Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: ENTERPRISE COMMUNITY PARTNERS, INC.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 11000 BROKEN LAND PARKWAY

Room/suite: 700

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

D Employer identification number: 52-1231931

E Telephone number: (410) 964-1230

G Gross receipts $: 69,285,325.

F Name and address of principal officer: TERRI LUDWIG, CEO
11000 BROKEN LAND PARKWAY#700 COLUMBIA, MD 21044

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

H(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ENTERPRISECOMMUNITY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 **M** State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO CREATE OPPORTUNITIES FOR LOW- AND MODERATE-INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	25.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	251.
6 Total number of volunteers (estimate if necessary)	6	71.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	45,074,369.	53,644,487.
9 Program service revenue (Part VIII, line 2g)	12,018,596.	10,743,848.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	641,584.	522,984.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,533,757.	3,823,398.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,268,306.	68,734,717.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,372,617.	14,692,266.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,909,708.	25,626,420.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,743,482.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,468,920.	18,010,708.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,751,245.	58,329,394.
19 Revenue less expenses. Subtract line 18 from line 12	5,517,061.	10,405,323.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	206,179,000.	241,632,111.
21 Total liabilities (Part X, line 26)	8,105,990.	26,964,748.
22 Net assets or fund balances. Subtract line 21 from line 20	198,073,010.	214,667,363.

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: 7/14/14

Craig Mellendick, SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Anne E. Schrantz CPA	Preparer's signature: Anne E. Schrantz	Date: 7/14/14	Check ☐ if self-employed; PTIN: P00230625
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099
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** (2013)

Part III **Statement of Program Service Accomplishments**

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

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 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 $ 49,398,386. including grants of $ 14,692,264.) (Revenue $ 10,743,848.)

ENTERPRISE AND ITS SUBSIDIARIES HAVE RAISED AND INVESTED MORE THAN $16 BILLION IN EQUITY, GRANTS, AND LOANS TO CREATE NEARLY 320,000 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 ▶ 49,398,386.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	224		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	251		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

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.

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CRAIG MELLENDICK 11000 BROKEN LAND PARKWAY#700 COLUMBIA, MD 21044 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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERRI L. LUDWIG TRUSTEE, PRESIDENT & CEO	40.00	X		X				493,610.	0	50,690.
(2) BILL BECKMANN TRUSTEE	1.00	X						0	0	0
(3) RENATA SIMRIL TRUSTEE	1.00	X						0	0	0
(4) RAYMOND CHRISTMAN TRUSTEE	1.00	X						0	0	0
(5) SHEILA CROWLEY TRUSTEE	1.00	X						0	0	0
(6) RONALD GRZYWINSKI TRUSTEE	1.00	X						0	0	0
(7) EDWARD NORTON TRUSTEE	1.00	X						0	0	0
(8) NICOLAS RETSINAS TRUSTEE	1.00	X						0	0	0
(9) JONATHAN F.P. ROSE TRUSTEE	1.00	X						0	0	0
(10) TONY SALAZAR TRUSTEE	1.00	X						0	0	0
(11) J RONALD TERWILLIGER TRUSTEE, CHAIRMAN	1.00	X						0	0	0
(12) REV. REGINALD WILLIAMS TRUSTEE	1.00	X						0	0	0
(13) CHARLES R. WERHANE TRUSTEE	1.00 39.00	X						0	818,079.	119,780.
(14) ADAM R. FLATTO TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) DORA LEONG GALLO TRUSTEE	1.00	X						0	0	0
(16) PRISCILLA ALMODOVAR TRUSTEE	1.00	X						0	0	0
(17) GREGORY BAER TRUSTEE	1.00	X						0	0	0
(18) MARIA BARRY TRUSTEE	1.00	X						0	0	0
(19) JOSEPH BROWN TRUSTEE	1.00	X						0	0	0
(20) RICK LAZIO TRUSTEE	1.00	X						0	0	0
(21) MICHAEL SLOCUM TRUSTEE	1.00	X						0	0	0
(22) RICHARD COLES TRUSTEE	1.00	X						0	0	0
(23) RAPHAEL BOSTIC TRUSTEE	1.00	X						0	0	0
(24) LANCE FORS TRUSTEE	1.00	X						0	0	0
(25) JOHN M. REILLY TRUSTEE	1.00	X						0	0	0
1b Sub-total ▶								493,610.	818,079.	170,470.
c Total from continuation sheets to Part VII, Section A ▶								8,381,238.	247,519.	1,290,679.
d Total (add lines 1b and 1c) ▶								8,874,848.	1,065,598.	1,461,149.

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 4

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) CHRISTOPHER COLLINS TRUSTEE	1.00	X						0	0	0
(27) BETH MEYERS TRUSTEE	1.00	X						0	0	0
(28) JEFFREY SCHAFFER VICE PRESIDENT	40.00			X				218,572.	0	38,532.
(29) WILLIAM R. FREY SENIOR VICE PRESIDENT	40.00			X				223,972.	0	34,051.
(30) NAOMI S. BAYER SENIOR VICE PRESIDENT	40.00			X				314,038.	0	39,074.
(31) RICHARD D. GROSS VICE PRESIDENT	40.00			X				229,717.	0	35,481.
(32) MARK MCDERMOTT VICE PRESIDENT	40.00			X				207,943.	0	39,305.
(33) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT	1.00 39.00			X				0	247,519.	21,005.
(34) MICHAEL MCNEELY SVP, TREASURER, & CFO	40.00			X				330,948.	0	19,539.
(35) ABBY JO SIGAL SENIOR VICE PRESIDENT	40.00			X				259,490.	0	36,270.
(36) ALAN SCOTT ANDERSON VICE PRESIDENT	40.00			X				170,962.	0	37,975.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) ALAZNE MIREN SOLIS SENIOR VICE PRESIDENT	40.00			X				313,576.	0	39,032.
(38) FAITH E. THOMAS SVP &GENERAL COUNSEL/SECRETARY	40.00			X				254,264.	0	39,174.
(39) MATTHEW D. HOFFMAN VICE PRESIDENT	40.00			X				180,966.	0	35,788.
(40) MEAGHAN E. VLKOVIC VICE PRESIDENT	40.00			X				175,633.	0	35,938.
(41) PAUL M. CUMMINGS SENIOR VICE PRESIDENT	40.00			X				283,991.	0	42,887.
(42) AMALIA M. KASTBERG VICE PRESIDENT	40.00			X				254,668.	0	42,630.
(43) MICHELLE WHETTEN VICE PRESIDENT	40.00			X				191,686.	0	21,961.
(44) DAVID CHARLES BOWERS VICE PRESIDENT	40.00			X				195,924.	0	22,494.
(45) EDWARD DAVID MANEKIN VICE PRESIDENT	40.00			X				164,262.	0	37,822.
(46) MARY ANN LEONARD VICE PRESIDENT	40.00			X				196,402.	0	30,767.
(47) KEITH E. FAIREY VICE PRESIDENT	40.00			X				209,266.	0	38,767.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) ALEX S. AVITABILE VICE PRESIDENT	40.00			X				179,225.	0	29,452.
(49) PETRA D. MONTAGUE VICE PRESIDENT	40.00			X				163,797.	0	24,782.
(50) KAREN LADO VICE PRESIDENT	40.00			X				159,420.	0	32,139.
(51) KATHERINE W. SWENSON VICE PRESIDENT	40.00			X				162,923.	0	31,912.
(52) EDWARD D. ROSENTHAL VICE PRESIDENT	40.00			X				161,843.	0	26,631.
(53) ANTHONY JOSEPH DISPIGNO SENIOR VICE PRESIDENT	40.00			X				300,304.	0	43,190.
(54) ROBERT S. GROSSINGER VICE PRESIDENT	40.00			X				200,832.	0	14,548.
(55) ANDREW EDWARD GEER VICE PRESIDENT	40.00			X				173,001.	0	38,234.
(56) MELINDA J. POLLACK VICE PRESIDENT	40.00			X				175,338.	0	31,968.
(57) OYESHOLA OLATOYE VICE PRESIDENT	40.00			X				204,152.	0	38,243.
(58) MARY JO BARRANCO VICE PRESIDENT	40.00			X				196,562.	0	39,716.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) TIFFANY MANUEL VICE PRESIDENT	40.00			X				164,640.	0	36,942.
(60) BENJAMIN NICHOLS VICE PRESIDENT	40.00			X				125,952.	0	31,836.
(61) THOMAS OSBODA VICE PRESIDENT	40.00			X				172,579.	0	9,240.
(62) VICTORIA SUSAN SHIRE VICE PRESIDENT	40.00			X				137,742.	0	36,685.
(63) DIANE YENTAL VICE PRESIDENT	40.00			X				133,350.	0	31,718.
(64) MARYANN LESHIN VICE PRESIDENT	40.00			X				154,608.	0	33,856.
(65) KIM WEAVER-MCDONALD VICE PRESIDENT	40.00			X				0	0	0
(66) DORIS W. KOO SENIOR ADVISOR	40.00					X		175,510.	0	15,371.
(67) JACQUELINE WAGGONER DRM & DEPUTY DIRECTOR	40.00					X		176,633.	0	15,279.
(68) JON SEARLES DEPUTY DIRECTOR & PR DIRECTOR	40.00					X		174,935.	0	13,441.
(69) ANDREW JAKABOVICS SENIOR DIRECTOR	40.00					X		165,394.	0	15,473.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) ANGELA BOYD DIRECTOR-RELATIONSHIP MGMT	40.00					X		152,147.	0	11,531.
(71) CHRISTINE CARTALES VICE PRESIDENT	40.00						X	194,071.	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 43

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,035,008.			
	d	Related organizations	1d	3,700,000.			
	e	Government grants (contributions)	1e	27,087,797.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,821,682.			
	g	Noncash contributions included in lines 1a-1f: $		21,106.			
	h	**Total.** Add lines 1a-1f			53,644,487.		
Program Service Revenue			**Business Code**				
	2a	AFFILIATE SERVICES	531390	5,599,271.	5,599,271.		
	b	TRAINING PROGRAMS	531390	2,799,571.	2,799,571.		
	c	OTHER INCOME	531390	1,781,762.	1,781,762.		
	d	FLOW THRU FROM LAFITTE REDEVELOPMENT LLC	531390	563,244.	563,244.		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			10,743,848.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		522,984.			522,984.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		4,168,970.			4,168,970.
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ 1,035,008. of contributions reported on line 1c). See Part IV, line 18	a 205,036.	ATCH 5			
	b	Less: direct expenses	b 550,608.				
	c	Net income or (loss) from fundraising events ATCH 6		-345,572.			-345,572.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		0			
	12	**Total revenue.** See instructions		68,734,717.	10,743,848.		4,346,382.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,692,266.	14,692,266.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,874,849.	7,368,789.	1,034,794.	471,266.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	12,214,175.	9,783,651.	1,418,407.	1,012,117.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	4,537,396.	3,757,579.	442,661.	337,156.
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	678,271.	630,843.	22,873.	24,555.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	2,111,966.	1,660,283.	287,849.	163,834.
17 Travel	1,439,735.	1,319,534.	28,102.	92,099.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	814,673.	812,866.	1,169.	638.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,044,602.	259,414.	779,680.	5,508.
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL AND CONTRACT SE	10,533,415.	7,173,834.	3,196,844.	162,737.
b MISCELLANEOUS	1,784,133.	1,591,185.	169,468.	23,480.
c MARKETING	348,842.	348,142.		700.
d DIRECT FUNDRAISING	-550,608.			-550,608.
e All other expenses	-194,321.		-194,321.	
25 **Total functional expenses.** Add lines 1 through 24e	58,329,394.	49,398,386.	7,187,526.	1,743,482.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		10,947,242.	1	20,641,762.
	2	Savings and temporary cash investments		8,897,570.	2	7,553,597.
	3	Pledges and grants receivable, net		8,570,892.	3	11,963,784.
	4	Accounts receivable, net		5,106,443.	4	6,042,027.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other 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). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net ATCH 7		4,902,684.	7	22,922,111.
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		181,120.	9	235,635.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,132,245.			
	b	Less: accumulated depreciation	10b 5,834,159.	4,011,057.	10c	4,298,086.
	11	Investments - publicly traded securities ATCH 8		20,751,306.	11	13,118,421.
	12	Investments - other securities. See Part IV, line 11		37,365.	12	653.
	13	Investments - program-related. See Part IV, line 11		136,828,500.	13	146,199,362.
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		5,944,821.	15	8,656,673.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		206,179,000.	16	241,632,111.
Liabilities	17	Accounts payable and accrued expenses		6,435,473.	17	6,525,948.
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,670,517.	21	2,881,687.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	17,557,113.
	26	**Total liabilities.** Add lines 17 through 25		8,105,990.	26	26,964,748.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		159,207,040.	27	164,255,125.
	28	Temporarily restricted net assets		38,865,970.	28	50,412,238.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		198,073,010.	33	214,667,363.
	34	Total liabilities and net assets/fund balances		206,179,000.	34	241,632,111.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,734,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,329,394.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,405,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,073,010.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,189,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	214,667,363.

Part XII Financial Statements and Reporting

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

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

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	**Employer identification number**
ENTERPRISE COMMUNITY PARTNERS, INC.	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-Non-functionally integrated

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?

		Yes	No
(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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,958,000.	30,253,043.	44,273,272.	45,074,369.	53,644,487.	202,203,171.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	28,958,000.	30,253,043.	44,273,272.	45,074,369.	53,644,487.	202,203,171.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,724,992.
6 **Public support.** Subtract line 5 from line 4.						187,478,179.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	28,958,000.	30,253,043.	44,273,272.	45,074,369.	53,644,487.	202,203,171.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,847,000.	5,111,324.	6,653,836.	5,536,575.	4,691,954.	24,840,689.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 **Total support.** Add lines 7 through 10						227,043,860.

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 50,847,308.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 82.57 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 83.44 %

16a **33 1/3 % support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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).

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

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	[X] 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

[X] 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 its Form 990-PF, Part I, line 2, 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HOUSING & URBAN DEV 310 MARYLAND AVENUE WASHINGTON, DC 20024	$ 18,319,828.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	THE KENDEDA FUND 501 SILVERSIDE ROAD SUITE 123 WILMINGTON, DE 19808	$ 1,250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ECI GRANT 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	$ 3,700,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CPD OFFICE OF TECHNICAL ASSIST & MGMT 451 7TH STREET, SUITE 7218 WASHINGTON, DC 20410	$ 3,467,489.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE, NC 28255	$ 1,275,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	J.P. MORGAN CHASE 270 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10017	$ 2,310,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

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

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

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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

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	Employer identification number
ENTERPRISE COMMUNITY PARTNERS, INC.	52-1231931

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures . . . . . ▶ $
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 . . . . . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
4a Was a correction made? . . . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	25,385.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	559,487.	
c	Total lobbying expenditures (add lines 1a and 1b)	584,872.	
d	Other exempt purpose expenditures	57,744,520.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,329,392.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes	☒ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	699,288.	645,324.	877,469.	584,872.	2,806,953.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	25,931.	24,596.	26,718.	25,385.	102,630.

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

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

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

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

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

Part IV **Supplemental Information**

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

Part IV Supplemental Information *(continued)*

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.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 XIII, 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 ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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:

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,751,090.	905,369.	845,721.
d Equipment		2,312,425.	1,517,267.	795,158.
e Other		6,068,730.	3,411,523.	2,657,207.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,298,086.

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ENTERPRISE COMMUNITY INVEST.	109,020,137.	FMV
(2) OTHERS	342,936.	FMV
(3) EHOP	218,879.	FMV
(4) CORNERSTONE	2,964,533.	FMV
(5) ENTERPRISE COMMUNITY LOAN FUND	33,652,877.	FMV
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶	146,199,362.	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII 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, 2013. ACCORDINGLY, NO PROVISION OR BENEFIT FROM INCOME TAXES HAS BEEN RECORDED.

UNCERTAIN TAX POSITIONS

PART X LINE 2

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, 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

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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number
52-1231931

Part I **Fundraising Activities.** Complete if the organization answered "Yes" 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.

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

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

b If "Yes," list the 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 SOCIAL CAPITAL PARTNERSHIPS	FUNDRAISING CAMPAIGN		X		112,480.	112,480.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					112,480.	112,480.

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 NY EVENT (event type)	(b) Event #2 LA SOCIAL (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	854,704.	217,215.	168,125.	1,240,044.
	2 Less: Contributions	724,668.	172,365.	137,975.	1,035,008.
	3 Gross income (line 1 minus line 2)	130,036.	44,850.	30,150.	205,036.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		2,180.		2,180.
	6 Rent/facility costs	157,345.	86,228.	95,340.	338,913.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	187,295.	13,310.	8,910.	209,515.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				550,608.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-345,572.

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

9 Enter the state(s) in which the organization 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:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

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

Name ▶ _____

Address ▶ _____

15 a 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.** 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

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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? . . . . . [X] 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. 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 LOUISIANA LOAN FUND 643 MAGAZINE STREET NEW ORLEANS, LA 70130	47-1718653	501(C)(3)	703,926.				CAPACITY BULIDING
(2) THE SAN FRANCISCO FOUNDATION 225 BUSH STREET SAN FRANCISCO, CA 94104	01-0679337	501(C)(3)	500,000.				CAPACITY BULIDING
(3) A COMMUNITY OF FRIENDS 3701 WILSHIRE BOULEVARD LOS ANGELES, CA 900	95-4203106	501(C)(3)	386,668.				CAPACITY BULIDING
(4) INTERFAITH HOUSING DEVELOP CORP 1111 NORTH WELLS STREET CHICAGO, IL 60610	36-3869736	501(C)(3)	382,000.				CAPACITY BULIDING
(5) HOME PARTNERSHIP OF CECIL COUNTY, INC. 626 TOWNE CENTER DRIVE JOPPA, MD 21085	20-1630777	501(C)(3)	315,000.				CAPACITY BULIDING
(6) CAMBA HOUSING VENTURES, INC. 1720 CHURCH AVENUE BROOKLYN, NY 11226	55-0881162	501(C)(3)	280,570.				CAPACITY BULIDING
(7) HISPANIC HOUSING DEVELOPMENT CORPORATION 325 N. WELLS CHICAGO, IL 60654	36-2889871	501(C)(3)	276,000.				CAPACITY BULIDING
(8) PROVIDENCE COMMUNITY HOUSING 1050 SOUTH JEFFERSON DAVIS PARKWAY NEW ORLE	20-4627275	501(C)(3)	270,621.				CAPACITY BULIDING
(9) CENTER FOR URBAN COMMUNITY SERVICES, INC 198 EAST 121ST STREET NEW YORK, NY 10035	13-3687891	501(C)(3)	254,255.				CAPACITY BULIDING
(10) ENTERPRISE HOME OWNERSHIP PART 600 WILSHIRE BOULEVARD LOS ANGELES, CA 9001	31-1737642	501(C)(3)	250,000.				CAPACITY BULIDING
(11) NEIGHBORHOOD PROGRESS, INC. 1956 WEST 25 STREET CLEVELAND, OH 44113	34-1611055	501(C)(3)	244,800.				CAPACITY BULIDING
(12) GREEN COAST ENTERPRISES 2725 SOUTH BROAD STREET NEW ORLEANS, LA 701	26-0488032	501(C)(3)	200,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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? . . . . . [X] 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. 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) JUBILEE HOUSING, INC. 1640 COLUMBIA ROAD, NW WASHINGTON, DC 20009	52-0986261	501(C)(3)	190,727.				CAPACITY BULIDING
(2) FOUNDATION COMMUNITIES, INC. 3036 SOUTH 1ST STREET AUSTIN, TX 78704	74-2563260	501(C)(3)	184,975.				CAPACITY BULIDING
(3) LUCHA CONTRA EL SIDA, INC. URB VALENCIA SAN JUAN, PR 00923	66-0514937	501(C)(3)	182,605.				CAPACITY BULIDING
(4) HOUSING ASSISTANCE COUNCIL 1025 VERMONT AVENUE NW, WASHINGTON, DC 2000	52-0939288	501(C)(3)	174,299.				CAPACITY BULIDING
(5) MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET CHICAGO, IL 60603	36-3453183	501(C)(3)	165,400.				CAPACITY BULIDING
(6) FORDHAM BEDFORD HOUSING CORPORATION 2751 GRAND CONCOURSE BRONX, NY 10468	13-3010578	501(C)(3)	132,965.				CAPACITY BULIDING
(7) CAMBA, INC. 1720 CHURCH AVENUE BROOKLYN, NY 11226	11-2480339	501(C)(3)	128,667.				CAPACITY BULIDING
(8) LITTLE TOKYO SERVICE CENTER CDC 231 EAST THIRD STREET LOS ANGELES, CA 90013	95-3451280	501(C)(3)	127,839.				CAPACITY BULIDING
(9) ABODE COMMUNITIES 701 EAST 3RD STREET LOS ANGELES, CA 90013	95-6377511	501(C)(3)	124,700.				CAPACITY BULIDING
(10) PROJECT INTERCONNECTIONS, INC. 2198 DRESDEN DRIVE CHAMBLEE, GA 30341	58-1899845	501(C)(3)	123,000.				CAPACITY BULIDING
(11) SATELLITE HOUSING 1521 UNIVERSITY AVENUE BERKELEY, CA 94703	94-3031375	501(C)(3)	119,379.				CAPACITY BULIDING
(12) GREEN EXTREME HOMES COMMUNITY DEVELOPMENT C 2320 KING ARTHUR BOULEVARD LEWISVILLE, TX 7	45-3642906	501(C)(3)	118,371.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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? . . . . . [X] 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) MHANY MANAGEMENT, INC. 2-4 NEVINS STREET BROOKLYN, NY 11217	72-1303737	501(C)(3)	116,433.				CAPACITY BULIDING
(2) PATH VENTURES 340 NORTH MADISON AVENUE LOS ANGELES, CA 90	20-1892523	501(C)(3)	110,902.				CAPACITY BULIDING
(3) ENTERPRISE COMMUNITY LOAN FUND 11000 BROKEN LAND PARKWAY, STE. 700 COLUMBI	52-0192004	501(C)(3)	110,000.				CAPACITY BULIDING
(4) WEST HOLLYWOOD COMMUNITY HOUSING CORPORATIO 7530 SANTA MONICA BOULEVARD WEST HOLLYWOOD,	95-4122368	501(C)(3)	109,279.				CAPACITY BULIDING
(5) PHI ONE TRINITY DRIVE EAST DILLSBURG, PA 17019-	23-1381404	501(C)(3)	105,600.				CAPACITY BULIDING
(6) PATHSTONE DEVELOPMENT CORPORATION 7 PRINCE STREET ROCHESTER, NY 14607	16-1265765	501(C)(3)	105,000.				CAPACITY BULIDING
(7) REACH COMMUNITY DEVELOPMENT 4150 SW MOODY AVE. PORTLAND, OR 97239	93-0813981	501(C)(3)	103,950.				CAPACITY BULIDING
(8) UNIVERSITY NEIGHBORHOOD HOUSING PROGRAM 2751 GRAND CONCOURSE BRONX, NY 10468-3001	13-3206603	501(C)(3)	100,000.				CAPACITY BULIDING
(9) MAKAH INDIAN TRIBE OF THE MAKAH INDIAN RESE P.O. BOX 115 NEAH BAY, WA 98357	91-0492517		100,000.				CAPACITY BULIDING
(10) EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATIO 310 8TH STREET OAKLAND, CA 94607	51-0171851	501(C)(3)	100,000.				CAPACITY BULIDING
(11) CAPITOL HILL HOUSING FOUNDATION 1402 THIRD AVENUE SEATTLE, WA 98101	27-1682190	501(C)(3)	100,000.				CAPACITY BULIDING
(12) HEARTLAND HOUSING, INC. 208 S. LASALLE CHICAGO, IL 60604	36-3642952	501(C)(3)	99,788.				CAPACITY BULIDING

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Internal Revenue Service

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

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(1) ST. BERNARD PROJECT 8324 PARC PLACE CHALMETTE, LA 70043	26-2189665	501(C)(3)	96,772.				CAPACITY BULIDING
(2) LA PLATA HOMES FUND 124 E 9TH STREET DURANGO, CO 81301	80-0266636	501(C)(3)	95,561.				CAPACITY BULIDING
(3) EAST LA COMMUNITY CORPORATION 530 SOUTH BOYLE AVENUE LOS ANGELES, CA 9003	95-4531076	501(C)(3)	93,314.				CAPACITY BULIDING
(4) PROJECT HOMECOMING, INC 2221 FILMORE AVE NEW ORLEANS, LA 70122	32-0312933	501(C)(3)	91,421.				CAPACITY BULIDING
(5) NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, I 1279 N. MILWAUKEE AVENUE CHICAGO, IL 60622	23-7443009	501(C)(3)	88,697.				CAPACITY BULIDING
(6) SUMMECH COMMUNITY DEV. CORP. 633 PRYOR STREET, SW ATLANTA, GA 30312	58-1895918	501(C)(3)	85,647.				CAPACITY BULIDING
(7) CLEVELAND HOUSING NETWORK, INC 2999 PAYNE AVENUE CLEVELAND, OH 44114	34-1346763	501(C)(3)	85,590.				CAPACITY BULIDING
(8) ATLANTA CLT COLLABORATIVE, INC. 3235 PEACHTREE ROAD ATLANTA, GA 30305-3609	90-0605040	501(C)(3)	85,500.				CAPACITY BULIDING
(9) QUEST 35, INC. 878 ROCK STREET, NW ATLANTA, GA 30314-0208	58-2634738	501(C)(3)	82,077.				CAPACITY BULIDING
(10) DETROIT SHOREWAY COMMUNITY DEV. ORG. 6516 DETROIT AVENUE CLEVELAND, OH 44102	23-7376130	501(C)(3)	81,570.				CAPACITY BULIDING
(11) GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)(3)	80,000.				CAPACITY BULIDING
(12) OFFICE OF RURAL & FARMWORKER HOUSING 1400 SUMMITVIEW AVE. #203 YAKIMA, WA 98902	91-1218499	501(C)(3)	79,078.				CAPACITY BULIDING

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(1) LINC HOUSING CORPORATION 110 PINE AVENUE, SUITE 500 LONG BEACH, CA 9	33-0578620	501(C)(3)	75,000.				CAPACITY BULIDING
(2) GULF COAST HOUSING PARTNERSHIP, INC. 1610-A ORETHA CASTLE HALEY BOULEVARD NEW OR	20-4216595	501(C)(3)	75,000.				CAPACITY BULIDING
(3) MERCY HOUSING, INC. SOUTHEAST 260 PEACHTREE STREET ATLANTA, GA 30303	56-1993872	501(C)(3)	75,000.				CAPACITY BULIDING
(4) VALDOSTA-LOWNDES COUNTY HABITAT FOR HUMANIT 2010 EAST CYPRESS STREET VALDOSTA, GA 31601	58-1743206	501(C)(3)	71,402.				CAPACITY BULIDING
(5) CATHEDRAL SQUARE CORPORATION 412 FARRELL STREET SOUTH BURLINGTON, VT 054	03-0264362	501(C)(3)	70,763.				CAPACITY BULIDING
(6) THUNDER VALLEY COMMUNITY DEVELOPMENT CORPOR P.O. BOX 290 PORCUPINE, SD 57772	20-8090454	501(C)(3)	70,624.				CAPACITY BULIDING
(7) TAPESTRY DEVELOPMENT GROUP 321 W. HILL STREET DECATUR, GA 30030	27-2814156	501(C)(3)	69,390.				CAPACITY BULIDING
(8) LOW INCOME HOUSING INSTITUTE 2407 FIRST AVE, SUITE 200 SEATTLE, WA 9812	94-3155150	501(C)(3)	68,347.				CAPACITY BULIDING
(9) TARRANT COUNTY HOUSING PARTNERSHIP, INC. 3204 COLLINSWORTH FORT WORTH, TX 76107	75-2399903	501(C)(3)	67,659.				CAPACITY BULIDING
(10) THE BURTON FOUNDATION P.O. BOX 6643 ELGIN, IL 60121	36-3839126	501(C)(3)	65,000.				CAPACITY BULIDING
(11) THE RESURECTION PROJECT 1818 S. PAULINA CHICAGO, IL 60608	36-3576073	501(C)(3)	65,000.				CAPACITY BULIDING
(12) ATLANTA NEIGHBORHOOD DEVELOPMENT PARTNERSHP 235 PEACHTREE STREET, NE ATLANTA, GA 30303	58-1946632	501(C)(3)	64,977.				CAPACITY BULIDING

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(1) SOUTH MISSISSIPPI HOUSING AND DEVELOPMENT C P.O. BOX 2099 GULFPORT, MS 39505	20-5640452	501(C)(3)	63,600.				CAPACITY BULIDING
(2) COMMUNITY HOUSING DEVELOPMENT CORPORATION O 1535 A FRED JACKSON WAY RICHMOND, CA 94801	68-0235719	501(C)(3)	63,500.				CAPACITY BULIDING
(3) SERVICES FOR THE UNDERSERVED, INC. 305 SEVENTH AVENUE, 10TH FL NEW YORK, NY 10	91-1918247	501(C)(3)	62,500.				CAPACITY BULIDING
(4) EMPIRE HOMES OF MARYLAND, INC. 1800 N. CHARLES STREET BALTIMORE, MD 21201	20-3521473	501(C)(3)	61,940.				CAPACITY BULIDING
(5) INTERIM COMMUNITY DEVELOPMENT ASSOC. 310 MAYNARD AVENUE SOUTH SEATTLE, WA 98104	91-1071277	501(C)(3)	61,900.				CAPACITY BULIDING
(6) ROBISON JEWISH HOME 6125 SW BOUNDARY STREET PORTLAND, OR 97221-	93-0386852	501(C)(3)	60,347.				CAPACITY BULIDING
(7) COALFIELD DEVELOPMENT CORPORATION P.O. BOX 1133 WAYNE, WV 25570	26-3836207	501(C)(3)	59,500.				CAPACITY BULIDING
(8) DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORA 594 COLUMBIA ROAD DORCHESTER, MA 02125	04-2681632	501(C)(3)	58,577.				CAPACITY BULIDING
(9) HABITAT FOR HUMANITY OF THE CHESAPEAKE, INC 3741 COMMERCE DRIVE BALTIMORE, MD 21227-166	52-1226188	501(C)(3)	57,480.				CAPACITY BULIDING
(10) PALLADIA, INC. 2006 MADISON AVENUE NEW YORK, NY 10035	23-7089380	501(C)(3)	55,300.				CAPACITY BULIDING
(11) RENAISSANCE HOUSING DEVELOPMENT CORPORATION 2111 CHAMPA STREET DENVER, CO 80205	84-1322816	501(C)(3)	55,000.				CAPACITY BULIDING
(12) JERICHO ROAD EPISCOPAL HOUSING INITIATIVE 2919 ST. CHARLES AVENUE NEW ORLEANS, LA 701	20-8419678	501(C)(3)	54,305.				CAPACITY BULIDING

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(1) PARK HEIGHTS RENAISSANCE, INC. 3939 REISTERSTOWN ROAD BALTIMORE, MD 21215	77-0673126	501(C)(3)	54,269.				CAPACITY BULIDING
(2) BELLWETHER HOUSING 1651 BELLEVUE AVENUE SEATTLE, WA 98122-2014	91-1116960	501(C)(3)	54,144.				CAPACITY BULIDING
(3) COMMONBOND COMMUNITIES 328 KELLOGG BLVD. W ST. PAUL, MN 55102	41-1260469	501(C)(3)	52,744.				CAPACITY BULIDING
(4) UNIVERSITY OF DETROIT MERCY 4001 W. MCNICHOLS ROAD DETROIT, MI 48221	38-1360586	501(C)(3)	52,317.				CAPACITY BULIDING
(5) MONTGOMERY HOUSING PARTNERSHIP, INC. 12200 TECH ROAD SILVER SPRING, MD 20904	52-1631939	501(C)(3)	51,004.				CAPACITY BULIDING
(6) MERCY HOUSING NORTHWEST 2505 THIRD AVENUE SEATTLE, WA 98121	91-1546525	501(C)(3)	50,351.				CAPACITY BULIDING
(7) FIRST COMMUNITY HOUSING, INC. 75 EAST SANTA CLARA STREET SAN JOSE, CA 951	77-0119210	501(C)(3)	50,180.				CAPACITY BULIDING
(8) ST. NICKS ALLIANCE 2 KINGLAND AVENUE BROOKLYN, NY 11211	51-0192170	501(C)(3)	50,000.				CAPACITY BULIDING
(9) LAWNDALE CHRISTIAN DEVELOPMENT CORPORATION 3843 WEST OGDEN AVENUE CHICAGO, IL 60623-24	36-3573036	501(C)(3)	50,000.				CAPACITY BULIDING
(10) HELLO HOUSING 1901 ROYAL OAKS DRIVE SACRAMENTO, CA 95815	14-1870357	501(C)(3)	50,000.				CAPACITY BULIDING
(11) PRESBYTERIAN APARTMENTS, INC. 322 N. SECOND STREET HARRISBURG, PA 17101-1	23-1660433	501(C)(3)	50,000.				CAPACITY BULIDING
(12) AVESTA HOUSING DEVELOPMENT CORPORATION 307 CUMBERLAND AVENUE PORTLAND, ME 04101	01-0315296	501(C)(3)	50,000.				CAPACITY BULIDING

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(1) CARRFOUR SUPPORTIVE HOUSING, INC. 1398 SOUTHWEST 1ST STREET MIAMI, FL 33135	65-0387766	501(C)(3)	50,000.				CAPACITY BULIDING
(2) COMMUNITY RESOURCE & HOUSING DEVELOPMENT CO 7305 LOWELL BOULEVARD WESTMINSTER, CO 80030	23-7102834	501(C)(3)	50,000.				CAPACITY BULIDING
(3) CHRISTIAN CHURCH HOMES OF NORTHERN CALIFORN 303 HEGENBERGER ROAD OAKLAND, CA 94621	94-6077407	501(C)(3)	50,000.				CAPACITY BULIDING
(4) LUTHERAN SOCIAL SERVICES HOUSING, INC. 1325 11TH STREET S FARGO, ND 58103	26-2358686	501(C)(3)	50,000.				CAPACITY BULIDING
(5) ABILITY HOUSING OF NORTHEAST FLORIDA, INC. 76 S LAURA STREET JACKSONVILLE, FL 32202-34	59-3087085	501(C)(3)	50,000.				CAPACITY BULIDING
(6) PITTSBURGH COMMUNITY IMPROVEMENT ASSOCIATIO P.O. BOX 11348 ATLANTA, GA 30310	58-2553480	501(C)(3)	49,670.				CAPACITY BULIDING
(7) FAMICOS FOUNDATION, INC. 1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534	501(C)(3)	49,627.				CAPACITY BULIDING
(8) NEZ PERCE TRIBAL HOUSING AUTHORITY 111 VETERANS DRIVE LAPWAI, ID 83540	82-0262257		48,613.				CAPACITY BULIDING
(9) SAINT PAUL RIVERFRONT CORPORATION 25 SIXTH STREET WEST SAINT PAUL, MN 55102-1	36-3350557	501(C)(3)	48,000.				CAPACITY BULIDING
(10) SICANGU WICOTI AWAYANKAPE CORPORATION P.O. BOX 69 ROSEBUD, SD 57570	46-0278706	501(C)(3)	47,791.				CAPACITY BULIDING
(11) COMMUNITY LEAGUE OF THE HEIGHTS, INC. 500 WEST 159TH STREET NEW YORK, NY 10032	13-2564241	501(C)(3)	46,711.				CAPACITY BULIDING
(12) COLOR COUNTRY COMMUNITY HOUSING, INC. 139 NO. 100 W. ST. GEORGE, UT 84770	87-0617908	501(C)(3)	46,600.				CAPACITY BULIDING

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) ROC USA LLC 7 WALL STREET CONCORD, NH 03301	35-2319441		46,036.				CAPACITY BULIDING
(2) GRACE ENGLISH EVANGELICAL LUTHERAN CONGREGA 9 CALLE RODRIGUEZ SERRA 3A SAN JUAN, PR 009	66-0527275-	501(C)(3)	45,685.				CAPACITY BULIDING
(3) BURTEN, BELL, CARR DEVELOPMENT, INC. 7201 KINSMAN ROAD CLEVELAND, OH 44104	34-1657533	501(C)(3)	45,500.				CAPACITY BULIDING
(4) 1260 HOUSING DEVELOPMENT CORPORATION 2042-48 ARCH STREET PHILADELPHIA, PA 19103	23-2536730	501(C)(3)	45,000.				CAPACITY BULIDING
(5) MENTAL HEALTH SERVICES FOR HOMELESS PERSONS 1744 PAYNE AVENUE CLEVELAND, OH 44114	34-1607734	501(C)(3)	44,251.				CAPACITY BULIDING
(6) SACRAMENTO NEIGHBORHOOD HOUSING SERVICES, I 2400 ALHAMBRA BOULEVARD SACRAMENTO, CA 9581	68-0118032	501(C)(3)	44,015.				CAPACITY BULIDING
(7) RED LAKE HOMELESS SHELTER, INC. P.O. BOX 280 RED LAKE, NM 56671	84-1661929	501(C)(3)	42,798.				CAPACITY BULIDING
(8) HARMONY NEIGHBORHOOD DEVELOPMENT 3301 LASALLE STREET NEW ORLEANS, LA 70115	72-1436907	501(C)(3)	41,991.				CAPACITY BULIDING
(9) HOUSING AUTHORITY CITY OF TACOMA 902 SOUTH L STREET TACOMA, WA 98405	91-6000980	501(C)(3)	40,631.				CAPACITY BULIDING
(10) MOUNTAIN HOUSING OPPORTUNITIES 64 CLINGMAN AVENUE ASHEVILLE, NC 28801	58-1816998		40,625.				CAPACITY BULIDING
(11) GREENWOOD LEFLORE CARROLL ECONOMIC DEVELOPM 402 HIGHWAY 82 BYPASS GREENWOOD, MS 38935-0	64-0640864	501(c)(6)	40,625.				CAPACITY BULIDING
(12) GRANDMONT ROSEDALE DEVELOPMENT CORPORATION 19800 GRAND RIVER DETROIT, MI 48223	38-2885952	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)

Department of the Treasury
Internal Revenue Service

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.**

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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? . . . . . [X] Yes [ ] No

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(1) THE CENTER FOR WORKING FAMILIES, INC. 477 WINDSOR STREET ATLANTA, GA 30312	43-2071145	501(C)(3)	40,000.				CAPACITY BULIDING
(2) COMMUNITY PARTNERS FOR AFFORDABLE HOUSING PO BOX 23206 TIGARD, OR 97281-3206	93-1155559	501(C)(3)	40,000.				CAPACITY BULIDING
(3) WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORP 50 EAST 168TH STREET BRONX, NY 10452	11-3099604	501(C)(3)	40,000.				CAPACITY BULIDING
(4) ALEXANDRIA HOUSING DEVELOPMENT CORPORATION 801 N. PITT STREET ALEXANDRIA, VA 22314	84-1650039	501(C)(3)	40,000.				CAPACITY BULIDING
(5) NUESTRA COMUNIDAD DEVELOPMENT CORPORATION 56 WARREN STREET ROXBURY, MA 02119	04-2741543	501(C)(3)	39,965.				CAPACITY BULIDING
(6) LAC COURTE OREILLES HOUSING AUTHORITY 13416 W. TREPANIA ROAD HAYWARD, WI 54843	39-1151377		39,010.				CAPACITY BULIDING
(7) ATLANTA REGIONAL HOUSING PARTNERS 2619 CHARLES GATE AVENUE DECATUR, GA 30030	27-0344659	501(C)(3)	38,000.				CAPACITY BULIDING
(8) BICKERDIKE REDEVLOPMENT CORPORATION 2550 WEST NORTH AVENUE CHICAGO, IL 60647-52	23-7087890	501(C)(3)	37,500.				CAPACITY BULIDING
(9) SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	37,480.				CAPACITY BULIDING
(10) HANCOCK RESOURCE CENTER 454 HIGHWAY 90 WAVELAND, MS 39576	26-3648017	501(C)(3)	36,880.				CAPACITY BULIDING
(11) SALEM-KEIZER CDC P.O. BOX 7364 SALEM, OR 97303	94-3169033	501(C)(3)	36,300.				CAPACITY BULIDING
(12) HO-CHUNK HOUSING & COMMUNITY DEVELOPMENT AG P.O. BOX 730 TOMAH, WI 54660-0730	39-1979807	501(C)(3)	36,131.				CAPACITY BULIDING

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(1) EDEN HOUSING, INC. 22645 GRAND STREET HAYWARD, CA 94541	23-1716750	501(C)(3)	35,843.				CAPACITY BULIDING
(2) THE HOUSING TRUST OF SANTA CLARA COUNTY, IN 95 S MARKET STREET SAN JOSE, CA 95113	77-0545135	501(C)(3)	35,594.				CAPACITY BULIDING
(3) CENTRAL DALLAS COMMUNITY DEVELOPMENT CORPOR 511 N. AKARD DALLAS, TX 75218	75-2948028	501(C)(3)	35,000.				CAPACITY BULIDING
(4) SOUTHWESTERN REGIONAL HOUSING AND COMMUNITY 109 E. PINE # 5 DEMING, NM 88030	31-1788086	501(C)(3)	35,000.				CAPACITY BULIDING
(5) LIVABLE COMMUNITIES COALITION, INC. 10 PEACHTREE PLACE SUITE 610 ATLANTA, GA 30	20-3363431	501(C)(3)	34,000.				CAPACITY BULIDING
(6) AKWESASNE HOUSING AUTHORITY, INC. 378 STATE ROUTE 37 HOGANSBURG, NY 13655	16-1387585		33,864.				CAPACITY BULIDING
(7) PRESERVATION OF AFFORDABLE HOUSING, INC. 40 COURT STREET, SUITE 650 BOSTON, MA 02108	31-1616634	501(C)(3)	33,712.				CAPACITY BULIDING
(8) REAL ESTATE ALLIANCE PARTNERS, LLC 633 PRYOR STREET, SW ATLANTA, GA 30312	27-0354657		33,250.				CAPACITY BULIDING
(9) AIDS INTERFAITH RESIDENTIAL SERVICES INC 1800 N. CHARLES STREET BALTIMORE, MD 21201	52-1576701	501(C)(3)	32,000.				CAPACITY BULIDING
(10) GEORGIA STAND 633 PRYOR STREET, SW ATLANTA, GA 30312	58-2661528	501(C)(3)	32,000.				CAPACITY BULIDING
(11) MI CASA, INC. 6230 3RD STREET, NW WASHINGTON, DC 20011	52-1796840	501(C)(3)	31,715.				CAPACITY BULIDING
(12) ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSIN 2704 N. PERSHING DRIVE ARLINGTON, VA 22201	54-1515133	501(C)(3)	31,714.				CAPACITY BULIDING

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(1) CITY FIRST HOMES, INC. 1436 U STREET, NW WASHINGTON, DC 20009	26-2335395	501(C)(3)	31,714.				CAPACITY BULIDING
(2) AHC, INC 2230 S. NORTH FAIRFAX DRIVE ARLINGTON, VA 2	54-1026365	501(C)(3)	31,714.				CAPACITY BULIDING
(3) RESTORE NEIGHBORHOOD LOS ANGELES, INC. 315 W. 9TH STREET LOS ANGELES, CA 90015	26-4142930	501(C)(3)	30,000.				CAPACITY BULIDING
(4) GULF COAST RENAISSANCE CORPORATION 11975-H SEAWAY ROAD GULFPORT, MS 39503	20-8181931	501(C)(3)	30,000.				CAPACITY BULIDING
(5) SANTO DOMINGO TRIBAL HOUSING AUTHORITY P.O. BOX 10 SANTO DOMINGO PUEBLO, NM 87052	85-0194331	501(C)(3)	29,295.				CAPACITY BULIDING
(6) SELFHELP COMMUNITY SERVICES, INC. 520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624178	501(C)(3)	28,333.				CAPACITY BULIDING
(7) DOWNTOWN EMERGENCY SERVICE CENTER 515 THIRD AVENUE SEATTLE, WA 98104-2304	91-1275815	501(C)(3)	28,250.				CAPACITY BULIDING
(8) COMPASS HOUSING ALLIANCE 77 S. WASHINGTON ST, 5TH FLOOR SEATTLE, WA	91-0578229	501(C)(3)	27,500.				CAPACITY BULIDING
(9) POHL REAL ESTATE, LLC 3571 STONE RIDGE DRIVE DOUGLASVILLE, GA 301	26-4739651		27,471.				CAPACITY BULIDING
(10) TRIPLE C HOUSING, INC. 1 DISTRIBUTION WAY MONMOUTH JUNCTION, NJ 08	22-2350429	501(C)(3)	27,056.				CAPACITY BULIDING
(11) HRCA HOUSING FOR THE ELDERLY, INC. JACK SATTER HOUSE REVERE, MA 02151	04-2543731	501(C)(3)	26,348.				CAPACITY BULIDING
(12) JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORP 31 GERMANIA STREET JAMAICA PLAIN, MA 02130	04-2652919	501(C)(3)	26,123.				CAPACITY BULIDING

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(1) CHINATOWN COMMUNITY DEVELOPMENT CENTER 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	95-2514053	501(C)(3)	26,075.				CAPACITY BULIDING
(2) LOWER EAST SIDE PEOPLES MUTUAL HOUSING ASSO 228 EAST 3RD STREET NEW YORK, NY 10009	13-3570544	501(C)(3)	26,023.				CAPACITY BULIDING
(3) HOMES FOR AMERICA, INC. 318 SIXTH STREET ANNAPOLIS, MD 21403	52-1901220	501(C)(3)	25,994.				CAPACITY BULIDING
(4) MAKE IT RIGHT FOUNDATION 912 MAGAZINE STREET NEW ORLEANS, LA 70130	26-0723027	501(C)(3)	25,089.				CAPACITY BULIDING
(5) HOUSING VISIONS UNLIMITED, INC. 1201 E. FAYETTE STREET SYRACUSE, NY 13210	16-1598458	501(C)(3)	25,000.				CAPACITY BULIDING
(6) NORTHERN HOMES COMMUNITY DEVELOPMENT CORPOR P.O. BOX 86 BOYNE CITY, MI 49712	38-3395829	501(C)(3)	25,000.				CAPACITY BULIDING
(7) FIFTH AVENUE COMMITTEE, INC. 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	25,000.				CAPACITY BULIDING
(8) GENESIS FUND, INC P.O. BOX 609 DAMARISCOTTA, ME 04543	01-0461436	501(C)(3)	25,000.				CAPACITY BULIDING
(9) PARTNERSHIP FOR SOUTHERN EQUITY 925 B PEACHTREE STREET NE ATLANTA, GA 30309	27-4424115	501(C)(3)	25,000.				CAPACITY BULIDING
(10) RESOURCES FOR COMMUNITY DEVELOPMENT 2220 OXFORD STREET BERKELEY, CA 94704	94-2952466	501(C)(3)	25,000.				CAPACITY BULIDING
(11) ATHENS LAND TRUST, INC. 685 N. POPE STREET ATHENS, GA 30601	58-2154133	501(C)(3)	25,000.				CAPACITY BULIDING
(12) COMUNILIFE, INC. 214 W. 29TH STREET NEW YORK, NY 10001	13-3530299	501(C)(3)	25,000.				CAPACITY BULIDING

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(1) THE PACES FOUNDATION, INC. 2730 CUMBERLAND BOULEVARD SMYRNA, GA 30080	58-1949667	501(C)(3)	25,000.				CAPACITY BULIDING
(2) VANNGUARD URBAN IMPROVEMENT ASSN., INC. 613-619 THROOP AVENUE BROOKLYN, NY 11216	11-2442042	501(C)(3)	25,000.				CAPACITY BULIDING
(3) MERCY HOUSING CALIFORNIA 1360 MISSION STREET SAN FRANCISCO, CA 94103	94-3081666	501(C)(3)	25,000.				CAPACITY BULIDING
(4) OVER THE RAINBOW 2040 BROWN AVENUE EVANSTON, IL 60201	51-0174945	501(C)(3)	25,000.				CAPACITY BULIDING
(5) WOONSOCKET NEIGHBORHOOD DEVELOPMENT CORPORA 719 FRONT STREET WOONSOCKET, RI 02895	22-2907602	501(C)(3)	25,000.				CAPACITY BULIDING
(6) PLYMOUTH HOUSING GROUP 2113 3RD AVENUE SEATTLE, WA 98121-1614	91-1122621	501(C)(3)	25,000.				CAPACITY BULIDING
(7) SOUTHWEST MINNESOTA HOUSING PARTNERSHIP 2401 BROADWAY AVENUE SLAYTON, MN 56172	41-1721815	501(C)(3)	25,000.				CAPACITY BULIDING
(8) INNER CITY COMMUNITY DEVELOPMENT CORPORATIO 4907 SPRING AVENUE DALLAS, TX 75210	75-2137179	501(C)(3)	25,000.				CAPACITY BULIDING
(9) COLUMBUS HOUSING PARTNERSHIP, INC. 562 EAST MAIN STREET COLUMBUS, OH 43215	31-1208260	501(C)(3)	25,000.				CAPACITY BULIDING
(10) SOLID GROUND WASHINGTON 1501 NORTH 45TH STREET SEATTLE, WA 98103-67	23-7421892	501(C)(3)	25,000.				CAPACITY BULIDING
(11) SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CO 555 BERGEN AVENUE BRONX, NY 10453	13-2736022	501(C)(3)	25,000.				CAPACITY BULIDING
(12) CASA OF OREGON COMMUNITY & SHELTER ASSISTAN 20512 SW ROY ROGERS ROAD SHERWOOD, OR 97140	93-0977842	501(C)(3)	25,000.				CAPACITY BULIDING

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(1) HOUSING AUTHORITY OF THE CITY OF MILWAUKEE 809 NORTH BROADWAY MILWAUKEE, WI 53202	39-1159751		25,000.				CAPACITY BULIDING
(2) URBAN PATHWAYS, INC. 575 8TH AVE 9TH FLOOR NEW YORK, NY 10018	13-2933675	501(C)(3)	25,000.				CAPACITY BULIDING
(3) COMMUNITY DEVELOPMENT COLLABORATIVE OF GREA 110 N 17TH STREET COLUMBUS, OH 43203	31-1595197	501(C)(3)	25,000.				CAPACITY BULIDING
(4) LOWER SIOUX COMMUNITY COUNCIL 39527 RES. HWY 1 MORTON, MN 56270	41-0991683	501(C)(3)	25,000.				CAPACITY BULIDING
(5) NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	31-0651750	501(C)(3)	25,000.				CAPACITY BULIDING
(6) COMMUNITY HOUSING INITIATIVES, INC. 14 WEST 21ST STREET SPENCER, IA 51301	42-1416426	501(C)(3)	24,849.				CAPACITY BULIDING
(7) NEW MEXICO HOUSING & COMMUNITY DEVELOPMENT 1705 N. VALLEY DRIVE LAS CRUCES, NM 88007	42-1596718	501(C)(3)	24,722.				CAPACITY BULIDING
(8) RENAISSANCE NEIGHBORHOOD DEVELOPMENT CORPOR 4162 CANAL STREET NEW ORLEANS, LA 70119	20-8947208	501(C)(3)	24,696.				CAPACITY BULIDING
(9) LOWER CAPE COD COMMUNITY DEVELOPMENT CORPOR 3 MAIN STREET MERCANTILE UNIT 7 EASTHAM, MA	22-3191450	501(C)(3)	24,394.				CAPACITY BULIDING
(10) BROADMOOR DEVELOPMENT CORPORATION P.O. BOX 13369 NEW ORLEANS, LA 70185	20-4885751	501(C)(3)	24,042.				CAPACITY BULIDING
(11) SEATTLE CHINATOWN-INTERNATIONAL DISTRICT PR 409 MAYNARD AVENUE SOUTH SEATTLE, WA 98114	91-1645126	501(C)(3)	23,000.				CAPACITY BULIDING
(12) LITTLE HAITI HOUSING ASSOCIATION, INC. 181 NORTHEAST 82ND STREET MIAMI, FL 33138	59-2801211	501(C)(3)	22,500.				CAPACITY BULIDING

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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. 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) SOUTHEAST EFFECTIVE DEVELOPMENT 5117 RAINIER AVENUE SOUTH SEATTLE, WA 98118	91-0947619	501(C)(3)	22,235.				CAPACITY BULIDING
(2) BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501(C)(3)	21,986.				CAPACITY BULIDING
(3) NEW ORLEANS NEIGHBORHOOD DEVELOPMENT FOUNDA 1429 SOUTH RAMPART STREET NEW ORLEANS, LA 7	58-1681468	501(C)(3)	21,928.				CAPACITY BULIDING
(4) PUERTO RICO HOUSING & HUMAN DEVELOPMENT TRU 208 PONCE DE LEON AVENUE SAN JUAN, PR 00918	66-0648381	501(C)(3)	21,714.				CAPACITY BULIDING
(5) FRONTIER HOUSING, INC. 5445 FLEMINGSBURG ROAD MOREHEAD, KY 40351	61-0863958	501(C)(3)	21,201.				CAPACITY BULIDING
(6) CATHOLIC CHARITIES HOUSING SERVICES 5301 TIETON DRIVE YAKIMA, WA 98908	91-1955616	501(C)(3)	21,000.				CAPACITY BULIDING
(7) HABITAT FOR HUMANITY/METRO JACKSON, INC. P.O. BOX 55634 JACKSON, MS 39296	64-0750633	501(C)(3)	20,826.				CAPACITY BULIDING
(8) PRESBYTERIAN VILLAGES OF MICHIGAN 26200 LAHSER ROAD SOUTHFIELD, MI 48033-7157	38-1387145	501(C)(3)	20,271.				CAPACITY BULIDING
(9) PROVIDENCE HOUSING DEVELOPMENT CORP 1136 BUFFALO RD ROCHESTER, NY 14624	22-3311544	501(C)(3)	20,250.				CAPACITY BULIDING
(10) NEW YORK MORTGAGE COALITION, INC. 50 BROAD STREET NEW YORK, NY 10004	30-0021150	501(C)(3)	20,000.				CAPACITY BULIDING
(11) JEWISH COMMUNITY HOUSING FOR THE ELDERLY 30 WALLINGFORD ROAD BRIGHTON, MA 02135	04-2609432	501(C)(3)	20,000.				CAPACITY BULIDING
(12) CATHOLIC CHARITIES, DIOCESE OF METUCHEN 319 MAPLE STREET PERTH AMBOY, NJ 08861	22-2423496	501(C)(3)	20,000.				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 . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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? . . . . . [X] Yes [ ] No

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(1) CENTER FOR NEW YORK CITY NEIGHBORHOODS, INC 74 TRINITY PL STE 1302 NEW YORK, NY 10006	83-0506416	501(C)(3)	20,000.				CAPACITY BULIDING
(2) FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION 8111 QUINCY AVENUE CLEVELAND, OH 44104	34-1706856	501(C)(3)	20,000.				CAPACITY BULIDING
(3) THC AFFORDABLE HOUSING, INC. 5101 16TH STREET, NW WASHINGTON, DC 20011	52-1675958	501(C)(3)	20,000.				CAPACITY BULIDING
(4) NEW KENSINGTON COMMUNITY DEVELOPMENT CORPOR 2515 FRANKFORD AVENUE PHILADELPHIA, PA 1912	22-2610536	501(C)(3)	20,000.				CAPACITY BULIDING
(5) SENIOR HOUSING RESOURCE CORPORATION 56 BAY STREET STATEN ISLAND, NY 10301-2563	13-3533031	501(C)(3)	20,000.				CAPACITY BULIDING
(6) OPENHOUSE 1800 MARKET STREET SAN FRANCISCO, CA 94102	94-3337955	501(C)(3)	19,718.				CAPACITY BULIDING
(7) JUBILEE BALTIMORE, INC. 1228 N. CALVERT STREET BALTIMORE, MD 21202	52-1222237	501(C)(3)	19,520.				CAPACITY BULIDING
(8) MAKAH TRIBAL HOUSING DEPARTMENT P.O. BOX 88 NEAH BAY, WA 98357	91-0492517	501(C)(3)	19,134.				CAPACITY BULIDING
(9) DRUID HEIGHTS COMMUNITY DEVELOPMENT CORPOR 2140 MCCULLOH STREET BALTIMORE, MD 21217	52-1021726	501(C)(3)	18,990.				CAPACITY BULIDING
(10) CORPORACION DEL PROYECTO ENLACE DEL CANO MA P.O. BOX 41308 SAN JUAN, PR 00940-1308	66-0671917	501(C)(3)	18,883.				CAPACITY BULIDING
(11) JEWISH COMMUNITY HOUSING CORPORATION 750 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	22-2540505	501(C)(3)	18,875.				CAPACITY BULIDING
(12) EL BARRIO'S OPERATION FIGHTBACK, INC. 413 E. 120TH STREET NEW YORK, NY 10035	13-3248777	501(C)(3)	18,557.				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)

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(1) TENEMOS QUE RECLAMAR Y UNIDOS SALVAR LA TIE 4331 SOUTH MAIN STREET LOS ANGELES, CA 9003	42-1687057	501(C)(3)	18,189.				CAPACITY BULIDING
(2) CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORP 587 WASHINGTON STREET DORCHESTER, MA 02124	04-2752507	501(C)(3)	17,500.				CAPACITY BULIDING
(3) TENDERLOIN NEIGHBORHOOD DEVELOP. CORP. 201 EDDY STREET SAN FRANCISCO, CA 94102	94-2761808	501(C)(3)	17,352.				CAPACITY BULIDING
(4) CORVALLIS NEIGHBORHOOD HOUSING SERVICES 257 SW MADISON AVENUE CORVALLIS, OR 97330	93-1057296	501(C)(3)	17,081.				CAPACITY BULIDING
(5) FARMWORKER HOUSING DEVELOPMENT CORPORATION 1274 5TH STREET, 1A WOODBURN, OR 97071	93-1055994	501(C)(3)	17,080.				CAPACITY BULIDING
(6) WHITE EARTH RESERVATION TRIBAL COUNCIL P.O. BOX 70 NAYTAHWAUSH, MN 56566	41-1737979		17,050.				CAPACITY BULIDING
(7) HISTORIC EAST BALTIMORE COMMUNITY ACTION CO 1212 N. WOLFE STREET BALTIMORE, MD 21213	52-1903732	501(C)(3)	17,000.				CAPACITY BULIDING
(8) HOLLYWOOD COMMUNITY HOUSING CORPORATION 5020 SANTA MONICA BLVD. LOS ANGELES, CA 900	95-4198215	501(C)(3)	16,524.				CAPACITY BULIDING
(9) BACK BAY MISSION, INC. 1012 DIVISION STREET BILOXI, MS 39530	64-0431066	501(C)(3)	15,149.				CAPACITY BULIDING
(10) H STREET COMMUNITY DEVELOPMENT CORPORATION 501 H STREET, NE WASHINGTON, DC 20002	52-1356903	501(C)(3)	15,000.				CAPACITY BULIDING
(11) METRO DALLAS HOMELESS ALLIANCE 2816 SWISS AVENUE DALLAS, TX 75204	75-2461679	501(C)(3)	15,000.				CAPACITY BULIDING
(12) GREYSTON FOUNDATION 21 PARK AVE. YONKERS, NY 10703	13-3717310	501(C)(3)	15,000.				CAPACITY BULIDING

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(1) CITIZENS HOUSING AND PLANNING COUNCIL OF NE 42 BROADWAY NEW YORK, NY 10004	13-1782468	501(C)(3)	15,000.				CAPACITY BULIDING
(2) HOUSING INITIATIVE PARTNERSHIP 6525 BELCREST ROAD HYATTSVILLE, MD 20782	52-1596171	501(C)(3)	15,000.				CAPACITY BULIDING
(3) HOUSING COUNSELING SERVICES 2410 17TH STREET, NW WASHINGTON, DC 20009	52-0958568	501(C)(3)	15,000.				CAPACITY BULIDING
(4) THE RENAISSANCE COLLABORATIVE, INC. 3757 SOUTH WABASH CHICAGO, IL 60653	36-3843379	501(C)(3)	15,000.				CAPACITY BULIDING
(5) NEW ORLEANS AREA HABITAT FOR HUMANITY, INC. 7100 ST. CHARLES AVENUE NEW ORLEANS, LA 701	72-0973161	501(C)(3)	15,000.				CAPACITY BULIDING
(6) HOUSING COLORADO 225 EAST 16TH AVENUE DENVER, CO 80203	84-1234119	501(C)(3)	15,000.				CAPACITY BULIDING
(7) HISTORIC DISTRICT DEVELOPMENT CORPORATION 522 AUBURN AVENUE, NE ATLANTA, GA 30312	58-1447368	501(C)(3)	14,000.				CAPACITY BULIDING
(8) COMMUNITY AREA RESOURCE ENTERPRISE, INC. 203 S. SECOND STREET GALLUP, NM 87305	20-0870956	501(C)(3)	13,928.				CAPACITY BULIDING
(9) SOUTH COUNTY HOUSING CORPORATION 7455 CARMEL STREET GILROY, CA 95020	94-2590572	501(C)(3)	13,655.				CAPACITY BULIDING
(10) COMMUNITY BUILD, INC. 4305 DEGNAN BOULEVARD LOS ANGELES, CA 90008	95-4375255	501(C)(3)	13,500.				CAPACITY BULIDING
(11) EASTERN MARKET CORPORATION 2934 RUSSELL DETROIT, MI 48207	32-0030432	501(C)(3)	13,147.				CAPACITY BULIDING
(12) HANAC, INC. 49 WEST 45TH STREET NEW YORK, NY 10036	11-2290832	501(C)(3)	13,022.				CAPACITY BULIDING

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(1) CARROLL GARDENS ASSOCIATION, INC. 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432	501(C)(3)	12,500.				CAPACITY BULIDING
(2) ASIAN AMERICANS FOR EQUALITY 108 NORFOLK STREET NEW YORK, NY 10002	13-3187792	501(C)(3)	12,500.				CAPACITY BULIDING
(3) HOUSING AUTHORITY OF THE CITY OF JERSEY CIT 400 US HIGHWAY # 1` JERSEY CITY, NJ 07306	22-6022501		12,271.				CAPACITY BULIDING
(4) GOOD SHEPHERD HOUSING & FAMILY SERVICES, IN 5 RICHMOND HIGHWAY ALEXANDRIA, VA 22309	23-7447962	501(C)(3)	12,248.				CAPACITY BULIDING
(5) COMMUNITY CORPORATION OF SANTA MONICA 1423 SECOND STREET SANTA MONICA, CA 90401	95-3795161	501(C)(3)	11,595.				CAPACITY. BULIDING
(6) RED FEATHER DEVELOPMENT GROUP 15 S TRACY SUITE 14 BOZEMAN, MT 59718	91-1632134	501(C)(3)	11,500.				CAPACITY BULIDING
(7) JAMBOREE HOUSING CORPORATION 17701 COWAN IRVINE, CA 92614	33-0413518	501(C)(3)	11,293.				CAPACITY BULIDING
(8) AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK EAST LOS ANGELES, CA 9006	95-3301874	501(C)(3)	10,647.				CAPACITY BULIDING
(9) COLUMBIA CASCADE HOUSING CORPORATION 312 COURT STREET THE DALLES, OR 97058	94-3111736	501(C)(3)	10,410.				CAPACITY BULIDING
(10) SANTA FE COMMUNITY HOUSING TRUST P.O. BOX 713 SANTA FE, NM 87505	85-0392520	501(C)(3)	10,307.				CAPACITY BULIDING
(11) AEON 901 NORTH 3RD STREET MINNEAPOLIS, MN 55401	41-1558711	501(C)(3)	10,000.				CAPACITY BULIDING
(12) TREMONT WEST DEVELOPMENT CORPORATION 2406 PROFESSOR STREET CLEVELAND, OH 44113	23-7029247	501(C)(3)	10,000.				CAPACITY BULIDING

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

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(1) CHANGE-ALL SOULS HOUSING CORPORATION 2900-B 14TH STREET NW WASHINGTON, DC 20009	52-1069333	501(C)(3)	10,000.				CAPACITY BULIDING
(2) LOWER EASTSIDE SERVICE CENTER, INC. 80 MAIDEN LANE NEW YORK, NY 10038	13-1972876	501(C)(3)	10,000.				CAPACITY BULIDING
(3) CITY WIDE COMMUNITY DEVELOPMENT CORPORATION 3730 SOUTH LANCASTER ROAD DALLAS, TX 75216	75-2928514	501(C)(3)	10,000.				CAPACITY BULIDING
(4) INTERFAITH HOUSING DEVELOPMENT CORPORATION 103 GAY STREET DENTON, MD 21629	52-1648513	501(C)(3)	10,000.				CAPACITY BULIDING
(5) BASTION COMMUNITY OF RESILIENCE 7506 ZIMPEL STREET NEW ORLEANS, LA 70118	27-4383654	501(C)(3)	10,000.				CAPACITY BULIDING
(6) EL CENTRO DE LA RAZA DEVELOPMENT OFFICE SEATTLE, WA 98144	91-0899927	501(C)(3)	10,000.				CAPACITY BULIDING
(7) NORTH SHORE COMMUNITY DEVELOPMENT COALITION 102 LAFAYETTE STREET SALEM, MA 01970	04-2686893	501(C)(3)	10,000.				CAPACITY BULIDING
(8) GEORGIA STRATEGIC ALLIANCE FOR NEW DIRECTIO 501 PULLIAM STREET ATLANTA, GA 30312	20-0984437	501(C)(3)	9,000.				CAPACITY BULIDING
(9) HACIENDA CDC 5136 NE 42ND AVENUE PORTLAND, OR 97218	93-0979064	501(C)(3)	8,650.				CAPACITY BULIDING
(10) FAMILY RESOURCES OF NEW ORLEANS 817 N. CLAIBORNE AVENUE NEW ORLEANS, LA 701	72-1379740	501(C)(3)	8,587.				CAPACITY BULIDING
(11) AFFORDABLE COMMUNITY ENVIRONMENTS P.O. BOX 61446 VANCOUVER, WA 98666	91-1898061	501(C)(3)	8,577.				CAPACITY BULIDING
(12) INTERNATIONAL SONORAN DESERT ALLIANCE P.O. BOX 687 AJO, AZ 85321	86-0778917	501(C)(3)	8,404.				CAPACITY BULIDING

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(1) ASTELLA DEVELOPMENT CORPORATION 1618 MERMAID AVENUE BROOKLYN, NY 11224	11-2458675	501(C)(3)	7,846.				CAPACITY BULIDING
(2) SOUTHFAIR COMMUNITY DEVELOPMENT CORPORATION 3730 S. LANCASTER DALLAS, TX 75216	75-2399684	501(C)(3)	7,562.				CAPACITY BULIDING
(3) EAST DALLAS COMMUNITY ORGANIZATION 4610 JUNIUS STREET DALLAS, TX 75246	31-1513768	501(C)(3)	7,000.				CAPACITY BULIDING
(4) NEIGHBORHOOD HOUSING SERVICES OF NEW ORLEAN 4528 FRERET STREET NEW ORLEANS, LA 70115	72-0801513	501(C)(3)	6,998.				CAPACITY BULIDING
(5) RESOURCES FOR RESIDENTS AND COMMUNITIES OF P.O. BOX 89092 ATLANTA, GA 30312	58-1869105	501(C)(3)	6,000.				CAPACITY BULIDING
(6) GRANTS LESS THAN OR EQUAL TO $5000		501(C)(3)	34,725.				CAPACITY BLG
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 222.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5.

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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 1990S, CONGRESS HAS APPROPRIATED FUNDS TO THE SECTION 4 PROGRAM. ELIGIBLE APPLICANTS FOR THIS FUNDING HAVE BEEN LIMITED TO HABITAT FOR HUMANITY, LOCAL INITIATIVES SUPPORT CORPORATION, AND ENTERPRISE COMMUNITY PARTNERS. OF EACH ANNUAL AWARD RECEIVED A PORTION OF THE FUNDS 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
1						
2						
3						
4						
5						
6						
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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
1						
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 GRANTS AND CONTRACTS MANAGEMENT FOR PROCESSING. SOME WORK PLANS INCLUDE FUNDING FOR PREDEVELOPMENT AND WORKING CAPITAL LOANS. THESE LOANS ARE ADMINISTERED BY ENTERPRISE COMMUNITY LOAN FUND. PRIVATELY FUNDED GRANTS ENTERPRISE RECEIVES FUNDS FROM VARIOUS PRIVATE FUNDING SOURCES. SOME 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

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

OR USES. ENTERPRISE PROGRAM STAFF DETERMINES THE MOST APPROPRIATE USE OF THESE FUNDS WITHIN THEIR SPECIFIC PROGRAM AREAS. TYPICAL USES OF PRIVATE FUNDING INCLUDE STAFF TIME, PASS THROUGH GRANTS AND CONSULTANTS. PASS THROUGH GRANT PROCESS ONCE AN ORGANIZATION HAS BEEN SELECTED TO RECEIVE A GRANT, A GRANT REQUEST IS COMPLETED AND SUBMITTED TO GRANTS AND CONTRACTS MANAGEMENT. WE UTILIZE THE "CLOUD" BASED SALESFORCE SYSTEM WHEREBY ENTERPRISE FIELD STAFF ENTER AND UPLOAD ALL REQUIRED INFORMATION INTO A GRANT REQUEST. A GRANT REQUEST CONSISTS OF WORK PLAN, BUDGET, ORGANIZATIONAL DUE DILIGENCE DOCUMENTS SUCH AS FINANCIAL AUDITS, FINANCIAL ASSESSMENT, ETC. FIELD STAFF INITIATE A WORKFLOW PROCESS IN

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

SALESFORCE TO REQUEST AND DOCUMENT APPROVALS FROM PROGRAM STAFF, FUNDING MANAGERS, AND GRANTS AND CONTRACTS MANAGEMENT STAFF. GRANTS AND CONTRACTS MANAGEMENT UTILIZE SALESFORCE AND COMPLEMENTARY SOFTWARE TO GENERATE THE GRANT AGREEMENT AND DOCUMENTS ARE REVIEWED FOR COMPLIANCE WITH FUNDER PROGRAM AND BUDGET REQUIREMENTS. THE ORGANIZATION'S STATUS IS ALSO CHECKED ON "CHARITY CHECK" AND AGAINST THE FEDERAL GOVERNMENT'S SYSTEM FOR AWARD MANAGEMENT. AFTER COMPLIANCE REVIEW IS COMPLETE, A GRANT AGREEMENT IS EMAILED VIA AN ADOBE-FLASH SUPPORTED LINK TO SALESFORCE TO THE ORGANIZATION WITH INSTRUCTIONS TO PRINT OUT TWO COPIES, SIGN BOTH COPIES AND RETURN TO ENTERPRISE FOR COUNTER SIGNATURE. WE

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

ACCEPT EITHER SCANNED COPIES OF THE SIGNED ORIGINALS OR HARD COPIES. UPON RECEIPT, 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. 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 VIA A SALESFORCE WORKFLOW

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
1						
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCESS, AND REVIEWED FOR COMPLIANCE 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

FORWARDED VIA HARD COPY 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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number
52-1231931

Part I Questions Regarding Compensation

		Yes	No
1a	Check the 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.		
	[X] First-class or charter travel		
	[ ] Travel for companions		
	[ ] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[ ] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[ ] Health or social club dues or initiation fees		
	[ ] Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? **2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	[ ] Compensation committee		
	[X] Independent compensation consultant		
	[ ] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] 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**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	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**		X
b	Any related organization? **5b**		X
	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**		X
b	Any related organization? **6b**	X	
	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 **7**	X	
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 **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

For each individual whose compensation must be reported 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 and Title		(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 SCHAFFER VICE PRESIDENT	(i)	185,504.	31,426.	1,642.	16,468.	22,064.	257,104.	
		(ii)	0	0	0				
2	TERRI L. LUDWIG TRUSTEE, PRESIDENT & CEO	(i)	382,320.	110,600.	690.	19,539.	31,151.	544,300.	
		(ii)	0	0	0				
3	WILLIAM R. FREY SENIOR VICE PRESIDENT	(i)	196,140.	25,500.	2,332.	16,916.	17,135.	258,023.	
		(ii)	0	0	0				
4	NAOMI S. BAYER SENIOR VICE PRESIDENT	(i)	242,058.	70,000.	1,980.	19,539.	19,535.	353,112.	
		(ii)	0	0	0				
5	RICHARD D. GROSS VICE PRESIDENT	(i)	184,457.	35,124.	10,136.	16,769.	18,712.	265,198.	
		(ii)	0	0	0				
6	MARK MCDERMOTT VICE PRESIDENT	(i)	172,795.	33,058.	2,090.	15,654.	23,651.	247,248.	
		(ii)	0	0	0				
7	LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT	(i)	0	0	0				
		(ii)	210,917.	35,000.	1,602.	19,005.	2,000.	268,524.	
8	MICHAEL MCNEELY SVP, TREASURER, & CFO	(i)	248,858.	80,000.	2,090.	19,539.		350,487.	
		(ii)	0	0	0				
9	ABBY JO SIGAL SENIOR VICE PRESIDENT	(i)	205,838.	53,000.	652.	19,539.	16,731.	295,760.	
		(ii)	0	0	0				
10	ALAN SCOTT ANDERSON VICE PRESIDENT	(i)	161,320.	8,000.	1,642.	12,491.	25,484.	208,937.	
		(ii)	0	0	0				
11	ALAZNE MIREN SOLIS SENIOR VICE PRESIDENT	(i)	242,924.	70,000.	652.	19,539.	19,493.	352,608.	
		(ii)	0	0	0				
12	FAITH E. THOMAS SVP &GENERAL COUNSEL/SECRETARY	(i)	212,622.	40,000.	1,642.	19,539.	19,635.	293,438.	
		(ii)	0	0	0				
13	MATTHEW D. HOFFMAN VICE PRESIDENT	(i)	166,216.	14,450.	300.	9,637.	26,151.	216,754.	
		(ii)	0	0	0				
14	MEAGHAN E. VLKOVIC VICE PRESIDENT	(i)	150,880.	24,410.	343.	12,288.	23,650.	211,571.	
		(ii)	0	0	0				
15	PAUL M. CUMMINGS SENIOR VICE PRESIDENT	(i)	225,123.	58,066.	802.	19,539.	23,348.	326,878.	
		(ii)	0	0	0				
16	AMALIA M. KASTBERG VICE PRESIDENT	(i)	231,160.	23,058.	450.	18,979.	23,651.	297,298.	
		(ii)	0	0	0				

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 and Title		(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	MICHELLE WHETTEN VICE PRESIDENT	(i)	161,586.	29,450.	650.	13,971.	7,990.	213,647.	
		(ii)	0	0	0				
2	DAVID CHARLES BOWERS VICE PRESIDENT	(i)	168,614.	27,010.	300.	14,365.	8,129.	218,418.	
		(ii)	0	0	0				
3	CHARLES R. WERHANE TRUSTEE	(i)	0	0	0				
		(ii)	376,051.	315,180.	126,848.	100,145.	19,635.	937,859.	
4	DORIS W. KOO SENIOR ADVISOR	(i)	173,282.	0	2,228.	12,475.	2,896.	190,881.	
		(ii)	0	0	0				
5	EDWARD DAVID MANEKIN VICE PRESIDENT	(i)	150,137.	13,089.	1,036.	11,974.	25,848.	202,084.	
		(ii)	0	0	0				
6	MARY ANN LEONARD VICE PRESIDENT	(i)	170,034.	24,388.	1,980.	14,462.	16,305.	227,169.	
		(ii)	0	0	0				
7	KEITH E. FAIREY VICE PRESIDENT	(i)	175,231.	33,383.	652.	15,801.	22,966.	248,033.	
		(ii)	0	0	0				
8	ALEX S. AVITABILE VICE PRESIDENT	(i)	163,028.	13,865.	2,332.	12,885.	16,567.	208,677.	
		(ii)	0	0	0				
9	PETRA D. MONTAGUE VICE PRESIDENT	(i)	149,393.	13,116.	1,288.	9,573.	15,209.	188,579.	
		(ii)	0	0	0				
10	KAREN LADO VICE PRESIDENT	(i)	134,876.	23,803.	741.	11,650.	20,489.	191,559.	
		(ii)	0	0	0				
11	KATHERINE W. SWENSON VICE PRESIDENT	(i)	149,980.	12,495.	448.	11,919.	19,993.	194,835.	
		(ii)	0	0	0				
12	EDWARD D. ROSENTHAL VICE PRESIDENT	(i)	144,259.	11,536.	6,048.	10,906.	15,725.	188,474.	
		(ii)	0	0	0				
13	ANTHONY JOSEPH DISPIGNO SENIOR VICE PRESIDENT	(i)	236,614.	63,000.	690.	19,539.	23,651.	343,494.	
		(ii)	0	0	0				
14	ROBERT S. GROSSINGER VICE PRESIDENT	(i)	184,233.	15,309.	1,290.	14,548.		215,380.	
		(ii)	0	0	0				
15	ANDREW EDWARD GEER VICE PRESIDENT	(i)	146,962.	25,589.	450.	12,750.	25,484.	211,235.	
		(ii)	0	0	0				
16	MELINDA J. POLLACK VICE PRESIDENT	(i)	156,468.	18,600.	270.	12,963.	19,005.	207,306.	
		(ii)	0	0	0				

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 and Title		(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	OYESHOLA OLATOYE VICE PRESIDENT	(i)	169,423.	34,096.	633.	15,337.	22,906.	242,395.	
		(ii)	0	0	0				
2	JACQUELINE WAGGONER DRM & DEPUTY DIRECTOR	(i)	140,405.	35,631.	597.	12,693.	2,586.	191,912.	
		(ii)	0	0	0				
3	JON SEARLES DEPUTY DIRECTOR & PR DIRECTOR	(i)	160,886.	13,428.	621.	12,402.	1,039.	188,376.	
		(ii)	0	0	0				
4	MARY JO BARRANCO VICE PRESIDENT	(i)	179,744.	16,016.	802.	14,818.	24,898.	236,278.	
		(ii)	0	0	0				
5	TIFFANY MANUEL VICE PRESIDENT	(i)	151,590.	12,750.	300.	8,291.	28,651.	201,582.	
		(ii)	0	0	0				
6	CHRISTINE CARTALES VICE PRESIDENT	(i)	178,904.	0	15,167.	0	0	194,071.	
		(ii)	0	0	0			0	0
7	BENJAMIN NICHOLS VICE PRESIDENT	(i)	120,435.	5,000.	517.	8,354.	23,482.	157,788.	
		(ii)	0	0	0				
8	THOMAS OSBODA VICE PRESIDENT	(i)	160,954.	11,175.	450.	0	9,240.	181,819.	
		(ii)	0	0	0				
9	VICTORIA SUSAN SHIRE VICE PRESIDENT	(i)	126,850.	10,647.	245.	9,997.	26,688.	174,427.	
		(ii)	0	0	0				
10	DIANE YENTAL VICE PRESIDENT	(i)	130,827.	2,250.	273.	7,036.	24,682.	165,068.	
		(ii)	0	0	0				
11	ANDREW JAKABOVICS SENIOR DIRECTOR	(i)	151,857.	12,925.	612.	11,782.	3,691.	180,867.	
		(ii)	0	0	0				
12	ANGELA BOYD DIRECTOR-RELATIONSHIP MGMT	(i)	136,930.	15,000.	217.	10,367.	1,164.	163,678.	
		(ii)	0	0	0				
13	MARYANN LESHIN VICE PRESIDENT	(i)	141,964.	11,382.	1,262.	10,872.	22,984.	188,464.	
		(ii)	0	0	0				
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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	(e) Sharing of organization's revenues? No
(1)	PAUL BROPHY	FORMER TRUSTEE	3,076.	EXPENSE REIMBURSEMENT		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5.	21,106.	FMV ON DATE ACQUIRED
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
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?	30a		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?	31		X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

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

USE OF THIRD PARTIES TO SELL NON-CASH ITEMS

SCHEDULE M, PART I, LINE 32A

FINANCIAL INSTITUTIONS ARE USED TO REDEEM/SELL DONATED STOCK.

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 CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DOCUMENT (CONFLICT OF INTEREST DISCLOSURE FORM) CONTENT AND FOLLOWS UP ON ANY CONCERNS WITH THE EMPLOYEE. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCING. THE EXECUTIVE OFFICE INCLUDES THE CONFLICT OF INTEREST POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT IN ITS MAILING TO THE TRUSTEES IN ADVANCE OF THE FIRST QUARTER BOARD MEETING (USUALLY HELD IN MARCH). WE ASK THAT TRUSTEES RETURN THE DISCLOSURE FORM BY MAY 1. 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

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

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 THROUGH OUR WEBSITE.

RECONCILIATION OF NET ASSETS

PART XI LINE 5

CHANGE IN NET ASSETS OF SUBSISIARIES AND AFFILIATES	$6,718,000
NET UNREALIZED GAIN ON INVESTMENT	$2,980,000
FLOW THRU FROM LAFITTE REDEVELOPMENT LLC	($563,244)
CHANGE IN NET ASSETS OF NON-CONTROLLING INTERESTS	($2,945,726)
TOTAL	$ 6,189,030

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

SIGNIFICANT CHANGES TO ORGANIZING DOCUMENTS

PART VI, LINE 4

THE ARTICLES OF INCORPORATION WERE AMENDED TO REFLECT THE ORGANIZATION'S CHANGE OF ADDRESS.

ATTACHMENT 1

FORM 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 2

FORM 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,

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION

Name of the organization: ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number: 52-1231931

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNISPACE OF WASHINGTON 1301 RESEARCH ROAD GAHANNA, OH 43230	CONSULTING	329,976.
NATIONAL STRATEGIES GROUP LLC 1215 NINETEENTH STREET, NW WASHINGTON, DC 20036	CONSULTING	150,000.
MCBEE STRATEGIC CONSULTING, LLC 455 MASSACHUSETTS AVENUE, NW 12TH FLOOR WASHINGTON, DC 20001	CONSULTING	120,000.
SEQUENCE EVENTS LLC 20W 20TH ST STE 306 NEW YORK, NY 10011	EVENT PLANNING	168,899.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	522,984.			522,984.
TOTALS	522,984.			522,984.

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
FUNDRAISING EVENTS	1,035,008.
TOTAL	1,035,008.

Name of the organization: ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number: 52-1231931

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	205,036.	550,608.	-345,572.
TOTALS	205,036.	550,608.	-345,572.

ATTACHMENT 7

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:	NOTES RECEIVABLE
BEGINNING BALANCE DUE	24,544,314.
ENDING BALANCE DUE	22,922,111.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	24,544,314.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	22,922,111.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
EQUITY FUNDS	6,333,068.
BOND FUNDS	6,088,303.
REAL ESTATE INVEST TRUST FUND	697,050.
TOTALS	13,118,421.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE LOUISIANA LOAN FUND, LLC 42-1718653 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	FINANCING	DE	190,501.	1,397,370.	ECP, INC
(2) ENTERPRISE NEW ORLEANS NT, LLC 52-1231931 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFFORD HSG	MD	563,244.	1,084,287.	ECP, INC.
(3) ENTERPRISE NEW GENERATION MEMBER LLC 1100 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	FINANCING	DE			ECP, INC.
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ENTERPRISE COMMUNITY LOAN FUND, INC. 52-0192004 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	FINANCING	MD	501(C)(3)	509(A)(3)	ECP, INC		X
(2) ENTERPRISE HOME OWNERSHIP PARTNERS, INC 31-1737642 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 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 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 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC		X
(6) IAC/ENTERPRISE NEHEMIAH DEVELOPMENT 52-1742031 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC		X
(7) CORNERSTONE HOUSING CORPORATION 52-1742293 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CITY HOMES, INC 52-1479114 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC		X
(2) ENTERPRISE ADVISORS, INC. 27-3846733 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC.		X
(3) AFFORDABLE HOUSING SOLUTIONS, INC. 35-2389470 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	501(C)(3)	509(A)(3)	ECP, INC.		X
(4)							
(5)							
(6)							
(7)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)	ECLF TOAH MBR, LLC 27-5305396 11000 BROKEN LAND PARKWAY #700	FINANCING	DE	ECLF	RELATED	12,769.	64,009.		X			X	99.9900
(2)	COMMUNITY WEATHERIZATION LLC 2 501 7TH AVENUE 7TH FLOOR	AFFORD HSGING	DE	ECP, INC	RELATED	650.			X			X	50.0000
(3)													
(4)													
(5)													
(6)													
(7)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	ENTERPRISE COMMUNITY INVESTMENT, INC 52-1206840 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	ECP, INC	C CORP	1,122,694.	109,020,137.	100.0000		X
(2)	ENTERPRISE GROUP INC 52-1348286 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFF. HOUSING	MD	ECP, INC	C CORP			100.0000		X
(3)	ENTERPRISE NEW ORLEANS, LLC 26-4201991 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFFORDABLE HS	MD	ECP, INC	C CORP			100.0000		X
(4)										
(5)										
(6)										
(7)										

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	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?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ENTERPRISE COMMUNITY INVESTMENT, INC.	A	4,168,900.	COST
(2)	ENTERPRISE COMMUNITY INVESTMENT, INC.	K	6,574,535.	COST
(3)	ENTERPRISE COMMUNITY INVESTMENT, INC.	L	5,302,698.	COST
(4)	ENTERPRISE COMMUNITY INVESTMENT, INC.	P	1,012,183.	COST
(5)	ENTERPRISE COMMUNITY INVESTMENT, INC.	Q	791,972.	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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
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Schedule R (Form 990) 2013

Part VII **Supplemental Information**

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