN<br>TRUSTEE                       | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (9) EDWARD NORTON<br>TRUSTEE                     | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (10) CAROL PARRY<br>TRUSTEE                      | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (11) FRANKLIN RAINES<br>TRUSTEE                  | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (12) NICOLAS RETSINAS<br>TRUSTEE                 | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (13) JONATHAN ROSE<br>TRUSTEE                    | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |
| (14) MICHAEL ROTH<br>TRUSTEE                     | 1.00   | X  |                       |         |              |                                 |        | 0   | 0   | 0  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) TONY SALAZAR<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) J RONALD TERWILLIGER<br>TRUSTEE, CHAIRMAN                           | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (17) REGINALD WILLIAMS<br>TRUSTEE  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) JAIME YORDAN<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) BARRY ZIGAS<br>TRUSTEE  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) CHARLES WERHANE<br>DIRECTOR   | 1.00   | X   |                       |         |              |                              |        | 0  | 720,799.  | 109,262.  |
| (21) ADAM R. FLATTO<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) DORA LEONG GALLO<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) PRISCILLA ALMODOVAR<br>TRUSTEE                                      | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (24) GREGORY BAER<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (25) MARIA BARRY<br>TRUSTEE  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 427,281.   | 720,799.  | 139,277.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 7,417,849.   | 206,587.  | 680,819.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,386.  | 820,096.  |

**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 **65**

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26 ) JOSEPH BROWN<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 27 ) RICK LAZIO<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 28 ) DONNA MILROD<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 29 ) MICHAEL SLOCUM<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 30 ) RICHARD COLES<br>TRUSTEE  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 31 ) JEFFREY SCHAFER<br>VICE PRESIDENT                                 | 40.00  |   |                       | X       |              |                              |        | 206,216.   | 0   | 18,933.   |
| ( 32 ) WILLIAM R. FREY<br>SENIOR VICE PRESIDENT                          | 40.00  |   |                       | X       |              |                              |        | 281,349.   | 0   | 21,722.   |
| ( 33 ) CHRISTINE K. CARTALES<br>VICE PRESIDENT                           | 40.00  |   |                       | X       |              |                              |        | 198,955.   | 0   | 19,733.   |
| ( 34 ) NAOMI BAYER<br>SENIOR VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 286,974.   | 0   | 26,777.   |
| ( 35 ) LORI CHATMAN<br>SENIOR VICE PRESIDENT                             | 1.00   |   |                       | X       |              |                              |        | 0  | 206,587.  | 18,618.   |
| ( 36 ) RICHARD GROSS<br>VICE PRESIDENT                                   | 40.00  |   |                       | X       |              |                              |        | 211,649.   | 0   | 19,858.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 1,185,143.   | 206,587.  | 125,641.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 6,659,987.   | 720,800.  | 694,455.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,387.  | 820,096.  |

**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 ► 65

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 37 ) MARK MCDERMOTT<br>VICE PRESIDENT                                  | 40.00  |   |                       | X       |              |                              |        | 197,739.   | 0   | 14,530.   |
| ( 38 ) LAURA MCGRATH<br>VICE PRESIDENT                                   | 40.00  |   |                       | X       |              |                              |        | 139,261.   | 0   | 13,085.   |
| ( 39 ) MICHAEL MCNEELY<br>SVP, TREASURER, & CFO                          | 40.00  |   |                       | X       |              |                              |        | 283,196.   | 0   | 18,846.   |
| ( 40 ) ABBY JO SIGAL<br>VICE PRESIDENT                                   | 40.00  |   |                       | X       |              |                              |        | 210,068.   | 0   | 23,769.   |
| ( 41 ) ALAN SCOTT ANDERSON<br>VICE PRESIDENT                             | 40.00  |   |                       | X       |              |                              |        | 155,872.   | 0   | 5,721.  |
| ( 42 ) ALAZNE SOLIS<br>SENIOR VICE PRESIDENT                             | 40.00  |   |                       | X       |              |                              |        | 295,813.   | 0   | 29,544.   |
| ( 43 ) FAITH E. THOMAS<br>SVP & GENERAL COUNSEL/SECRETARY                | 40.00  |   |                       | X       |              |                              |        | 227,085.   | 0   | 23,616.   |
| ( 44 ) MATTHEW D. HOFFMAN<br>VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 150,535.   | 0   | 15,278.   |
| ( 45 ) MEAGHAN E. VLKOVIC<br>VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 142,041.   | 0   | 14,796.   |
| ( 46 ) PAUL M. CUMMINGS<br>SVP   | 40.00  |   |                       | X       |              |                              |        | 316,373.   | 0   | 23,475.   |
| ( 47 ) DANA L. BOURLAND<br>VICE PRESIDENT                                | 40.00  |   |                       | X       |              |                              |        | 186,047.   | 0   | 15,215.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 2,304,030.   | 0   | 197,875.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 5,541,100.   | 927,387.  | 622,221.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,387.  | 820,096.  |

**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 **65**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 48 ) AMALIA M. KASTBERG<br>VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 239,216.   | 0   | 23,038.   |
| ( 49 ) MICHELLE WHETTEN<br>VICE PRESIDENT                                | 40.00  |   |                       | X       |              |                              |        | 165,271.   | 0   | 13,230.   |
| ( 50 ) DAVID CHARLES BOWERS<br>VICE PRESIDENT                            | 40.00  |   |                       | X       |              |                              |        | 161,405.   | 0   | 12,214.   |
| ( 51 ) DORIS W. KOO<br>OFFICER   | 40.00  |   |                       | X       |              |                              |        | 295,028.   | 0   | 23,133.   |
| ( 52 ) EDWARD DAVID MANEKIN<br>VICE PRESIDENT                            | 40.00  |   |                       | X       |              |                              |        | 150,958.   | 0   | 17,330.   |
| ( 53 ) MARY ANN LEONARD<br>VICE PRESIDENT                                | 40.00  |   |                       | X       |              |                              |        | 193,105.   | 0   | 17,353.   |
| ( 54 ) KEITH E. FAIREY<br>VICE PRESIDENT                                 | 40.00  |   |                       | X       |              |                              |        | 187,674.   | 0   | 21,559.   |
| ( 55 ) ALEX S. AVITABILE<br>VICE PRESIDENT                               | 40.00  |   |                       | X       |              |                              |        | 169,623.   | 0   | 15,760.   |
| ( 56 ) JEANETTE L. DAYMUDE<br>VICE PRESIDENT                             | 40.00  |   |                       | X       |              |                              |        | 161,252.   | 0   | 15,472.   |
| ( 57 ) PETRA D. MONTAGUE<br>VICE PRESIDENT                               | 40.00  |   |                       | X       |              |                              |        | 152,637.   | 0   | 11,878.   |
| ( 58 ) KAREN LADO<br>VICE PRESIDENT                                      | 40.00  |   |                       | X       |              |                              |        | 146,883.   | 0   | 19,074.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 2,023,052.   | 0   | 190,040.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 5,819,078.   | 927,387.  | 630,055.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,387.  | 920,096.  |

**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 ► 65

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 59 ) KATHERINE W. SWENSON<br>VICE PRESIDENT                            | 40.00  |   |                       | X       |              |                              |        | 138,749.   | 0   | 20,778.   |
| ( 60 ) EDWARD D. ROSENTHAL<br>VICE PRESIDENT                             | 40.00  |   |                       | X       |              |                              |        | 149,745.   | 0   | 13,333.   |
| ( 61 ) ANTHONY JOSEPH DISPIGNO<br>SENIOR VICE PRESIDENT                  | 40.00  |   |                       | X       |              |                              |        | 244,701.   | 0   | 20,822.   |
| ( 62 ) ROBERT S. GROSSINGER<br>VICE PRESIDENT                            | 40.00  |   |                       | X       |              |                              |        | 179,536.   | 0   | 8,780.  |
| ( 63 ) ANDREW EDWARD GEER<br>VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 137,003.   | 0   | 5,565.  |
| ( 64 ) MELINDA J. POLLACK<br>VICE PRESIDENT                              | 40.00  |   |                       | X       |              |                              |        | 136,917.   | 0   | 18,364.   |
| ( 65 ) KIM A. WEAVER-MCDONALD<br>VICE PRESIDENT                          | 40.00  |   |                       | X       |              |                              |        | 132,380.   | 0   | 8,301.  |
| ( 66 ) OYESHOLA OLATOYE<br>DRM & DEPUTY DIRECTOR                         | 40.00  |   |                       |         |              | X                            |        | 173,146.   | 0   | 25,897.   |
| ( 67 ) JACQUELINE WAGGONER<br>DRM & DEPUTY DIRECTOR                      | 40.00  |   |                       |         |              | X                            |        | 167,104.   | 0   | 14,310.   |
| ( 68 ) DMITRI WASILEWSKI<br>DRM  | 40.00  |   |                       |         |              | X                            |        | 161,108.   | 0   | 10,248.   |
| ( 69 ) JON SEARLES<br>DEPUTY DIRECTOR                                    | 40.00  |   |                       |         |              | X                            |        | 154,438.   | 0   | 10,545.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 1,774,827.   | 0   | 156,943.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 6,070,303.   | 927,387.  | 663,153.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,387.  | 820,096.  |

**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 ► 65

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 70 ) KAREN E. LORD<br>LOAN FUND CONTROLLER                             | 40.00  |   |                       |         |              | X                            |        | 130,797.   | 0   | 10,319.   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 130,797.   | 0   | 10,319.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 7,714,333.   | 927,387.  | 809,777.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 7,845,130.   | 927,387.  | 820,096.  |

**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 **▶** 65

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> | X   |    |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

|  |  |                      |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|--|----------------------|----------------------|----------------------|--|---|---|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                      | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |                      |                      |  |   |   |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |                      |                      |  |   |   |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            | 1,428,175.           |                      |  |   |   |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>            |                      |                      |  |   |   |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>            | 25,489,862.          |                      |  |   |   |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>            | 17,355,235.          |                      |  |   |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                      | 37,960.              |                      |  |   |   |
|  | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .   |                      |                      | 44,273,272.          |  |   |   |
| <b>Program Service Revenue</b>   |  |                      | <b>Business Code</b> |                      |  |   |   |
|  | <b>2a</b> <u>AFFILIATE SERVICES</u>  |                      | 531390               | 6,538,002.           | 6,538,002.   |   |   |
|  | <b>b</b> <u>TRAINING PROGRAMS</u>  |                      | 531390               | 2,860,392.           | 2,860,392.   |   |   |
|  | <b>c</b> <u>OTHER INCOME</u>   |                      | 531390               | 136,924.             | 136,924.   |   |   |
|  | <b>d</b> <u>RENTAL INCOME</u>  |                      | 531390               | 57,513.              | 57,513.  |   |   |
|  | <b>e</b> <u>FLOW THRU FROM LAFITTE REDEVELOPMENT LLC</u>   |                      | 531390               | 369.                 | 369.   |   |   |
|  | <b>f</b> All other program service revenue . . . . .   |                      |                      |                      |  |   |   |
|  | <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .   |                      |                      | 9,593,200.           |  |   |   |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts). . . . . <u>ATTACHMENT 5</u> . . . . .  |                      |                      | 565,320.             |  |   | 565,320.  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                      |                      | 0                    |  |   |   |
|  | <b>5</b> Royalties . . . . .   |                      |                      | 6,088,516.           |  |   | 6,088,516.  |
|  |  | (i) Real             | (ii) Personal        |                      |  |   |   |
|  | <b>6a</b> Gross rents . . . . .  |                      |                      |                      |  |   |   |
|  | <b>b</b> Less: rental expenses . . . . .   |                      |                      |                      |  |   |   |
|  | <b>c</b> Rental income or (loss) . . . . .   |                      |                      |                      |  |   |   |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                      |                      | 0                    |  |   |   |
|  |  | (i) Securities       | (ii) Other           |                      |  |   |   |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .  |                      |                      |                      |  |   |   |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .   |                      |                      |                      |  |   |   |
|  | <b>c</b> Gain or (loss) . . . . .  |                      |                      |                      |  |   |   |
|  | <b>d</b> Net gain or (loss) . . . . .  |                      |                      | 0                    |  |   |   |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ <u>1,428,175.</u><br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |                      | <u>ATCH 6</u>        | 187,423.             |  |   |   |
|  | <b>b</b> Less: direct expenses . . . . . <b>b</b>  |                      |                      | 432,687.             |  |   |   |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . . <b>ATCH 7</b> . . . . .  |                      |                      | -245,264.            |  |   | -245,264.   |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |                      |                      |                      |  |   |   |
|  | <b>b</b> Less: direct expenses . . . . . <b>b</b>  |                      |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                         |  |                      | 0                    |                      |  |   |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |                      |                      |                      |  |   |   |
| <b>b</b> Less: cost of goods sold . . . . . <b>b</b>                                   |  |                      |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                        |  |                      | 0                    |                      |  |   |   |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b> |                      |                      |  |   |   |
| <b>11a</b> . . . . .   |  |                      |                      |                      |  |   |   |
| <b>b</b> . . . . .   |  |                      |                      |                      |  |   |   |
| <b>c</b> . . . . .   |  |                      |                      |                      |  |   |   |
| <b>d</b> All other revenue . . . . .   |  |                      |                      |                      |  |   |   |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .                                     |  |                      | 0                    |                      |  |   |   |
| <b>12</b> <b>Total revenue.</b> See instructions . . . . .                             |  |                      | 60,275,044.          | 9,593,200.           |  | 6,408,572.                              |   |

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .  | 19,914,851.                  | 19,914,851.                            |   |                                    |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 0                            |  |   |                                    |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .   | 0                            |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                            |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 7,058,538.                   | 4,841,231.                             | 1,816,735.                                    | 400,572.                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 12,798,265.                  | 11,391,643.                            | 677,179.                                      | 729,443.                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                            |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .  | 4,119,781.                   | 3,221,669.                             | 658,805.                                      | 239,307.                           |
| <b>10</b> Payroll taxes . . . . .   | 0                            |  |   |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 0                            |  |   |                                    |
| <b>b</b> Legal . . . . .  | 0                            |  |   |                                    |
| <b>c</b> Accounting . . . . .   | 0                            |  |   |                                    |
| <b>d</b> Lobbying . . . . .   | 0                            |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 0                            |  |   |                                    |
| <b>g</b> Other . . . . .  | 0                            |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 0                            |  |   |                                    |
| <b>13</b> Office expenses . . . . .   | 684,362.                     | 619,866.                               | 29,352.                                       | 35,144.                            |
| <b>14</b> Information technology . . . . .  | 0                            |  |   |                                    |
| <b>15</b> Royalties . . . . .   | 0                            |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 3,118,459.                   | 2,571,691.                             | 388,627.                                      | 158,141.                           |
| <b>17</b> Travel . . . . .  | 1,427,897.                   | 1,336,465.                             | 24,439.                                       | 66,993.                            |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                            |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . .  | 1,060,603.                   | 1,042,040.                             | 910.  | 17,653.                            |
| <b>20</b> Interest . . . . .  | 0                            |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . .   | 889,998.                     | 398,910.                               | 464,952.                                      | 26,136.                            |
| <b>23</b> Insurance . . . . .   | 0                            |  |   |                                    |
| <b>24</b> 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.)   |                              |  |   |                                    |
| <b>a</b> <u>PROFESSIONAL AND CONTRACT SE</u>  | 11,153,463.                  | 8,428,734.                             | 2,652,636.                                    | 72,093.                            |
| <b>b</b> <u>MISCELLANEOUS</u>   | 534,640.                     | 514,762.                               | 861.  | 19,017.                            |
| <b>c</b> <u>MARKETING</u>   | 485,128.                     | 485,128.                               |   |                                    |
| <b>d</b> <u>DIRECT FUNDRAISING</u>  | -432,687.                    |  |   | -432,687.                          |
| <b>e</b> All other expenses   | -213,263.                    |  | -213,263.                                     |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 62,600,035.                  | 54,766,990.                            | 6,501,233.                                    | 1,331,812.                         |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                            |  |   |                                    |

**Part X Balance Sheet**

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing . . . . .   | 6,544,348.               | <b>1</b>     | 9,031,363.         |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 11,976,563.              | <b>2</b>     | 9,469,144.         |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 6,465,079.               | <b>3</b>     | 6,563,653.         |
|  | <b>4</b> Accounts receivable, net . . . . .  | 4,977,337.               | <b>4</b>     | 6,413,408.         |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>     | 0                  |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . | 0                        | <b>6</b>     | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . . <b>ATCH. 8.</b>   | 4,976,663.               | <b>7</b>     | 5,339,740.         |
|  | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>     | 0                  |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 232,531.                 | <b>9</b>     | 212,622.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . <b>10a</b> 7,948,407.   |                          |              |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . . <b>10b</b> 4,287,658.  | 3,452,130.               | <b>10c</b>   | 3,660,749.         |
|  | <b>11</b> Investments - publicly traded securities . . . . . <b>ATCH. 9</b>  | 19,814,033.              | <b>11</b>    | 16,797,803.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 1,083,764.               | <b>12</b>    | 993,866.           |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 113,659,440.             | <b>13</b>    | 122,184,773.       |
|  | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>    | 0                  |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 4,911,311.               | <b>15</b>    | 4,984,229.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 178,093,199.   | <b>16</b>                | 185,651,350. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 5,203,179.               | <b>17</b>    | 6,665,092.         |
|  | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b>    | 0                  |
|  | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>    | 0                  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>    | 0                  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 2,369,020.               | <b>21</b>    | 1,018,258.         |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>    | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>    | 0                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>    | 0                  |
|  | <b>25</b> 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 . . . . .  | 201,000.                 | <b>25</b>    | 0                  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 7,773,199.               | <b>26</b>    | 7,683,350.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                    |
|  | <b>27</b> Unrestricted net assets . . . . .  | 129,942,000.             | <b>27</b>    | 141,080,000.       |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 40,378,000.              | <b>28</b>    | 36,888,000.        |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 0                        | <b>29</b>    | 0                  |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>    |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>    |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>    |                    |
|  | <b>33</b> Total net assets or fund balances . . . . .  | 170,320,000.             | <b>33</b>    | 177,968,000.       |
|  | <b>34</b> Total liabilities and net assets/fund balances . . . . .   | 178,093,199.             | <b>34</b>    | 185,651,350.       |



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒ X

|          |  |          |              |
|----------|--|----------|--------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b> | 60,275,044.  |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b> | 62,600,035.  |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b> | -2,324,991.  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b> | 170,320,000. |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>5</b> | 9,972,991.   |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | <b>6</b> | 177,968,000. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .  | X   |    |
| <b>c</b> 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? . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                          |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   | X   |    |
| <b>b</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  | X   |    |

Form **990** (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ► See separate instructions.

OMB No. 1545-0047

**2011**

**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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 49,222,000. | 40,413,000. | 28,958,000. | 30,253,043. | 44,273,272. | 193,119,315. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 49,222,000. | 40,413,000. | 28,958,000. | 30,253,043. | 44,273,272. | 193,119,315. |
| <b>5</b> 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). . . . . |             |             |             |             |             | 12,350,213.  |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .   |             |             |             |             |             | 180,769,102. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 49,222,000. | 40,413,000. | 28,958,000. | 30,253,043. | 44,273,272. | 193,119,315.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 4,413,000.  | 4,193,000.  | 2,847,000.  | 5,111,324.  | 6,653,836.  | 23,218,160.              |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |             |             |             |             |             |                          |
| <b>11 Total support.</b> Add lines 7 through 10. . . . .   |             |             |             |             |             | 216,337,475.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |             |             |             |             | <b>12</b>   | 56,704,874.              |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 83.56 %                             |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 83.29 %                             |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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## Schedule of Contributors

OMB No. 1545-0047

**2011**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Name of the organization**

ENTERPRISE COMMUNITY PARTNERS, INC.

**Employer identification number**

52-1231931

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(03 ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not 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)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | US DEPARTMENT OF HOUSING & URBAN DEV<br>310 MARYLAND AVENUE<br>WASHINGTON, DC 20024        | \$ 17,859,979.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | THE KENDEDA FUND<br>501 SILVERSIDE ROAD SUITE 123<br>WILMINGTON, DE 19809                  | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | JP MORGAN CHASE FOUNDATION<br>600 FIFTH AVENUE, THIRD FLOOR<br>NEW YORK, NY 10020          | \$ 6,160,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | CPD OFFICE OF TECHNICAL ASSISTANCE<br>451 7TH STREET, SW, RM. 7216<br>WASHINGTON, DC 20410 | \$ 4,285,929.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

52-1231931

## Part II

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |



Name of organization ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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.<br>from<br>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 |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

**If the organization answered "Yes" to 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" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

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.
- 2 Political expenditures . . . . . ▶ \$ 0
- 3 Volunteer hours . . . . . ▶

**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. . . . . ▶ \$ 0
- 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)      |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |  | (a) Filing organization's totals                | (b) Affiliated group totals   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .   |  | 24,596.   |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  |  | 620,728.  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .  |  | 645,324.  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .  |  | 61,954,711.                                     |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  |  | 62,600,035.                                     |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  | 1,000,000.                                      |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | 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. |  |  |
| 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.                                       |   |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  |  | 250,000.  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  |  | 0   | 0   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  |  | 0   | 0   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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? . . . . .  |  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period             |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in)                      | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) Total  |
| <b>2 a</b> Lobbying nontaxable amount                            | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                             | 889,656.   | 771,237.   | 699,288.   | 645,324.   | 3,005,505. |
| <b>d</b> Grassroots nontaxable amount                            | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                        | 88,966.    | 77,124.    | 25,931.    | 24,596.    | 216,617.   |

Schedule C (Form 990 or 990-EZ) 2011

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|            |   | (a) |    | (b)    |
|------------|---|-----|----|--------|
|            |   | Yes | No | Amount |
| <b>1</b>   | 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: |     |    |        |
| <b>a</b>   | Volunteers?   |     |    |        |
| <b>b</b>   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| <b>c</b>   | Media advertisements?   |     |    |        |
| <b>d</b>   | Mailings to members, legislators, or the public?  |     |    |        |
| <b>e</b>   | Publications, or published or broadcast statements?   |     |    |        |
| <b>f</b>   | Grants to other organizations for lobbying purposes?  |     |    |        |
| <b>g</b>   | Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |    |        |
| <b>h</b>   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     |    |        |
| <b>i</b>   | Other activities?   |     |    |        |
| <b>j</b>   | Total. Add lines 1c through 1i  |     |    |        |
| <b>2 a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b>   | If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b>   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b>   | 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 |
|----------|---|----------|----|
| <b>1</b> | Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> | Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."

|          |  |           |   |
|----------|--|-----------|---|
| <b>1</b> | Dues, assessments and similar amounts from members   | <b>1</b>  |   |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |   |
| <b>a</b> | Current year   | <b>2a</b> |   |
| <b>b</b> | Carryover from last year   | <b>2b</b> |   |
| <b>c</b> | Total  | <b>2c</b> |   |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |   |
| <b>4</b> | 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? | <b>4</b>  | 0 |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |   |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** **Supplemental Information** *(continued)*

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

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" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate contributions to (during year) . . . . .  |                         |  |
| 3 Aggregate 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? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> 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 Tax 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 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

**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                      **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research                      **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

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

**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" to 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 XIV and complete the following table:

|  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☒ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

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

- a** Board designated or quasi-endowment ► \_\_\_\_\_ %  
**b** Permanent endowment ► \_\_\_\_\_ %  
**c** Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in 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:

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.** 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 1,816,131.                      | 678,365.                     | 1,137,766.     |
| <b>d</b> Equipment . . . . .   |                                      | 1,629,265.                      | 1,080,060.                   | 549,205.       |
| <b>e</b> Other . . . . .   |                                      | 4,503,012.                      | 2,529,234.                   | 1,973,778.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 3,660,749.     |

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| (I) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) ENTERPRISE COMMUNITY INVEST.  | 93,955,624.    | FMV  |
| (2) STOCK-EMI   | 1,500,000.     | FMV  |
| (3) OTHERS  | -264,255.      | FMV  |
| (4) EHOP  | -5,517,794.    | FMV  |
| (5) CORNERSTONE   | 3,090,322.     | FMV  |
| (6) ENTERPRISE COMMUNITY LOAN FUND  | 29,420,876.    | FMV  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | 122,184,773.   |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).



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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | <b>1</b>  |  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | <b>2</b>  |  |
| <b>3</b>  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | <b>3</b>  |  |
| <b>4</b>  | Net unrealized gains (losses) on investments   | <b>4</b>  |  |
| <b>5</b>  | Donated services and use of facilities   | <b>5</b>  |  |
| <b>6</b>  | Investment expenses  | <b>6</b>  |  |
| <b>7</b>  | Prior period adjustments   | <b>7</b>  |  |
| <b>8</b>  | Other (Describe in Part XIV.)  | <b>8</b>  |  |
| <b>9</b>  | Total adjustments (net). Add lines 4 through 8   | <b>9</b>  |  |
| <b>10</b> | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | <b>10</b> |  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |  |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIV.)  | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIV.)  | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  |  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |  |
|----------|---|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |  |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |  |
| <b>c</b> | Other losses  | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIV.)   | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIV.)   | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  |  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## FUNDS HELD FOR OTHERS

## PART IV LINE 2B

THE ORGANIZATION HOLDS ASSETS, PRIMARILY CASH AND CASH EQUIVALENTS, FOR THIRD PARTIES PURSUANT TO FISCAL AGENCY AND SIMILAR CONTRACTUAL ARRANGEMENTS. THE ASSETS HELD ARE CLASSIFIED AS RESTRICTED AND THE RELATED LIABILITY IS INCLUDED IN FUNDS HELD FOR OTHERS.

## FEDERAL INCOME TAXES

## PART X LINE 1

ENTERPRISE COMMUNITY PARTNERS, INC. DID NOT HAVE ANY UNRELATED BUSINESS INCOME DURING THE YEAR ENDED DECEMBER 31, 2011. ACCORDINGLY, NO PROVISION OR BENEFIT FROM INCOME TAXES HAS BEEN RECORDED.

## UNCERTAIN TAX POSITIONS

## PART X LINE 2

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

52-1231931

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**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 ten 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? |    | (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 |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

**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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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<br>NY EVENT<br>(event type) | (b) Event #2<br>LA SOCIAL<br>(event type) | (c) Other Events<br>1.<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--|---|--|--|
|                 |  |  |   |  |  |
| Revenue         | 1 Gross receipts . . . . .   | 1,116,775.                               | 130,300.                                  | 181,100.                                 | 1,428,175.   |
|                 | 2 Less: Charitable contributions . . . . .                               | 983,802.                                 | 107,050.                                  | 149,900.                                 | 1,240,752.   |
|                 | 3 Gross income (line 1 minus line 2). . . . .                            | 132,973.                                 | 23,250.                                   | 31,200.                                  | 187,423.   |
| Direct Expenses | 4 Cash prizes . . . . .  |  |   |  |  |
|                 | 5 Noncash prizes . . . . .   |  |   |  |  |
|                 | 6 Rent/facility costs . . . . .  | 184,399.                                 | 70,990.                                   | 83,698.                                  | 339,087.   |
|                 | 7 Food and beverages . . . . .   |  |   |  |  |
|                 | 8 Entertainment . . . . .  |  |   |  |  |
|                 | 9 Other direct expenses . . . . .  | 77,660.                                  | 5,917.                                    | 10,023.                                  | 93,600.  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |  |   |  | ( 432,687.)  |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |  |   |  | -245,264.  |

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

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>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 . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |   |   |   | ( )   |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |   |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

10 a 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 operate 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 operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | ENTERPRISE COMMUNITY LOAN FUND<br>10227 WINCOPIN CIRCLE#800,COLUMBIA MD 21044      | 52-0192004 | 501(C)(3)                     | 5,513,750.               |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | NRG SOLUTIONS, LLC.<br>6 FANEUIL HALL MARKETPLACE BOSTON, MA 02109                 | 26-4771056 |                               | 947,574.                 |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | CLEVELAND HOUSING NETWORK, INC<br>2999 PAYNE AVENUE,3RD FL,CLEVELAND,OH 44114      | 34-1346763 | 501(C)(3)                     | 494,569.                 |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | PROVIDENCE COMMUNITY HOUSING<br>1050 S.JEFFERSON DAVIS PW NEW ORLEANS LA           | 20-4627275 | 501(C)(3)                     | 478,783.                 |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | PALLADIA, INC.<br>2006 MADISON AVENUE NEW YORK, NY 10035                           | 23-7089380 | 501(C)(3)                     | 410,830.                 |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | THE SAN FRANCISCO FOUNDATION<br>225 BUSH STREET, STE.500 SAN FRANCISCO CA          | 01-0679337 | 501(C)(3)                     | 375,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | CAMBA, INC.<br>1720 CHURCH AVENUE BROOKLYN, NY 11226                               | 11-2480339 | 501(C)(3)                     | 307,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | ENTERPRISE HOME OWNERSHIP PARTNERS, INC.<br>600 WILSHIRE BLVD.# 600 LOS ANGELES CA | 31-1737642 | 501(C)(3)                     | 300,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | TECHNOLOGY ACCESS FOUNDATION<br>4436 RAINIER AVE S SUITE B SEATTLE WA              | 91-1731833 | 501(C)(3)                     | 275,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (10) | MERCY HOUSING, INC.<br>120 S. LASALLE CHICAGO, IL 60603                            | 47-0646706 | 501(C)(3)                     | 250,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (11) | SKID ROW HOUSING TRUST<br>1317 EAST SEVENTH STREET LOS ANGELES CA                  | 95-4205316 | 501(C)(3)                     | 213,459.                 |                                   |   |  | CAPACITY BULIDING                  |
| (12) | ENTERPRISE LOUISIANA LOAN FUND<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044         | 47-1718653 | 501(C)(3)                     | 197,887.                 |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | CORPORATION FOR SUPPORTIVE HOUSING<br>50 BROADWAY, 17TH. FLOOR NEW YORK, NY 10004          | 13-3600232 | 501(C)(3)                     | 173,587.                 |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | RENAISSANCE NEIGHBORHOOD DEVELOPMENT CORPORA<br>4162 CANAL STREET NEW ORLEANS, LA 70119    | 20-8947208 | 501(C)(3)                     | 160,288.                 |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | COMMUNITY SERVICES OF ARIZONA, INC.<br>650 N. ARIZONA AVENUE CHANDLER, AZ 85225            | 23-7181540 | 501(C)(3)                     | 149,500.                 |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | ROC USA LLC<br>7 WALL STREET CONCORD, NH 03301   | 35-2319441 | 501(C)(3)                     | 149,250.                 |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | ATLANTA NEIGHBORHOOD DEVELOPMENT PARTNERSHI<br>235 PEACHTREET STREET, NE ATLANTA, GA 30303 | 58-1946632 | 501(C)(3)                     | 147,347.                 |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | HOLLYWOOD COMMUNITY HOUSING CORPORATION<br>5020 SANTA MONICA BLVD. LOS ANGELES, CA         | 95-4198215 | 501(C)(3)                     | 145,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | FAMICOS FOUNDATION, INC.<br>1325 ANSEL ROAD CLEVELAND, OH 44106                            | 34-1053534 | 501(C)(3)                     | 135,072.                 |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | NEW COMMUNITY HOMES LLC<br>1101 30TH STREET NW WASHINGTON, DC 20007                        | 52-1361024 |                               | 133,342.                 |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | BUILDERS OF HOPE, INC.<br>310 N. HARRINGTON STREET RALEIGH, NC 27603                       | 20-5724075 | 501(C)(3)                     | 132,044.                 |                                   |   |  | CAPACITY BULIDING                  |
| (10) | FRONT RANGE ECONOMIC STRATEGY CENTER<br>140 SHERIDAN BOULEVARD DENVER, CO 80226            | 26-0019190 | 501(C)(3)                     | 130,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (11) | PATHSTONE CORPORATION<br>400 EAST AVENUE ROCHESTER, NY 14607                               | 16-0984913 | 501(C)(3)                     | 129,493.                 |                                   |   |  | CAPACITY BULIDING                  |
| (12) | NATIONAL HOUSING TRUST<br>1101 30TH STREET, NW WASHINGTON, DC 20007                        | 52-1477599 | 501(C)(3)                     | 126,098.                 |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | EAST LA COMMUNITY CORPORATION<br>530 SOUTH BOYLE AVENUE LOS ANGELES CA                  | 95-4531076 | 501(C)(3)                     | 124,558.                 |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | A COMMUNITY OF FRIENDS<br>3701 WILSHIRE BD LOS ANGELES CA 90010                         | 95-4203106 | 501(C)(3)                     | 119,922.                 |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | COLUMBUS HOUSING PARTNERSHIP, INC.<br>562 EAST MAIN STREET COLUMBUS, OH 43215           | 31-1208260 | 501(C)(3)                     | 118,677.                 |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | JUBILEE HOUSING, INC.<br>1640 COLUMBIA ROAD, NW WASHINGTON, DC 20009                    | 52-0986261 | 501(C)(3)                     | 117,994.                 |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | COMMUNITY HOUSING PARTNERSHIP<br>280 TURK STREET SAN FRANCISCO, CA 94102                | 94-3112338 | 501(C)(3)                     | 117,500.                 |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | BICKERDIKE REDEVELOPMENT CORPORATION<br>2550 WEST NORTH AVENUE CHICAGO, IL 60647        | 23-7087890 | 501(C)(3)                     | 116,500.                 |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | PHI<br>ONE TRINITY DRIVE EAST DILLSBURG, PA   | 23-1381404 | 501(C)(3)                     | 110,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | AFFORDABLE HOUSING ASSOCIATES<br>1250 ADDISON STREET BERKELEY, CA 94702                 | 94-6762509 | 501(C)(3)                     | 109,959.                 |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | HOUSING ASSISTANCE COUNCIL<br>1025 VERMONT AVENUE NW, WASHINGTON, DC 20005              | 52-0939288 | 501(C)(3)                     | 109,738.                 |                                   |   |  | CAPACITY BULIDING                  |
| (10) | MERCY HOUSING LAKEFRONT<br>120 SOUTH LASALLE STREET CHICAGO, IL 60603                   | 36-3453183 | 501(C)(3)                     | 106,250.                 |                                   |   |  | CAPACITY BULIDING                  |
| (11) | FAR SW-SE CDC<br>3939 SOUTH CAPITOL STREET, SW WASHINGTON DC                            | 52-2134061 | 501(C)(3)                     | 25,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | HABITAT FOR HUMANITY OF THE CHESAPEAKE, INC.<br>3741 COMMERCE DRIVE BALTIMORE, MD 21227 | 52-1226188 | 501(C)(3)                     | 80,705.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | CATHOLIC CHARITIES PROGRESS OF PEOPLE DEVEL<br>191 JORALEMON STREET BROOKLYN, NY 11201 | 11-2431586 | 501(C)(3)                     | 100,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | ENTERPRISE HOUSING CORPORATION<br>312 N. MARTIN LUTHER KING JR. BALTIMORE MD           | 52-1888775 | 501(C)(3)                     | 100,000.                 |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | ASIAN AMERICANS FOR EQUALITY<br>108 NORFOLK STREET NEW YORK, NY 10002                  | 13-3187792 | 501(C)(3)                     | 97,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | THE BRIDGE, INC.<br>248 W. 108TH STREET NEW YORK, NY 10025                             | 13-1919799 | 501(C)(3)                     | 96,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | GULF COAST HOUSING PARTNERSHIP, INC.<br>1610-A ORETHA CASTLE HALEY NEW ORLEANS LA      | 20-4216595 | 501(C)(3)                     | 95,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | PEOPLES HOMESTEADING GROUP, INC.<br>410 EAST NORTH AVENUE BALTIMORE MD                 | 52-1317246 | 501(C)(3)                     | 93,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | SUMMECH COMMUNITY DEV. CORP.<br>633 PRYOR STREET, SW ATLANTA, GA 30312                 | 58-1895918 | 501(C)(3)                     | 88,020.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | DRUID HEIGHTS COMMUNITY DEVELOPMENT CORPOR<br>2140 MCCULLOH STREET BALTIMORE, MD 21217 | 52-1021726 | 501(C)(3)                     | 86,548.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | SRO HOUSING CORPORATION<br>354 S SPRING STREET LOS ANGELES, CA 90013                   | 95-3909215 | 501(C)(3)                     | 86,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | DALLAS CITY HOMES<br>729 N. BISHOP STREET DALLAS, TX 75208                             | 75-2305037 | 501(C)(3)                     | 86,369.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | LINC HOUSING CORPORATION<br>110 PINE AVENUE, # 500 LONG BEACH, CA 90802                | 33-0578620 | 501(C)(3)                     | 86,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | LITTLE TOKYO SERVICE CENTER CDC<br>231 EAST THIRD STREET LOS ANGELES, CA 90013         | 95-3451280 | 501(C)(3)                     | 77,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

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OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | CENTER FOR COMMUNITY PROGRESS<br>421 GARLAND STREET FLINT, MI 48503                  | 27-0718458 | 501(C)(3)                     | 75,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | EDEN HOUSING, INC.<br>22645 GRAND STREET HAYWARD, CA 94541                           | 23-1716750 | 501(C)(3)                     | 75,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | RESOURCES FOR RESIDENTS AND COMMUNITIES OF<br>P.O. BOX 89092 ATLANTA, GA 30312       | 58-1869105 | 501(C)(3)                     | 71,103.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | ABODE COMMUNITIES<br>701 EAST 3RD STREET LOS ANGELES, CA 90013                       | 95-6377511 | 501(C)(3)                     | 70,362.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | UNIVERSITY NEIGHBORHOOD HOUSING PROGRAM<br>2751 GRAND CONCOURSE BRONX, NY 10468-3001 | 13-3206603 | 501(C)(3)                     | 68,234.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | NEIGHBORHOOD PROGRESS, INC.<br>1956 WEST 25 STREET CLEVELAND, OH 44113               | 34-1611055 | 501(C)(3)                     | 68,206.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | MANNA, INC.<br>828 EVARTS STREET, NE WASHINGTON, DC 20018                            | 52-1260698 | 501(C)(3)                     | 67,823.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | HOUSING COLORADO<br>225 EAST 16TH AVENUE DENVER, CO 80203                            | 84-1234119 | 501(C)(3)                     | 65,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | GREENSPACE NCR<br>PO BOX 42676 WASHINGTON, DC 20015                                  | 52-2141752 | 501(C)(3)                     | 64,905.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | FORDHAM BEDFORD HOUSING CORPORATION<br>2751 GRAND CONCOURSE BRONX, NY 10468          | 13-3010578 | 501(C)(3)                     | 64,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | COMMUNITY PARTNERS FOR AFFORDABLE HOUSING<br>PO BOX 23206 TIGARD, OR 97281-3206      | 93-1155559 | 501(C)(3)                     | 62,106.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | CLIFFORD BEERS HOUSING, INC.<br>1200 WILSHIRE BLVD #205 LOS ANGELES CA               | 95-4485263 | 501(C)(3)                     | 60,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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OMB No. 1545-0047

2011

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52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | URBAN LAND CONSERVANCY<br>305 PARK AVENUE WEST DENVER, CO 80205                           | 20-0405066 | 501(C)(3)                     | 59,230.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | JUBILEE BALTIMORE, INC.<br>1228 N. CALVERT STREET BALTIMORE, MD 21202                     | 52-1222237 | 501(C)(3)                     | 57,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | WESLEY HOUSING DEVELOPMENT CORPORATION<br>5515 CHEROKEE AVENUE ALEXANDRIA, VA 22312       | 51-0155779 | 501(C)(3)                     | 57,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | EMPIRE HOMES OF MARYLAND, INC.<br>1800 N. CHARLES STREET BALTIMORE, MD 21201              | 20-3521473 | 501(C)(3)                     | 55,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | CITY WIDE COMMUNITY DEVELOPMENT CORPORATION<br>3440 SOUTH POLK STREET DALLAS, TX 75224    | 75-2928514 | 501(C)(3)                     | 54,350.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | GREATER ROCHESTER HOUSING PARTNERSHIP<br>183 E. MAIN STREET ROCHESTER, NY 14604           | 16-1399793 | 501(C)(3)                     | 53,594.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | LEADINGAGE, INC.<br>2519 CONNECTICUT AVENUE,NW WASHINGTON, DC                             | 13-6213525 | 501(C)(3)                     | 53,252.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | WEST HOLLYWOOD COMMUNITY HOUSING CORPORATIO<br>7530 SANTA MONICA BD, WEST HOLLYWOOD, CA   | 95-4122368 | 501(C)(3)                     | 53,200.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | THE BON SECOURS OF MARYLAND FOUNDATION INC.<br>26 NORTH FULTON AVENUE BALTIMORE, MD 21223 | 52-1732800 | 501(C)(3)                     | 52,337.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | LOW INCOME HOUSING INSTITUTE<br>2407 FIRST AVE, #200, SEATTLE, WA 98121                   | 94-3155150 | 501(C)(3)                     | 51,823.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | INTERIM COMMUNITY DEVELOPMENT ASSOC.<br>310 MAYNARD AVENUE SOUTH SEATTLE, WA 98104        | 91-1071277 | 501(C)(3)                     | 51,400.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | PROVIDENCE HOUSING DEVELOPMENT CORP<br>1136 BUFFALO RD ROCHESTER, NY 14624                | 22-3311544 | 501(C)(3)                     | 51,001.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | COMMUNITY ASSISTED TENANT CONTROLLED HOUSING<br>121 SIXTH AVENUE NEW YORK, NY 10013        | 13-3706959 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (2)  | PEP HOUSING<br>951 PETALUMA BOULEVARD S. PETALUMA, CA                                      | 94-2565270 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (3)  | RECONNECTING AMERICA<br>1707 L STREET, NW WASHINGTON, DC 20036                             | 52-2020542 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (4)  | WESTHAB, INC.<br>85 EXECUTIVE BOULEVARD ELMSFORD, NY 10523                                 | 06-1064281 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (5)  | TENDERLOIN NEIGHBORHOOD DEVELOP. CORP.<br>201 EDDY STREET SAN FRANCISCO, CA 94102          | 94-2761808 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (6)  | B'NAI B'RITH HOUSING NEW ENGLAND, INC.<br>34 WASHINGTON STREET WASHINGTON, MA 02135        | 56-2423180 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (7)  | INGLESIDE HOMES, INC.<br>1005 N. FRANKLIN STREET WILMINGTON DE                             | 51-0113243 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (8)  | FARMWORKER HOUSING DEVELOPMENT CORPORATION<br>1274 5TH STREET, 1A WOODBURN, OR 97071       | 93-1055994 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (9)  | JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORP.<br>31 GERMANIA STREET JAMAICA PLAIN, MA 02130 | 04-2652919 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (10) | HEALTHY NEIGHBORHOODS, INC.<br>2 E. READ STREET BALTIMORE, MD 21202                        | 30-0272104 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (11) | HABITAT FOR HUMANITY BAY-WAVELAND AREA, INC.<br>414 HWY 90 BAY ST. LOUIS, MS 39520         | 26-1325894 | 501(C)(3)                     | 50,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (12) | CUYAHOGA COUNTY LAND REUTILIZATION CORPORAT<br>323 LAKESIDE AVENUE, W. CLEVELAND, OH 44113 | 26-4753241 | 501(C)(3)                     | 49,986.                  |                                   |   |  | CAPACITY BUILDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | SELFHELP COMMUNITY SERVICES, INC.<br>520 EIGHTH AVENUE NEW YORK, NY 10018               | 13-1624178 | 501(C)(3)                     | 46,700.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | COLOR COUNTRY COMMUNITY HOUSING, INC.<br>139 NO. 100 W. ST. GEORGE, UT 84770            | 87-0617908 | 501(C)(3)                     | 46,400.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | MERCY HOUSING, INC. SOUTHEAST<br>621 NORTH AVENUE, NE ATLANTA, GA 30308-2841            | 56-1993872 | 501(C)(3)                     | 45,780.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | BELLINGHAM HOUSING AUTHORITY<br>208 UNITY STREEET BELLINGHAM, WA 98227                  | 91-0816170 |                               | 45,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLOR<br>300 NW 12 AVENUE MIAMI, FL 33128         | 59-1845761 | 501(C)(3)                     | 45,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | NEIGHBORHOOD HOUSING SERVICES OF NEW ORLEAN<br>4528 FRERET STREET NEW ORLEANS, LA 70115 | 72-0801513 | 501(C)(3)                     | 45,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | MONTGOMERY HOUSING PARTNERSHIP, INC.<br>12200 TECH ROAD SILVER SPRING, MD 20904         | 52-1631939 | 501(C)(3)                     | 45,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | CENTRAL DALLAS COMMUNITY DEVELOPMENT CORPOR<br>511 N. AKARD DALLAS, TX 75218            | 75-2948028 | 501(C)(3)                     | 44,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | EAST DALLAS COMMUNITY ORGANIZATION<br>4610 JUNIUS STREET DALLAS, TX 75246               | 31-1513768 | 501(C)(3)                     | 41,528.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | RESOURCES FOR COMMUNITY DEVELOPMENT<br>2220 OXFORD STREET BERKELEY, CA 94704            | 94-2952466 | 501(C)(3)                     | 40,749.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | OFFICE OF RURAL & FARMWORKER HOUSING<br>1400 SUMMITVIEW AVE. #203 YAKIMA, WA 98902      | 91-1218499 | 501(C)(3)                     | 40,484.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | MERCY HOUSING & HUMAN DEVELOPMENT, INC.<br>1135 FORD STREET GULFPORT, MS 39507          | 72-1354070 | 501(C)(3)                     | 40,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | HOOR CHILDREN, INC.<br>36-11A 12TH STREET, LONG ISLAND CITY, NY                            | 13-3647412 | 501(C)(3)                     | 39,013.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | SUSTAINABLE NEIGHBORHOOD DEVELOPMENT STRATE<br>477 WINDSOR STREET, SW,# 304, ATLANTA, GA   | 26-4009403 | 501(C)(3)                     | 38,851.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | COBB HOUSING INC.<br>268 LAWRENCE STREET MARIETTA, GA 30060                                | 58-2081893 | 501(C)(3)                     | 37,993.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | HOMEOWNER'S REHAB., INC.<br>280 FRANKLIN STREET CAMBRIDGE, MA 02139                        | 04-2519279 | 501(C)(3)                     | 37,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | MERCY HOUSING CALIFORNIA<br>1500 S. GRAND AVENUE LOS ANGELES, CA 90015                     | 94-3081666 | 501(C)(3)                     | 36,768.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | DOWNTOWN EMERGENCY SERVICE CENTER<br>515 THIRD AVENUE SEATTLE, WA 98104-2304               | 91-1275815 | 501(C)(3)                     | 36,700.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | EAH, INC.<br>2169 E. FRANCISCO BD, SAN RAFAEL, CA 94904                                    | 94-1699153 | 501(C)(3)                     | 36,595.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | BUILDERS OF HOPE COMMUNITY DEVELOPMENT CORP<br>333 NORTH STEMMONS FREEWAY DALLAS, TX 75207 | 75-2756681 | 501(C)(3)                     | 36,364.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | POHL REAL ESTATE, LLC<br>3571 STONE RIDGE DR, DOUGLASVILLE, GA 30134                       | 26-4739651 |                               | 35,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | CASS CORRIDOR NEIGHBORHOOD DEVELOPMENT CORP<br>3535 CASS AVENUE DETROIT, MI 48201          | 38-2442238 | 501(C)(3)                     | 35,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | COMMUNITY FOUNDATION OF CARROLL COUNTY, INC<br>P.O. BOX 1853 SYKESVILLE, MD 21784          | 52-1865244 | 501(C)(3)                     | 35,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | SUPPORTIVE HOUSING COALITION OF NEW MEXICO<br>P.O. BOX 27459 ALBUQUERQUE, NM 87125         | 85-0439315 | 501(C)(3)                     | 35,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

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|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | SHERIDAN LIMITED PARTNERSHIP<br>1100 NEW JERSEY AVE, SE, WASHINGTON, DC 20003           | 27-1368425 |                               | 34,863.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | DENVER HOUSING AUTHORITY<br>777 GRANT STREET DENVER, CO 80203                           | 84-6002414 |                               | 34,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | LOCAL INITIATIVES SUPPORT CORPORATION<br>501 SEVENTH AVENUE, 7TH FL, NY, NY 10018       | 13-3030229 | 501(C)(3)                     | 34,300.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | CLEVELAND MUSEUM OF NATURAL HISTORY<br>1 WADE OVAL CLEVELAND, OH 44106                  | 34-0714338 | 501(C)(3)                     | 34,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | WYOMING HOUSING NETWORK<br>300 S. WOLCOTT CASPER, WY 82601-2861                         | 75-3155083 | 501(C)(3)                     | 33,933.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | PARK HEIGHTS RENAISSANCE, INC.<br>4151 PARKS HEIGHTS AVE, BALTIMORE, MD 21215           | 77-0673126 | 501(C)(3)                     | 33,210.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | COMMUNITY CORPORATION OF SANTA MONICA<br>1423 SECOND STREET SANTA MONICA, CA 90401      | 95-3795161 | 501(C)(3)                     | 33,038.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | MISSISSIPPI STATE UNIVERSITY<br>425 DIVISION STREET BILOXI, MS 39530                    | 64-6000819 | 501(C)(3)                     | 33,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | HOUSING DEVELOPMENT CORPORATION MIDATLANTIC<br>439 EAST KING STREET LANCASTER, PA 17602 | 23-1861343 | 501(C)(3)                     | 31,870.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | BELAIR-EDISON NEIGHBORHOODS, INC.<br>3412 BELAIR ROAD BALTIMORE, MD 21213               | 52-1755185 | 501(C)(3)                     | 31,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | FLAGSHIP UNITED COMMUNITY DEVELOPMENT CORPO<br>640 HIGHWAY 90 WAVELAND, MS 39576        | 20-5769751 | 501(C)(3)                     | 30,885.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | HEARTLAND HOUSING, INC.<br>208 S. LASALLE CHICAGO, IL 60604                             | 36-3642952 | 501(C)(3)                     | 30,699.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

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OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | STEUBEN CHURCHPEOPLE AGAINST POVERTY<br>16 WEST WILLIAM STREET BATH, NY 14810              | 16-1166737 | 501(C)(3)                     | 30,530.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | CARRFOUR SUPPORTIVE HOUSING, INC.<br>1398 SOUTHWEST 1ST STREET MIAMI, FL 33135             | 65-0387766 | 501(C)(3)                     | 30,149.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | COMMUNITYWORKS NORTH DAKOTA<br>200 1ST AVENUE, NW MANDAN, ND 58554                         | 45-0440770 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | AEON<br>822 SOUTH 3RD STREET MINNEAPOLIS, MN 55415   | 41-1558711 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | COMMUNITY DEVELOPMENT COLLABORATIVE OF GREY<br>185 S FIFTH STREET COLUMBUS, OH 43215       | 31-1595197 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | THC AFFORDABLE HOUSING, INC.<br>5101 16TH STREET, NW WASHINGTON, DC 20011                  | 52-1675958 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | COMMUNITY RESOURCE & HOUSING DEVELOPMENT CO<br>7305 LOWELL BOULEVARD WESTMINSTER, CO 80030 | 23-7102834 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | LOS ANGELES HOUSING PARTNERSHIP, INC.<br>1200 WILSHIRE BD, LOS ANGELES, CA 90017           | 95-4238596 | 501(C)(3)                     | 30,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | RENAISSANCE VILLAGE LDHA, LLC<br>1100 CORPORATE OFFICE DR, MILFORD, MI 48381               | 27-4317652 |                               | 29,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | UNITED WAY FOR THE GREATER NEW ORLEANS AREA<br>2515 CANAL STREET NEW ORLEANS, LA 70119     | 72-0471369 | 501(C)(3)                     | 28,729.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | LA PLATA HOMES FUND<br>701 CAMINO DEL RIO STREET DURANGO, CO 81301                         | 80-0266636 | 501(C)(3)                     | 28,643.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | NATIONAL ASSOCIATION FOR LATINO COMMUNITY A<br>1313 GUADALUPE STREET SAN ANTONIO, TX 78207 | 20-0774672 | 501(C)(3)                     | 28,489.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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OMB No. 1545-0047

2011

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52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | BAY AREA WOMEN COALITION, INC.<br>1700 JESSIE STREET MOBILE, AL 36617                  | 63-1195628 | 501(C)(3)                     | 26,594.                  |                                   |   |  | CAPACITY BUILDING                  |
| (2)  | BROADMOOR DEVELOPMENT CORPORATION<br>4520 S. DERBIGNY ST, NEW ORLEANS, LA 70125        | 20-4885751 | 501(C)(3)                     | 25,958.                  |                                   |   |  | CAPACITY BUILDING                  |
| (3)  | NEW MEDIA ADVOCACY PROJECT<br>1878 COUNTY ROUTE 21 VALATIE, NY 12184                   | 90-0451693 | 501(C)(3)                     | 25,500.                  |                                   |   |  | CAPACITY BUILDING                  |
| (4)  | FOUNDATION COMMUNITIES, INC.<br>3036 SOUTH 1ST STREET AUSTIN, TX 78704                 | 74-2563260 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (5)  | THE COMMUNITY BUILDERS, INC.<br>135 S. LASALLE STREET CHICAGO, IL 60603                | 04-2324773 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (6)  | UMPQUA COMMUNITY DEVELOPMENT CORPORATION<br>605 SE KANE STREET ROSEBURG, OR 97470      | 93-1057208 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (7)  | THE DALLAS FOUNDATION<br>900 JACKSON STREET DALLAS, TX 75202                           | 75-2890371 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (8)  | CABRILLO ECONOMIC DEVELOPMENT CORPORATION<br>702 COUNTY SQUARE DRIVE VENTURA, CA 93003 | 95-3681521 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (9)  | SO OTHERS MIGHT EAT<br>71 O STREET NW WASHINGTON, DC 20001                             | 23-7098123 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (10) | CAPITAL HILL HOUSING<br>1406 10TH AVENUE, ST 101, SEATTLE WA 98122                     | 91-2032882 |                               | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (11) | PIEDMONT ENVIRONMENTAL COUNCIL FISCAL AGENT<br>P.O. BOX 460 WARRENTON, VA 20188        | 54-0935569 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (12) | 1260 HOUSING DEVELOPMENT CORPORATION<br>2042-48 ARCH STREET PHILADELPHIA, PA 19103     | 23-2536730 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BUILDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | HOUSING VISIONS UNLIMITED<br>1201 E. FAYETTE ST, # 26, SYRACUSE, NY 13210          | 16-1598458 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | EAST BAY HOUSING ORGANIZATIONS<br>538 - 9TH STREET OAKLAND, CA 94607               | 94-3232405 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | HOUSING AUTHORITY OF THE CITY OF MERIDEN<br>22 CHURCH STREET MERIDEN, CT 06451     | 06-6000410 |                               | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | AVESTA HOUSING DEVELOPMENT CORPORATION<br>307 CUMBERLAND AVENUE PORTLAND, ME 04101 | 01-0315296 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | PROJECT H.O.M.E.<br>1515 FAIRMOUNT AVE, PHILADELPHIA, PA 19130                     | 23-2555950 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | CATHOLIC CHARITIES HOUSING SERVICES<br>5301 TIETON DRIVE YAKIMA, WA 98908          | 91-1955616 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA<br>1720 BIG LAKE ROAD CLOQUET, MN 55720 | 41-0965719 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | ST. VINCENT DE PAUL SOCIETY OF LANE COUNTY<br>VOCATIONAL SERVICE EUGENE, OR 97402  | 93-0454786 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | NEW DESTINY HOUSING CORPORATION<br>12 W. 37TH STREET NEW YORK, NY 10018            | 13-3778489 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | INTERFAITH HOUSING DEVELOPMENT CORPORATION<br>103 GAY STREET DENTON, MD 21629      | 52-1648513 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | UNITY PROPERTIES INC.<br>26 N. FULTON AVENUE BALTIMORE, MD 21223                   | 52-1857768 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | OGLALA SIOUX TRIBE PARTNERSHIP FOR HOUSING,<br>P.O. BOX 3001 PINE RIDGE, SD 57770  | 46-0451277 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | GODDARD RIVERSIDE COMMUNITY CENTER<br>593 COLUMBUS AVENUE NEW YORK, NY 10024              | 13-1893908 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORP<br>587 WASHINGTON STREET DORCHESTER, MA 02124 | 04-2752507 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | THE OAKLAND COMMUNITY LAND TRUST<br>672 13TH STREET OAKLAND, CA 94612                     | 32-0285788 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | CAPITOL HILL HOUSING IMPROVEMENT PROGRAM<br>1406 TENTH AVENUE SEATTLE, WA 98122           | 91-0979968 |                               | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | LIFETIME HOUSING GROUP, INC.<br>13091 BENEDICT DRIVE DILLSBORO, IN 47018                  | 35-1341343 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | HOUSING RESOURCES GROUP<br>1651 BELLEVUE AVENUE SEATTLE, WA 98122                         | 91-1116960 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | GM UPTOWN TOWER APARTMENTS, LLC<br>710 NW 14TH AVENUE PORTLAND, OR 97209                  | 26-2209469 |                               | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | MENTAL HEALTH SERVICES FOR HOMELESS PERSONS<br>1744 PAYNE AVENUE CLEVELAND, OH 44114      | 34-1607734 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | THE WARTBURG HOME OF THE EVANGELICAL LUTHER<br>1 WARTBURG PLACE MT. VERNON, NY 10552      | 13-1740497 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | MERCY HOUSING NORTHWEST<br>2505 THIRD AVENUE SEATTLE, WA 98121                            | 91-1546525 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | SERVICES FOR THE UNDERSERVED, INC.<br>305 SEVENTH AVENUE, 10TH FL, NEW YORK, NY 10001     | 91-1918247 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | COMMON GROUND COMMUNITIES, INC.<br>14 EAST 28TH STREET NEW YORK, NY 10016                 | 27-3523909 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | COMMUNITY CENTER FOR EDUCATION RESULTS<br>1200 FIFTH AVENUE SEATTLE, WA 98101        | 27-1667560 | 501(C)(3)                     | 25,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | GARRETT COUNTY CAC<br>104 E. CENTER STREET OAKLAND, MD 21550                         | 52-0820662 | 501(C)(3)                     | 24,999.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | NOGALES COMMUNITY DEVELOPMENT CORPORATION<br>124 N. TERRACE AVENUE NOGALES, AZ 85621 | 86-0878561 | 501(C)(3)                     | 24,975.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | WHITE EARTH RESERVATION TRIBAL COUNCIL<br>P.O. BOX 70 NAYTAHWAUSH, MN 56566          | 41-1737979 |                               | 24,898.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | HUMAN SOLUTIONS, INC.<br>12350 SE POWELL BD, PORTLAND, OR 97236                      | 93-0977166 | 501(C)(3)                     | 24,405.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | ST. BERNARD PROJECT<br>8324 PARC PLACE CHALMETTE, LA 70043                           | 26-2189665 | 501(C)(3)                     | 22,963.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | ROSE COMMUNITY DEVELOPMENT<br>5215 SE DUKE STREET PORTLAND, OR 97206-6839            | 94-3144895 | 501(C)(3)                     | 22,719.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | SATELLITE HOUSING<br>1521 UNIVERSITY AVENUE BERKELEY, CA 94703                       | 94-3031375 | 501(C)(3)                     | 22,614.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | BRINSHORE 2800 CORPORATION (HAIRPIN LOFTS)<br>666 DUNDEE ROAD NORTHBROOK, IL 60062   | 27-1537300 |                               | 22,500.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | AUBURN UNIVERSITY<br>104 DUDLEY HALL AUBURN, AL 36849                                | 63-6000724 | 501(C)(3)                     | 22,439.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | CARITAS COMMUNITIES, INC.<br>25 BRAINTREE HILL OFFICE PK BRAINTREE, MA               | 04-2875899 | 501(C)(3)                     | 22,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | PROJECT FOR PRIDE IN LIVING, INC.<br>1035 EAST FRANKLIN AVE, MINNEAPOLIS, MN         | 23-7232208 | 501(C)(3)                     | 22,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

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|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | WESTERN MAINE COMMUNITY ACTION, INC.<br>P.O. BOX 200 EAST WILTON, ME 04234                | 01-0275156 | 501(C)(3)                     | 21,843.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | NEW ORLEANS NEIGHBORHOOD DEVELOPMENT FOUNDA<br>1429 SOUTH RAMPART ST NEW ORLEANS LA 70113 | 58-1681468 | 501(C)(3)                     | 21,008.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | WINDHAM & WINDSOR HOUSING TRUST, INC .<br>68 BIRGE STREET BRATTLEBORO, VT 05301-6462      | 22-2878487 | 501(C)(3)                     | 20,308.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | FAMILIES FORWARD, INC.<br>405 SW 6TH STREET REDMOND, OR 97756-2204                        | 76-0738741 | 501(C)(3)                     | 20,034.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | HALLMARK COMMUNITY SERVICES<br>1242 MARKET STREET SAN FRANCISCO, CA 94102                 | 14-1870357 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | WASHINGTON REGIONAL ASSOCIATION OF GRANTMAK<br>1400 16TH STREET, NW WASHINGTON, DC 20036  | 52-1756853 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | CNT ENERGY<br>2125 WEST NORTH AVENUE CHICAGO, IL 60647                                    | 36-4443093 | 501(C)(4)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | ARCHDIOCESAN HSING AUTH OF SEATTLE<br>100 23RD AVENUE S. SEATTLE, WA 98144                | 91-1099134 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION<br>3700 EASTERN AVENUE BALTIMORE, MD 21224    | 52-1034466 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | AQUINAS HOUSING CORPORATION<br>1945 VYSE AVENUE BRONX, NY 10460                           | 13-3076810 | 501(C)(3)                     | 20,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | COLORADO HOUSING AND FINANCE AUTHORITY<br>1981 BLAKE STREET DENVER, CO 80202              | 84-0676451 | 501(C)(3)                     | 19,770.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | NEW DIRECTIONS, INC.<br>11303 WILSHIRE BD LOS ANGELES, CA 90073                           | 95-4242745 | 501(C)(3)                     | 19,660.                  |                                   |   |  | CAPACITY BULIDING                  |

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

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OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

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|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | COMMUNITY HOUSING OF MAINE, INC.<br>309 CUMBERLAND AVENUE PORTLAND, ME 04101            | 01-0490195 | 501(C)(3)                     | 19,647.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | HISTORIC EAST BALTIMORE COMMUNITY ACTION CO<br>1212 N. WOLFE STREET BALTIMORE, MD 21213 | 52-1903732 | 501(C)(3)                     | 19,625.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | REAL ESTATE ALLIANCE PARTNERS, LLC<br>633 PRYOR STREET, SW ATLANTA, GA 30312            | 27-0354657 |                               | 19,506.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | ATLANTA HOUSING ASSOCIATION OF NEIGHBORHOOD<br>633 PRYOR STREET SW ATLANTA, GA 30312    | 58-2187131 | 501(C)(3)                     | 19,219.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | WILLIAM C. SMITH & COMPANY<br>1100 NEW JERSEY AVE SE, WASHINGTON,DC 20003               | 07-4808007 |                               | 18,750.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | COMMUNITY LEAGUE OF THE HEIGHTS, INC.<br>500 WEST 159TH STREET NEW YORK, NY 10032       | 13-2564241 | 501(C)(3)                     | 18,750.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | AFFORDABLE COMMUNITY ENVIRONMENTS<br>P.O. BOX 61446 VANCOUVER, WA 98666                 | 91-1898061 | 501(C)(3)                     | 18,546.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | TURTLE MOUNTAIN HOUSING AUTHORITY<br>P.O. BOX 620 BELCOURT, ND 58316                    | 45-0282869 | 501(C)(3)                     | 18,400.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | SOUTH MISSISSIPPI HOUSING AND DEVELOPMENT C<br>P.O. BOX 2099 GULFPORT, MS 39505         | 20-5640452 | 501(C)(3)                     | 18,366.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | CITY FIRST ENTERPRISES<br>1436 U STREET NW WASHINGTON, DC 20009                         | 52-2101165 | 501(C)(3)                     | 18,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | FULTON COUNTY-CITY OF ATLANTA LAND BANK AUT<br>34 PEACHTREE STREET ATLANTA, GA 30303    | 58-2119754 | 501(C)(3)                     | 17,587.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | URBAN EDGE HOUSING CORPORATION<br>1542 COLUMBUS AVENUE ROXBURY, MA 02119                | 22-2483475 | 501(C)(3)                     | 17,500.                  |                                   |   |  | CAPACITY BULIDING                  |

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Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | MI CASA, INC.<br>6230 3RD STREET, NW WASHINGTON, DC 20011                                  | 52-1796840 | 501(C)(3)                     | 17,383.                  |                                   |   |  | CAPACITY BULIDING                  |
| (2)  | EAST OF THE RIVER CLERGY POLICE COMMUNITY P<br>4105 1ST STREET SE WASHINGTON, DC 20032     | 52-2278623 | 501(C)(3)                     | 16,875.                  |                                   |   |  | CAPACITY BULIDING                  |
| (3)  | CHRISTOPHER COMMUNITY, INC.<br>990 JAMES STREET SYRACUSE, NY 13203                         | 16-1006727 | 501(C)(3)                     | 16,809.                  |                                   |   |  | CAPACITY BULIDING                  |
| (4)  | NEW MEXICO COALITION TO END HOMELESSNESS<br>P.O. BOX 865 SANTA FE, NM 87504                | 85-0482896 | 501(C)(3)                     | 16,736.                  |                                   |   |  | CAPACITY BULIDING                  |
| (5)  | N STREET VILLAGE, INC.<br>1333 N STREET NW WASHINGTON, DC 20005                            | 52-1007373 | 501(C)(3)                     | 16,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (6)  | EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATIO<br>310 8TH STREET OAKLAND, CA 94607            | 51-0171851 | 501(C)(3)                     | 15,954.                  |                                   |   |  | CAPACITY BULIDING                  |
| (7)  | JOHENNING BAPTIST CHURCH DBA TEMPLE OF PRAI<br>700 SOUTHERN AVENUE,SE,WASHINGTON, DC 20032 | 52-1130560 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (8)  | HOMESTART, INC.<br>9080 SPRINGBORO PIKE MIAMISBURG, OH 45342                               | 31-1244736 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (9)  | RUTHE & ISADORE FREED HOUSING CORPORATION<br>400 E. TUSCARAWAS STREET CANTON, OH 44702     | 34-1871908 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (10) | COLORADO HOUSING, INC.<br>311 SAN JUAN STREET PAGOSA SPRINGS,CO 81147                      | 84-0612665 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (11) | URBAN LAND INSTITUTE SEATTLE<br>700 5TH AVENUE SEATTLE, WA 98104                           | 53-0159845 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |
| (12) | LATINO ECONOMIC DEVELOPMENT CORPORATION<br>2316 18TH STREET, NW WASHINGTON, DC 20009       | 52-1749216 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BULIDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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

Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | GREATER BALTIMORE AHC, INC.<br>1501 SAINT PAUL STREET BALTIMORE, MD 21202            | 33-1084573 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (2)  | MAXIMUM ACCESSIBLE HOUSING OF OHIO<br>11607 EUCLID AVENUE CLEVELAND, OH 44106        | 34-1607289 | 501(C)(3)                     | 15,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (3)  | WEINLAND PARK HOMES, LLC<br>5309 TRANSPORTATION BD,CLEVELAND, OH 44125               | 27-3164623 |                               | 15,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (4)  | THE URBAN INSTITUTE<br>METROPOLITAN HSG&COMMUN POL, WASHINGTON, DC                   | 52-0880375 | 501(C)(3)                     | 14,849.                  |                                   |   |  | CAPACITY BUILDING                  |
| (5)  | WOMEN'S HOUSING COALITION<br>119 EAST 25TH STREET BALTIMORE, MD 21218                | 52-1189812 | 501(C)(3)                     | 14,709.                  |                                   |   |  | CAPACITY BUILDING                  |
| (6)  | CENTER FOR URBAN COMMUNITY SERVICES, INC<br>198 EAST 121ST STREET NEW YORK, NY 10035 | 13-3687891 | 501(C)(3)                     | 14,529.                  |                                   |   |  | CAPACITY BUILDING                  |
| (7)  | METROPOLITAN TENANTS ORGANIZATION<br>2150 S. CANALPORT CHICAGO, IL 60608             | 36-3351193 | 501(C)(3)                     | 14,340.                  |                                   |   |  | CAPACITY BUILDING                  |
| (8)  | NORTHWEST CHURCH FAMILY NET WORK, INC<br>1151 NEW JERSEY AVENUE, N.W. WASHINGTON DC  | 52-1942747 | 501(C)(3)                     | 13,767.                  |                                   |   |  | CAPACITY BUILDING                  |
| (9)  | HOUSING COUNSELING SERVICES<br>2410 17TH STREET NW WASHINGTON, DC 20009              | 52-0958568 | 501(C)(3)                     | 13,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (10) | COMMUNITY HOUSING, INC.<br>5513 CONNECTICUT AVENUE NW#250 WASHINGTON DC              | 52-1804975 | 501(C)(3)                     | 12,663.                  |                                   |   |  | CAPACITY BUILDING                  |
| (11) | CITIZENS' HOUSING AND PLANNING ASSOC.<br>18 TREMONT STREET BOSTON, MA 02108          | 04-6138418 | 501(C)(3)                     | 12,500.                  |                                   |   |  | CAPACITY BUILDING                  |
| (12) | NATIONAL URBAN LEAGUE<br>120 WALL STREET NEW YORK, NY 10005                          | 13-1840489 | 501(C)(3)                     | 12,400.                  |                                   |   |  | CAPACITY BUILDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

| 1    | (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | ENVIRONS RESIDENTIAL DESIGN & CONSTRUCTION,<br>1189 PONCE DE LEON AVE ATLANTA, GA 30306  | 58-2660476 |                               | 12,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (2)  | GREEN DOORS<br>1503 S I-35 AUSTIN, TX 78768  | 74-2582369 | 501(C)(3)                     | 11,400.                  |                                   |   |  | CAPACITY BUILDING                  |
| (3)  | ST. AMBROSE HOUSING AID CENTER<br>321 E 25TH ST BALTIMORE, MD 21218                      | 52-1729460 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (4)  | GOLDEN RULE PLAZA, INC.<br>1100 NEW JERSEY AVENUE, NW WASHINGTON DC                      | 52-1890029 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (5)  | GEORGIA STATE TRADE ASSOCIATION OF NONPROFI<br>260 PEACHTREE STREET ATLANTA, GA 30303    | 58-2661528 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (6)  | CENTER CITY HOUSING CORPORATION<br>105 1/2 W SUPERIOR STREET DULUTH, MN 55802            | 36-3485584 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (7)  | VISION VICTORY COMMUNITY DEVELOPMENT CORPOR<br>2443 AINGER PLACE SE WASHINGTON, DC 20020 | 75-3205094 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACTIY BUILDING                  |
| (8)  | FALLS CHURCH HOUSING CORPORATION<br>330-B SOUTH VIRGINIA AVE FALLS CHURCH, VA            | 52-1253695 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (9)  | OREGON OPPORTUNITY NETWORK<br>847 NE 19TH AVENUE PORTLAND, OR 97232                      | 93-1174536 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (10) | PATH VENTURES<br>340 NORTH MADISON AVE LOS ANGELES, CA 90004                             | 20-1892523 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (11) | DETROIT SHOREWAY COMMUNITY DEV. ORG.<br>6516 DETROIT AVENUE CLEVELAND, OH 44102          | 23-7376130 | 501(C)(3)                     | 10,000.                  |                                   |   |  | CAPACITY BUILDING                  |
| (12) | SOUTH COUNTY COMMUNITY BUILDERS<br>7455 CARMEL STREET GILROY, CA 95020                   | 77-0395998 | 501(C)(4)                     | 9,900.                   |                                   |   |  | CAPACITY BUILDING                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1231931

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed ▶

| 1    | (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | ATLANTA REGIONAL HOUSING PARTNERS<br>2619 CHARLES GATE AVE DECATUR, GA 30030      | 27-0344659 |                               | 8,738.                   |                                   |   |  | CAPACITY BUILDING                  |
| (2)  | NATIONAL AFFORDABLE HOUSING TRUST<br>2335 NORTH BANK DRIVE COLUMBUS, OH 43220     | 52-1450306 | 501(C)(3)                     | 8,355.                   |                                   |   |  | CAPACITY BUILDING                  |
| (3)  | NATIONAL HOUSING CONFERENCE, INC.<br>1801 K ST, NW WASHINGTON, DC 20006           | 53-0208180 | 501(C)(3)                     | 7,898.                   |                                   |   |  | CAPACITY BUILDING                  |
| (4)  | HOUSING DEVELOPMENT CENTER<br>847 NE 19TH AVENUE PORTLAND, OR 97232               | 93-1116265 | 501(C)(3)                     | 7,601.                   |                                   |   |  | CAPACITY BUILDING                  |
| (5)  | GREATER WASHINGTON URBAN LEAGUE<br>2901 14TH ST, NW WASHINGTON, DC 20009          | 53-0208981 | 501(C)(3)                     | 7,580.                   |                                   |   |  | CAPACITY BUILDING                  |
| (6)  | THE MAYOR'S FUND TO ADVANCE NEW YORK CITY<br>253 BROADWAY NEW YORK, NY 10007      | 13-3783906 | 501(C)(3)                     | 7,398.                   |                                   |   |  | CAPACITY BUILDING                  |
| (7)  | SILVER GARDENS I, LLC<br>5021 INDIAN SCHOOL RD NE ALBUQUERQUE NM                  | 61-1523368 |                               | 6,600.                   |                                   |   |  | CAPACITY BUILDING                  |
| (8)  | EMERALD DEVELOPMENT & ECONOMIC NETWORK<br>7812 MADISON AVENUE CLEVELAND, OH 44102 | 34-1667990 | 501(C)(3)                     | 6,382.                   |                                   |   |  | CAPACITY BUILDING                  |
| (9)  |   |            |                               |                          |                                   |   |  |                                    |
| (10) |   |            |                               |                          |                                   |   |  |                                    |
| (11) |   |            |                               |                          |                                   |   |  |                                    |
| (12) |   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 233.

3 Enter total number of other organizations listed in the line 1 table ▶ 15.

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

Schedule I (Form 990) (2011)

**Part III** **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

GRANT MONITORING PROCESS

HUD SECTION 4 PROGRAM

THE MAJORITY OF PASS THROUGH FUNDING UTILIZED BY ENTERPRISE IS THROUGH THE SECTION 4 PROGRAM, A CAPACITY BUILDING PROGRAM ADMINISTERED BY THE DEPARTMENT OF HOUSING & URBAN DEVELOPMENT. EACH YEAR SINCE THE EARLY 1990'S, CONGRESS HAS APPROPRIATED FUNDS TO THE SECTION 4 PROGRAM. ELIGIBLE APPLICANTS FOR THIS FUNDING 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

**Part III** **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

RESTRICTED TO USE WITHIN RURAL AREAS OF THE COUNTRY. ELIGIBLE ACTIVITIES UNDER THE SECTION 4 PROGRAM ARE CAPACITY BUILDING ACTIVITIES PROVIDED DIRECTLY TO CDCS AND CHDOS BY ENTERPRISE STAFF, CONSULTANTS, TRAININGS AND GRANTS; PREDEVELOPMENT ACTIVITIES VIA GRANTS AND LOANS; AND OTHER ACTIVITIES AUTHORIZED BY THE SECRETARY OF HUD. AFTER RECEIPT OF THE AWARD, ENTERPRISE'S SENIOR MANAGEMENT ALLOCATES FUNDING TO INITIATIVES AND MARKETS THROUGH AN ALLOCATION PROCESS. AFTER FUNDS ARE ALLOCATED, SPECIFIC WORK PLANS AND DETAILED BUDGETS ARE DEVELOPED AND SUBMITTED TO HUD FOR APPROVAL. ONCE WORK PLANS ARE APPROVED, FUNDS CAN BE COMMITTED AND DRAWN. CODING EXPENSES AND TIME TO A SPECIFIC WORK PLAN DRAWS FUNDS

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

UTILIZED INTERNALLY. PASS THROUGH FUNDING IN A WORK PLAN IS AWARDED TO ORGANIZATIONS THROUGH A RFP PROCESS, OR IN UNIQUE SITUATIONS, THROUGH A SOLE SOURCE PROCESS. AFTER THE GRANTEE SELECTION PROCESS IS COMPLETE, A GRANT REQUEST PACKAGE IS SUBMITTED TO CONTRACTS ADMINISTRATION FOR PROCESSING. SOME WORK PLANS INCLUDE FUNDING FOR PREDEVELOPMENT AND WORKING CAPITAL LOANS. THESE LOANS ARE ADMINISTERED BY ENTERPRISE COMMUNITY LOAN FUND.

PRIVATE FUNDING GRANTS

ENTERPRISE RECEIVES FUNDS FROM VARIOUS PRIVATE FUNDING SOURCES. SOME

**Part III** **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FUNDERS INCLUDE CITI FOUNDATION, BANK OF AMERICA, KRESGE FOUNDATION, ETC.

MANY OF THE PRIVATE FUNDERS RESTRICT THE USES OF THEIR FUNDS TO SPECIFIC PROGRAMS, GEOGRAPHY OR USES. ENTERPRISE PROGRAM STAFF DETERMINES THE MOST APPROPRIATE USE OF THESE FUNDS WITHIN THEIR SPECIFIC PROGRAM AREAS.

TYPICAL USE OF PRIVATE FUNDING INCLUDES 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 CONTRACTS ADMINISTRATION. A GRANT

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

REQUEST PACKAGE CONSISTS OF WORK PLAN, BUDGET, ORGANIZATIONAL DUE DILIGENCE DOCUMENTS SUCH AS FINANCIAL AUDITS, FINANCIAL ASSESSMENT, ETC. THE DOCUMENTS ARE REVIEWED FOR COMPLIANCE WITH FUNDER PROGRAM AND BUDGET REQUIREMENTS. THE ORGANIZATION'S STATUS IS ALSO CHECKED ON "CHARITY CHECK" AND AGAINST THE FEDERAL DEBARMENT LIST. AFTER COMPLIANCE REVIEW IS COMPLETE, A GRANT AGREEMENT IS EMAILED AS A PDF FILE TO THE ORGANIZATION WITH INSTRUCTIONS TO PRINT OUT TWO COPIES, SIGN BOTH COPIES AND RETURN TO ENTERPRISE FOR COUNTER SIGNATURE. ONE ORIGINAL FULLY EXECUTED COPY OF THE GRANT AGREEMENT IS MAILED BACK TO THE ORGANIZATION, AND ONE ORIGINAL AGREEMENT IS MAINTAINED AT ENTERPRISE'S HEADQUARTERS.

**Part III** **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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 CONTRACTS  
ADMINISTRATION FOR COMPLIANCE REVIEW AND VALIDATION. ONCE CONTRACTS  
VERIFIES THAT ALL DOCUMENTATION IS IN ORDER, PROJECT CODES ARE CORRECT  
AND THAT THERE IS AVAILABLE FUNDING, THE DISBURSEMENT REQUEST IS



**Part III** **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1</b>                        |                          |                          |                                   |   |  |
| <b>2</b>                        |                          |                          |                                   |   |  |
| <b>3</b>                        |                          |                          |                                   |   |  |
| <b>4</b>                        |                          |                          |                                   |   |  |
| <b>5</b>                        |                          |                          |                                   |   |  |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORWARDED TO ACCOUNTING FOR PAYMENT.

**SCHEDULE J  
(Form 990)**

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" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**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. Explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

|           |   |   |
|-----------|---|---|
|           |   |   |
| <b>1b</b> |   |   |
| <b>2</b>  |   |   |
|           |   |   |
| <b>4a</b> |   | X |
| <b>4b</b> | X |   |
| <b>4c</b> |   | X |
|           |   |   |
| <b>5a</b> |   | X |
| <b>5b</b> |   | X |
|           |   |   |
| <b>6a</b> |   | X |
| <b>6b</b> | X |   |
|           |   |   |
| <b>7</b>  | X |   |
| <b>8</b>  |   | X |
| <b>9</b>  |   |   |

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Page **2****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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(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                |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                         |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 JEFFREY SCHAFER       | (i)  | 175,402.   | 29,767.                             | 1,047.                              | 15,587.  | 3,346.                  | 225,149.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 2 TERRI L. LUDWIG       | (i)  | 348,831.   | 78,000.                             | 450.                                | 18,846.  | 11,169.                 | 457,296.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 3 WILLIAM R. FREY       | (i)  | 233,702.   | 46,000.                             | 1,647.                              | 18,846.  | 2,876.                  | 303,071.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 4 CHRISTINE K. CARTALES | (i)  | 168,915.   | 29,233.                             | 807.                                | 13,104.  | 6,629.                  | 218,688.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 5 NAOMI BAYER           | (i)  | 223,194.   | 61,800.                             | 1,980.                              | 18,846.  | 7,931.                  | 313,751.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 6 LORI CHATMAN          | (i)  | 181,005.   | 23,973.                             | 1,609.                              | 15,618.  | 3,000.                  | 225,205.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 7 RICHARD GROSS         | (i)  | 174,295.   | 28,016.                             | 9,338.                              | 15,405.  | 4,453.                  | 231,507.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 8 MARK MCDERMOTT        | (i)  | 168,233.   | 28,016.                             | 1,490.                              | 14,530.  |                         | 212,269.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 9 LAURA MCGRATH         | (i)  | 126,887.   | 11,907.                             | 467.                                | 9,613.   | 3,472.                  | 152,346.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 10 MICHAEL MCNEELY      | (i)  | 235,106.   | 46,000.                             | 2,090.                              | 18,846.  |                         | 302,042.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 11 ABBY JO SIGAL        | (i)  | 178,473.   | 30,958.                             | 637.                                | 16,343.  | 7,426.                  | 233,837.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 12 ALAN SCOTT ANDERSON  | (i)  | 144,279.   | 10,000.                             | 1,593.                              |  | 5,721.                  | 161,593.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 13 ALAZNE SOLIS         | (i)  | 225,631.   | 69,525.                             | 657.                                | 18,597.  | 10,947.                 | 325,357.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 14 FAITH E. THOMAS      | (i)  | 192,404.   | 33,034.                             | 1,647.                              | 17,654.  | 5,962.                  | 250,701.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 15 MATTHEW D. HOFFMAN   | (i)  | 145,235.   | 5,000.                              | 300.                                | 6,346.   | 8,932.                  | 165,813.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 16 MEAGHAN E. VLKOVIC   | (i)  | 131,592.   | 10,147.                             | 302.                                | 9,864.   | 4,932.                  | 156,837.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |

Schedule J (Form 990) 2011

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PAGE 67

Schedule J (Form 990) 2011

Page **2****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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(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                |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                         |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 PAUL M. CUMMINGS      | (i)  | 258,236.   | 57,500.                             | 637.                                | 18,846.  | 4,629.                  | 339,848.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 2 DANA L. BOURLAND      | (i)  | 171,739.   | 14,008.                             | 300.                                | 13,654.  | 1,561.                  | 201,262.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 3 AMALIA M. KASTBERG    | (i)  | 218,018.   | 20,748.                             | 450.                                | 18,106.  | 4,932.                  | 262,254.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 4 MICHELLE WHETTEN      | (i)  | 139,980.   | 24,720.                             | 571.                                | 11,776.  | 1,454.                  | 178,501.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 5 DAVID CHARLES BOWERS  | (i)  | 139,875.   | 21,250.                             | 280.                                | 10,422.  | 1,792.                  | 173,619.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 6 CHARLES WERHANE       | (i)  | 0  | 0                                   | 0                                   |  |                         |                                 |   |
|                         | (ii) | 350,790.   | 300,000.                            | 70,009.                             | 103,386.                                       | 5,876.                  | 830,061.                        |   |
| 7 DORIS W. KOO          | (i)  | 221,379.   | 71,400.                             | 2,249.                              | 18,846.  | 4,287.                  | 318,161.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 8 EDWARD DAVID MANEKIN  | (i)  | 138,407.   | 11,577.                             | 974.                                | 10,901.  | 6,429.                  | 168,288.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 9 MARY ANN LEONARD      | (i)  | 165,415.   | 26,400.                             | 1,290.                              | 14,331.  | 3,022.                  | 210,458.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 10 KEITH E. FAIREY      | (i)  | 159,896.   | 27,141.                             | 637.                                | 14,312.  | 7,247.                  | 209,233.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 11 ALEX S. AVITABILE    | (i)  | 154,163.   | 13,133.                             | 2,327.                              | 12,204.  | 3,556.                  | 185,383.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 12 JEANETTE L. DAYMUDE  | (i)  | 147,616.   | 12,614.                             | 1,022.                              | 11,596.  | 3,876.                  | 176,724.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 13 PETRA D. MONTAGUE    | (i)  | 140,079.   | 11,907.                             | 651.                                | 8,951.   | 2,927.                  | 164,515.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 14 KAREN LADO           | (i)  | 124,141.   | 22,063.                             | 679.                                | 10,731.  | 8,343.                  | 165,957.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 15 KATHERINE W. SWENSON | (i)  | 127,386.   | 11,050.                             | 313.                                | 9,830.   | 10,948.                 | 159,527.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 16 EDWARD D. ROSENTHAL  | (i)  | 135,241.   | 11,050.                             | 3,454.                              | 10,240.  | 3,093.                  | 163,078.                        |   |
|                         | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Page **2****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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(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                  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ANTHONY JOSEPH DISPIGNO | (i)  | 224,011.   | 20,000.                             | 690.                                | 13,235.  | 7,587.                  | 265,523.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 2 ROBERT S. GROSSINGER    | (i)  | 171,623.   | 6,623.                              | 1,290.                              | 8,780.   |                         | 188,316.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 3 MELINDA J. POLLACK      | (i)  | 127,048.   | 9,630.                              | 239.                                | 9,862.   | 8,502.                  | 155,281.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 4 OYESHOLA OLATOYE        | (i)  | 135,597.   | 36,975.                             | 574.                                | 13,473.  | 12,424.                 | 199,043.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 5 JACQUELINE WAGGONER     | (i)  | 132,818.   | 33,750.                             | 536.                                | 12,018.  | 2,292.                  | 181,414.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 6 DMITRI WASILEWSKI       | (i)  | 130,563.   | 30,283.                             | 262.                                | 6,662.   | 3,586.                  | 171,356.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 7 JON SEARLES             | (i)  | 151,831.   | 2,000.                              | 607.                                | 9,563.   | 982.                    | 164,983.                        |   |
|                           | (ii) | 0  | 0                                   | 0                                   |  |                         |                                 |   |
| 8                         | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                         | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                           | (ii) |  |                                     |                                     |  |                         |                                 |   |

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to 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.

SCHEDULE J

PART I, 6B

THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY  
CALCULATED BASED ON THE NET INCOME OF THE RELATED ORGANIZATION AS WELL AS  
SPECIFIC GOALS MET BY THE EMPLOYEE.

SCHEDULE J

PART I, LINE 7

OFFICERS & KEY EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING  
CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA.

SCHEDULE J

PART I, LINE 4B

CHARLES WERHANE

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                                      |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total . . . . . ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1)                           |   |                                   |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
| (6)                           |   |                                   |
| (7)                           |   |                                   |
| (8)                           |   |                                   |
| (9)                           |   |                                   |
| (10)                          |   |                                   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) PAUL BROPHY               | FORMER TRUSTEE  | 139,435.                  | CONSULTING                     |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).



**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.**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 8.   | 37,960.  | FMV ON DATE ACQUIRED   |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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 |
|--|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   |     | X  |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | X   |    |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2011)

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

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USE OF THIRD PARTIES TO SELL NON-CASH ITEMS

SCHEDULE M, PART I, LINE 32A

FINANCIAL INSTITUTIONS ARE USED TO REDEEM/SELL DONATED STOCK.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

GOVERNANCE

PART VI SECTION B QUESTION 11B

THE ENTIRE BOARD IS GIVEN A COPY OF THE 990 RETURN TO REVIEW PRIOR TO  
FILING THE 990 RETURN. THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND  
APPROVES THE 990 RETURN IN A MEETING.

GOVERNANCE

PART VI SECTION B QUESTION 12C

AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY THE  
ORGANIZATION EACH JANUARY. THIS EXERCISE REQUIRES EACH EMPLOYEE TO READ  
THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST  
DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN BY THE  
EMPLOYEE.

NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST  
DISCLOSURE FORM UPON HIRING.

THE EXECUTIVE OFFICE INCLUDES THE CONFLICT OF INTEREST POLICY AND THE  
CONFLICT OF INTEREST DISCLOSURE STATEMENT IN ITS MAILING TO THE TRUSTEES  
IN ADVANCE OF THE ANNUAL MEETING OF THE BOARD (USUALLY HELD IN MARCH). WE  
ASK THAT TRUSTEES RETURN THE DISCLOSURE FORM BY THE ANNUAL MEETING.

THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DOCUMENT (CONFLICT OF  
INTEREST DISCLOSURE FORM) CONTENT AND FOLLOWS UP ON ANY CONCERNS WITH THE

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

EMPLOYEE. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS  
FOR FUTURE REFERENCING.

THE EXECUTIVE OFFICE MONITORS AND FOLLOWS UP ON THE STATUS OF ANY  
UNRETURNED DISCLOSURE FORMS. THE GENERAL COUNSEL REVIEWS ALL DISCLOSURE  
FORMS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE  
PROCEDURES SET FORTH IN THE POLICY.

## GOVERNANCE

## PART VI SECTION B QUESTION 15

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND OFFICER  
POSITIONS OF ENTERPRISE COMMUNITY PARTNERS IS AS FOLLOWS:

PARTNERS ENGAGES AN INDEPENDENT CONSULTING FIRM TO PROVIDE A COMPENSATION  
STUDY FOR THE CEO & OFFICER POSITIONS TO ESTABLISH A MARKET VALUE. THE  
MARKET ANALYSIS IS REVIEWED BY THE BOARD OF TRUSTEES. THE BOARD OF  
TRUSTEES DISCUSSES AND SETS THE CEO COMPENSATION. THE BOARD ALSO REVIEWS  
AND APPROVES THE CEO'S RECOMMENDATIONS FOR THE OTHER OFFICERS'  
COMPENSATION. THIS PROCESS IS DOCUMENTED THROUGH THE BOARD MEETING  
MINUTES.

## GOVERNANCE

## PART VI SECTION C QUESTION 19

DOCUMENTS MADE AVAILABLE TO PUBLIC UPON REQUEST AND OUR WEBSITE

|   |  |
|---|--|
| Name of the organization<br>ENTERPRISE COMMUNITY PARTNERS, INC. | Employer identification number<br>52-1231931 |
|---|--|

## RECONCILIATION OF NET ASSETS

## PART XI LINE 5

CHANGE IN NET ASSETS OF SUBSIDIARIES AND AFFILIATES 10,525,000

NET UNREALIZED GAIN ON INVESTMENT (551,640)

TAX TO GAAP ADJUSTMENT - (369)

LAFITTE REDEVELOPMENT

TOTAL 9,972,991

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CREATE OPPORTUNITIES FOR LOW AND MODERATE-INCOME PEOPLE THROUGH AFFORDABLE HOUSING AND DIVERSE, THRIVING COMMUNITIES. ENTERPRISE PROVIDES DEVELOPMENT CAPITAL AND EXPERTISE TO CREATE DECENT, AFFORDABLE HOMES AND TO REBUILD COMMUNITIES. SERVICES PROVIDED BY THE ORGANIZATION TO COMMUNITY ORGANIZATIONS INCLUDE GRANTS FOR THEIR OPERATIONS; SHORT-TERM LOANS RANGING FROM WORKING CAPITAL LINES TO PREDEVELOPMENT, ACQUISITION AND CONSTRUCTION LOANS; TECHNICAL SERVICES AND TRAINING PROGRAMS; AND RESEARCH AND INFORMATION SERVICES.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, 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, WA, WV, WI,

|                                     |                                |
|-------------------------------------|--------------------------------|
| Name of the organization            | Employer identification number |
| ENTERPRISE COMMUNITY PARTNERS, INC. | 52-1231931                     |
| ATTACHMENT 3                        |                                |

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

| NAME AND TITLE                        | HOURS DEVOTED FOR RELATED ORGANIZATION |
|---------------------------------------|--|
| CHARLES WERHANE<br>DIRECTOR           | 39.00                                  |
| LORI CHATMAN<br>SENIOR VICE PRESIDENT | 39.00                                  |

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS   | DESCRIPTION OF SERVICES | COMPENSATION    |
|--|-------------------------|-----------------|
| MONITOR COMPANY GROUP LIMITED PARTNERSHI<br>2 CANAL PARK<br>CAMBRIDGE, MA 02141                  | CONSULTING              | 453,888.        |
| BROPHY @ REILLY, LLC<br>10490 LITTLE PATUXENT PARKWAY<br>COLUMBIA, MD 21044                      | SR MANAGMENT CONSULT    | 139,435.        |
| BLANK ROME, LLP<br>600 NEW HAMPSHIRE AVENUE<br>WASHINGTON, DC 20037                              | LEGAL                   | 145,680.        |
| JEFFREY A MION<br>780 REDLION RUN<br>ALPHARETTA, GA 30022  | CONSULTING SERVICES     | 126,312.        |
| MCBEE STRATEGIC CONSULTING, LLC<br>601 PENNSYLVANIA AVENUE, NW SUITE 800<br>WASHINGTON, DC 20004 | CONSULTING              | 130,000.        |
| TOTAL COMPENSATION   |                         | <u>995,315.</u> |

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

ATTACHMENT 5 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION       | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV. | (D)<br>EXCLUDED<br>REVENUE |
|-------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INVESTMENT INCOME | 565,320.                |                                     |                                   | 565,320.                   |
| TOTALS            | <u>565,320.</u>         |                                     |                                   | <u>565,320.</u>            |

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| DESCRIPTION        | AMOUNT            |
|--------------------|-------------------|
| FUNDRAISING EVENTS | 1,428,175.        |
| TOTAL              | <u>1,428,175.</u> |

ATTACHMENT 7FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION        | GROSS<br>INCOME | DIRECT<br>EXPENSES | NET<br>INCOME    |
|--------------------|-----------------|--------------------|------------------|
| FUNDRAISING EVENTS | 187,423.        | 432,687.           | -245,264.        |
| TOTALS             | <u>187,423.</u> | <u>432,687.</u>    | <u>-245,264.</u> |

ATTACHMENT 8FORM 990, PART X - NOTES AND LOANS RECEIVABLE

|  |                    |
|--|--------------------|
| BORROWER:                                  | NOTES RECEIVABLE   |
| BEGINNING BALANCE DUE .....                | 21,828,755.        |
| ENDING BALANCE DUE .....                   | <u>25,438,449.</u> |
| TOTAL BEGINNING NOTES AND LOANS RECEIVABLE | <u>21,828,755.</u> |
| TOTAL ENDING NOTES AND LOANS RECEIVABLES   | <u>25,438,449.</u> |

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

ATTACHMENT 9FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|------------------------------|
| EQUITY FUNDS       | 10,608,796.                  |
| BOND FUNDS         | 6,189,007.                   |
| COMMERCIAL PAPER   |                              |
| TOTALS             | <u>16,797,803.</u>           |



**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ENTERPRISE LOUISIANA LOAN FUND, LLC 47-1718653<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044     | FINANCING               | DE   | 335,628.            | 4,291,184.                | ECP, INC                         |
| (2) NEW GENERATION FUND, LLC 26-2105382<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044                | FINANCING               | DE   | 1,924,973.          | 31,657,939.               | ECP, INC.                        |
| (3) NATIONAL COMMUNITY STABILIZATION TRUST, 26-3703347<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044 | AFFORD HSG              | DE   |                     |                           | ECP, INC.                        |
| (4) ENTERPRISE NEW ORLEANS NT, LLC 52-1231931<br>10227 WINCOPIN CIRCLE SUITE 80 COLUMBIA, MD 21044 | AFFORD HSG              | MD   |                     |                           | ECP, INC.                        |
| (5) -----  |                         |  |                     |                           |                                  |
| (6) -----  |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) ENTERPRISE COMMUNITY LOAN FUND, INC. 52-0192004<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044     | FINANCING               | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (2) ENTERPRISE HOME OWNERSHIP PARTNERS, INC 31-1737642<br>600 WILSHIRE BLVD LOS ANGELES, CA 90017   | AFF. HOUSING            | CA   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (3) EHOP- DALLAS, INC 72-1590088<br>500 AKARD STREET DALLAS, TX 75201                               | AFF. HOUSING            | TX   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (4) NEIGHBORHOOD PARTNERSHIP HOUSING DEVELOP 13-3811616<br>1 WHITEHALL STREET NEW YORK, NY 10004    | AFF. HOUSING            | NY   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (5) ENTERPRISE MARYLAND, LLC 26-3262997<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044                 | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (6) IAC/ENTERPRISE NEHEMIAH DEVELOPMENT 52-1742031<br>505 AMERICAN CITY BUILDING COLUMBIA, MD 21044 | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (7) CORNERSTONE HOUSING CORPORATION 52-1742293<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044          | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |

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

Schedule R (Form 990) 2011

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) CITY HOMES, INC. 52-1479114<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044                   | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC                         |  | X  |
| (2) ENTERPRISE ADVISORS, INC. 27-3846733<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044          | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC.                        |  | X  |
| (3) AFFORDABLE HOUSING SOLUTIONS, INC. 35-2389470<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044 | AFF. HOUSING            | MD   | 501(C)(3)                  | 509(A)(3)   | ECP, INC.                        |  | X  |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| (5) -----   |                         |  |                            |   |                                  |  |    |
| (6) -----   |                         |  |                            |   |                                  |  |    |
| (7) -----   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2011

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PAGE 82

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

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|---|----|--|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |                                       | Yes                                     | No |  | Yes                                       | No |                                |
| (1) ECLF TOAH MBR, LLC 27-5305396<br>10227 WINCOPIN CIRCLE  | FINANCING               | DE   | ECLF                                | RELATED   | 52,225.                         | 52,325.                               |   | X  |  |   | X  | 99.9900                        |
| (2) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (3) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (4) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (5) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (6) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (7) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|
| (1) ENTERPRISE COMMUNITY INVESTMENT, INC 52-1206840<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044 | AFF. HOUSING            | MD   | ECP, INC                            | C CORP   | 3,914,615.                      | 93,955,624.                           | 100.0000                       |
| (2) ENTERPRISE GROUP, INC 52-1348286<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044                | AFF. HOUSING            | MD   | ECP, INC                            | C CORP   |                                 |                                       | 100.0000                       |
| (3) ENTERPRISE NEW ORLEANS, LLC 26-4201991<br>10227 WINCOPIN CIRCLE COLUMBIA, MD 21044          | AFFORDABLE HS           | MD   | ECP, INC                            | C CORP   | 369.                            | 1,162,294.                            | 100.0000                       |
| (4) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (5) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (6) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (7) -----   |                         |  |                                     |  |                                 |                                       |                                |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? |           |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .                  | <b>1a</b> | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |     | X  |
| <b>f</b> Sale of assets to related organization(s) . . . . .   | <b>1f</b> |     | X  |
| <b>g</b> Purchase of assets from related organization(s) . . . . .   | <b>1g</b> |     | X  |
| <b>h</b> Exchange of assets with related organization(s) . . . . .   | <b>1h</b> |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1i</b> |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1j</b> |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1k</b> | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1l</b> | X   |    |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1m</b> | X   |    |
| <b>n</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1n</b> |     | X  |
| <b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1o</b> | X   |    |
| <b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1p</b> | X   |    |
| <b>q</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1q</b> |     | X  |
| <b>r</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1r</b> |     | X  |

**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)<br>Name of other organization         | (b)<br>Transaction<br>type (a–r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---|----------------------------------|------------------------|---|
| (1) ENTERPRISE COMMUNITY INVESTMENT, INC. | A                                | 6,088,516.             | COST  |
| (2) ENTERPRISE COMMUNITY INVESTMENT, INC. | K                                | 7,106,340.             | COST  |
| (3) ENTERPRISE COMMUNITY INVESTMENT, INC. | L                                | 4,451,083.             | COST  |
| (4) ENTERPRISE COMMUNITY INVESTMENT, INC. | O                                | 1,136,300.             | COST  |
| (5) ENTERPRISE COMMUNITY INVESTMENT, INC. | P                                | 577,436.               | COST  |
| (6)                                       |                                  |                        |   |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2011**Attachment  
Sequence No. **179**

Name(s) shown on return

ENTERPRISE COMMUNITY PARTNERS, INC.

Identifying number

52-1231931

Business or activity to which this form relates

**GENERAL DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |   |    |          |
|----|---|----|----------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |          |
| 15 | Property subject to section 168(f)(1) election  | 15 |          |
| 16 | Other depreciation (including ACRS)   | 16 | 889,998. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

|    |   |    |  |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |          |
|----|--|----|----------|
| 21 | Listed property. Enter amount from line 28   | 21 |          |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 889,998. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |          |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

| (a)<br>Type of property (list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . |                               |   |                            |  |                        |                          | <b>25</b>                     |                                 |
| <b>26</b> Property used more than 50% in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |
|  |                               | %   |                            |  |                        |                          |                               |                                 |
|  |                               | %   |                            |  |                        |                          |                               |                                 |
|  |                               | %   |                            |  |                        |                          |                               |                                 |
| <b>27</b> Property used 50% or less in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |
|  |                               | %   |                            |  |                        | S/L -                    |                               |                                 |
|  |                               | %   |                            |  |                        | S/L -                    |                               |                                 |
|  |                               | %   |                            |  |                        | S/L -                    |                               |                                 |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .  |                               |   |                            |  |                        |                          | <b>28</b>                     |                                 |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .   |                               |   |                            |  |                        |                          | <b>29</b>                     |                                 |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|   | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . . |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year . . . . .  |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .  |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                                     |                  |                  |                  |                  |                  |                  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                               | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .                       |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use? . . . . .  |                  |                  |                  |                  |                  |                  |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions):             |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2011 tax year . . . . .                        |                                 |                           |                     |  | <b>43</b>                         |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |  | <b>44</b>                         |



REZNICK GROUP, P.C.  
7501 WISCONSIN AVENUE, SUITE 400E  
BETHESDA, MD 20814-6583

\*\*\*\*\*

INSTRUCTIONS FOR FILING  
ENTERPRISE COMMUNITY PARTNERS, INC.  
CA FORM 199  
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED DECEMBER 31, 2011

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF  
THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 15, 2012  
WITH...

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CALIFORNIA 94257-0700

TAXABLE YEAR **2011** **California Exempt Organization**  
**Annual Information Return**

FORM

**199**

Calendar Year 2011 or fiscal year beginning month 01 day 01 year 11, and ending month 12 day 31 year 2011.

Corporation/Organization Name

California corporation number

**ENTERPRISE COMMUNITY PARTNERS, INC.**

**1548911**

Address (suite, room, or PMB no.)

FEIN

**10227 WINCOPIN CIRCLE, SUITE 500**

**52-1231931**

City

State

ZIP Code

**COLUMBIA**

**MD**

**21044**

A First Return ☐ Yes ☒ No

B Amended Return ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final Return ☐ Yes ☒ No

• ☐ Dissolved • ☐ Surrendered (Withdrawn)

• ☐ Merged/Reorganized Enter date: \_\_\_\_\_

E Check accounting method:

(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed?

(1) • ☐ 990T (2) • ☐ 990(PF) (3) • ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No

If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No

If "Yes," what is the parent's name? \_\_\_\_\_

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No

If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember

sources \$ \_\_\_\_\_

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ☒ Yes ☐ No

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                       |    |   |    |               |
|-----------------------|----|---|----|---------------|
| Receipts and Revenues | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8  | 1  | 16,001,772.00 |
|                       | 2  | Gross dues and assessments from members and affiliates  | 2  | 00            |
|                       | 3  | Gross contributions, gifts, grants, and similar amounts received  | 3  | 44,273,272.00 |
|                       | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$25,000, see General Instruction B | 4  | 60,275,044.00 |
|                       | 5  | Cost of goods sold  | 5  | 00            |
| Expenses              | 6  | Cost or other basis, and sales expenses of assets sold  | 6  | 00            |
|                       | 7  | Total costs. Add line 5 and line 6  | 7  | 00            |
|                       | 8  | Total gross income. Subtract line 7 from line 4   | 8  | 60,275,044.00 |
|                       | 9  | Total expenses and disbursements. From Side 2, Part II, line 18   | 9  | 62,600,035.00 |
|                       | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | -2,324,991.00 |
| Filing Fee            | 11 | Filing fee \$10 or \$25. See General Instruction F  | 11 | 00            |
|                       | 12 | Total payments  | 12 | 00            |
|                       | 13 | Penalties and interest. See General Instruction J   | 13 | 00            |
|                       | 14 | Use tax. See General Instruction K  | 14 | 00            |
|                       | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result   | 15 | 00            |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                          |  |                            |   |   |
|--------------------------|--|----------------------------|---|---|
| Sign Here                | Signature of officer <u>Michael McNulty</u>  | Title <u>SVP &amp; CFO</u> | Date <u>8/9/12</u>                              | • Telephone _____   |
| Paid Preparer's Use Only | Preparer's signature <u>Anne E. Sch...</u>   | Date <u>8/10/12</u>        | Check if self-employed <input type="checkbox"/> | • PTIN <u>P0023062</u>  |
|                          | Firm's name (or yours, if self-employed) and address<br><b>REZNICK GROUP, P.C.<br/>7501 WISCONSIN AVENUE, SUITE 400E<br/>BETHESDA, MD 20814-6583</b> |                            |   | • FEIN <u>52-1088612</u>  |
|                          |  |                            |   | • Telephone <u>301-652-9100</u>                                       |
|                          | May the FTB discuss this return with the preparer shown above? See instructions  |                            |   | • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

|                             |    |   |   |    |               |
|-----------------------------|----|---|---|----|---------------|
| Receipts from Other Sources | 1  | Gross sales or receipts from all business activities. See instructions . . . . .  | • | 1  | 9,593,200.00  |
|                             | 2  | Interest . . . . .  | • | 2  | 565,320.00    |
|                             | 3  | Dividends . . . . .   | • | 3  | 00            |
|                             | 4  | Gross rents . . . . .   | • | 4  | 00            |
|                             | 5  | Gross royalties . . . . .   | • | 5  | 6,088,516.00  |
|                             | 6  | Gross amount received from sale of assets (See Instructions) . . . . .  | • | 6  | 00            |
|                             | 7  | Other income. Attach schedule . . . . .   | • | 7  | -245,264.00   |
|                             | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7.<br>Enter here and on Side 1, Part I, line 1 . . . . . |   | 8  | 16,001,772.00 |
| Expenses and Disbursements  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .   | • | 9  | 19,914,851.00 |
|                             | 10 | Disbursements to or for members . . . . .   | • | 10 | 00            |
|                             | 11 | Compensation of officers, directors, and trustees. Attach schedule . . . . .  | • | 11 | 7,058,538.00  |
|                             | 12 | Other salaries and wages . . . . .  | • | 12 | 12,798,265.00 |
|                             | 13 | Interest . . . . .  | • | 13 | 00            |
|                             | 14 | Taxes . . . . .   | • | 14 | 00            |
|                             | 15 | Rents . . . . .   | • | 15 | 3,118,459.00  |
|                             | 16 | Depreciation and depletion (See instructions) . . . . .   | • | 16 | 889,998.00    |
|                             | 17 | Other Expenses and Disbursements. Attach schedule. . . . .  | • | 17 | 18,819,924.00 |
|                             | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .                   |   | 18 | 62,600,035.00 |

| Schedule L   | Balance Sheets | Beginning of taxable year |              | End of taxable year |               |
|--|----------------|---------------------------|--------------|---------------------|---------------|
| Assets   |                | (a)                       | (b)          | (c)                 | (d)           |
| 1 Cash . . . . .   |                |                           | 18,520,911.  |                     | • 18,500,507. |
| 2 Net accounts receivable . . . . .                            |                |                           | 4,977,337.   |                     | • 6,413,408.  |
| 3 Net notes receivable. . . . .                                | ATCH 4         |                           | 11,441,742.  |                     | • 11,903,393. |
| 4 Inventories . . . . .  |                |                           |              |                     | •             |
| 5 Federal and state government obligations . . . . .           |                |                           |              |                     | •             |
| 6 Investments in other bonds. . . . .                          |                |                           |              |                     | •             |
| 7 Investments in stock. . . . .                                | ATCH 5         |                           | 20,897,797.  |                     | • 17,791,599. |
| 8 Mortgage loans . . . . .                                     |                |                           |              |                     | •             |
| 9 Other investments. Attach schedule . . . . .                 |                |                           | 113,659,440. |                     | •122,184,773. |
| 10 a Depreciable assets . . . . .                              |                | 7,655,672.                |              | 7,948,407.          |               |
| b Less accumulated depreciation . . . . .                      | ( 4,203,542 )  |                           | 3,452,130.   | ( 4,287,658 )       | 3,660,749.    |
| 11 Land . . . . .  |                |                           |              |                     | •             |
| 12 Other assets. Attach schedule . . . . .                     | ATCH 7         |                           | 5,143,842.   |                     | • 5,196,851.  |
| 13 Total assets . . . . .                                      |                |                           | 178,093,199. |                     | 185,651,280.  |
| Liabilities and net worth                                      |                |                           |              |                     |               |
| 14 Accounts payable . . . . .                                  |                |                           | 5,203,179.   |                     | • 6,665,092.  |
| 15 Contributions, gifts, or grants payable . . . . .           |                |                           |              |                     | •             |
| 16 Bonds and notes payable . . . . .                           |                |                           |              |                     | •             |
| 17 Mortgages payable . . . . .                                 |                |                           |              |                     | •             |
| 18 Other liabilities. Attach schedule . . . . .                |                |                           | 2,570,020.   |                     | 1,018,258.    |
| 19 Capital stock or principle fund . . . . .                   |                |                           |              |                     | •             |
| 20 Paid-in or capital surplus. Attach reconciliation . . . . . |                |                           |              |                     | •             |
| 21 Retained earnings or income fund . . . . .                  |                |                           | 170,320,000. |                     | •177,968,000. |
| 22 Total liabilities and net worth . . . . .                   |                |                           | 178,093,199. |                     | 185,651,350.  |

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

|   |   |            |  |                  |             |
|---|---|------------|--|------------------|-------------|
| 1 Net income per books . . . . .  | • | 7,648,000. | 7 Income recorded on books this year not included in this return. Attach schedule . . . . .      | ATCH 9 . . . . . | 9,972,991.  |
| 2 Federal income tax . . . . .  | • |            | 8 Deductions in this return not charged against book income this year. Attach schedule . . . . . |                  |             |
| 3 Excess of capital losses over capital gains . . . . .                                       | • |            | 9 Total. Add line 7 and line 8 . . . . .   |                  | 9,972,991.  |
| 4 Income not recorded on books this year. Attach schedule . . . . .                           | • |            | 10 Net income per return. Subtract line 9 from line 6 . . . . .                                  |                  | -2,324,991. |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule . . . . . | • |            |  |                  |             |
| 6 Total. Add line 1 through line 5 . . . . .  |   | 7,648,000. |  |                  |             |

ATTACHMENT 3PART II - OTHER EXPENSES

|                                |             |
|--------------------------------|-------------|
| PROFESSIONAL AND CONTRACT SERV | 11,153,463. |
| MISCELLANEOUS                  | 534,640.    |
| MARKETING                      | 485,128.    |
| DIRECT FUNDRAISING             | -432,687.   |
| INDIRECT COSTS                 | -213,263.   |
| EMPLOYEE BENEFITS              | 4,119,781.  |
| OFFICE EXPENSES                | 684,362.    |
| TRAVEL EXPENSES                | 1,427,897.  |
| CONFERENCES                    | 1,060,603.  |

TOTAL OTHER EXPENSES

18,819,924.

CA 199, SCHEDULE L - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: NOTES RECEIVABLE

|  |                        |
|--|------------------------|
| BEGINNING BALANCE DUE .....                          | 21,828,755.            |
| ENDING BALANCE DUE .....                             | <u>25,438,449.</u>     |
| <br>TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE | <br><u>11,441,742.</u> |
| <br>TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES   | <br><u>11,903,393.</u> |

ATTACHMENT 5SCHEDULE L - INVESTMENTS IN STOCK

| <u>DESCRIPTION</u>             | <u>BEG. OF YEAR</u>    | <u>END OF YEAR</u>     |
|--------------------------------|------------------------|------------------------|
| EQUITY FUNDS                   | 10,981,621.            | 10,608,796.            |
| BOND FUNDS                     | 5,818,243.             | 6,189,007.             |
| ALTERNATIVE INVESTMENTS        | 1,002,764.             | 926,789.               |
| ALTERNATIVE INVESTMENTS        | 81,000.                | 67,007.                |
| <br>TOTAL INVESTMENTS IN STOCK | <br><u>20,897,797.</u> | <br><u>17,791,599.</u> |

CA 199 SCHEDULE L - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>ATTACHMENT 7</u>                   |                                    |
|--------------------|---------------------------------------|------------------------------------|
|                    | <u>BEGINNING</u><br><u>BOOK VALUE</u> | <u>ENDING</u><br><u>BOOK VALUE</u> |
| DUE FROM AFFILIATE |                                       | 4,984,229.                         |
| PREPAID EXPENSES   |                                       | 212,622.                           |
| TOTALS             |                                       | <u>5,196,851.</u>                  |

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

|   |                       |
|---|-----------------------|
| EQUITY IN AFFILIATES                                      | 10,525,000.           |
| UNREALIZED GAIN ON INVESTMENTS                            | -551,640.             |
| TAX TO GAAP ADJUSTMENT                                    | -369.                 |
| <br>TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED | <br><u>9,972,991.</u> |



Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning 01/01, 2011, and ending 12/31, 20 11

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

**2011**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Name and title of officer

Employer identification number

52-1231931**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|  |   |    |                 |
|--|---|----|-----------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .  | 1b | <u>60275044</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                   | 2b |                 |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) . . . . .                            | 3b |                 |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . | 4b |                 |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .  | 5b |                 |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only



I authorize

Reznick

ERO firm name

to enter my PIN

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Enter five numbers, but  
do not enter all zeros

as my signature

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.



As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Michael M. M. M.

Date ▶

8/4/12**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 2 | 0 | 8 | 1 | 6 | 5 | 2 | 1 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Chloe E. Schick, CPA

Date ▶

8/10/12**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

JSA

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PAGE 2