Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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1	01	2015, and	ending	12/	31	, 20	15
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▶ Do not send to the IRS. Keep for your records.

For calendar year 2015, or fiscal year beginning 01/

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Employer identification number

ENTERPRISE COMMUNITY PARTNERS, INC.

52-1231931

CRAIG MELLENDICK, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	81986334.
2a	Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer'	's PIN: check one box only		
X	l authorize COHNREZNICK LLP ERO firm name	to enter my PIN	1 4 2 4 6 as my signature Enter five numbers, but do not enter all zeros
	on the organization's tax year 2015 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.		his return that a copy of the return is
	As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclo	filed with a state ag	gency(ies) regulating charities as part of
Officer's	signature ▶	Date	> 07/27/2016
Part I	Certification and Authentication		
	EFIN/PIN. Enter your six-digit electronic filing identification r (EFIN) followed by your me-digit self-selected PIN.		2 7 1 0 0 5 2 2 1 4 7
		-	do not enter all zeros
indicate	that the above numeric entry is my PIN which is my eignature on the above. I confirm that I am submitting this ceturn in accordance what ion for Authorized IRS s-file Providers for Business Returns.	e 2015 electronically the requirements of	y filed return for the organization of Pub. 4163, Modernized e-File (MeF)

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

ERO's signature

Date ▶ 07/27/2016

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

B cover susteed A cover Section Cover Cover	AI	or ti	ne 2015 calendar year, or tax year beginning , 2015	, and ending		,	20	_
Seminary	-				D Employer ide	ntification nu	mber	_
	В	Check if a	ENTERPRISE COMMUNITY PARTNERS, INC.		52-1231	1931		
Number and strate (or P.D. box if mall is not delivered to dress exidences) Room/faulte E Total protein matter 100.00 BROKEN LAND PARKWAY 70.0			Deing hydroge og		i -			
Transmitted		-	Number and street (as D.O. how if mail is not delivered to street address)	Room/suite	E Telephone nui	mber		-
City or town, state or province, country, and ZIP or foreign postal code C Gross receipts \$ 82, 542, 996	\vdash			700	(410) 96	4-1230		
COLUMBIA, MD 21044 Final and address of principal officer. CRAIG MEJLENDICK High pink page principal for Yes X Moderate	\vdash	Final	return/ City or town, state or province, country, and ZIP or foreign postal code		(120) 00	1 1200		-
Tax-exempt status: Name		Ame	COLUMBIA MD 21044		G Gross receints	\$ 8	2 542 996	
1100 BROKEN LAND PARKWAY700 COLUMBIA, MD 21044 H(p) was subconductions recommended by the state of the processor of the	\vdash	Appli	F Name and address of principal officer CRATC MELLENDICK				7	_
Take-seamed stations	_	pend	ing .	1044				
WNN ENTERPRISECOMMUNITY, ORG		Tax-ex						
Form of organization: X Corporation Trust Association Other L Year of formation: 1980 M State of legal domicise MC				01 327	_	,	,	
Part Summary				I Vear of form				_
Briefly describe the organization's mission or most significant activities: TO_CREATE_OPPORTUNITIES_FOR_LOWAND		-		E real or lotte	iation. 1500 ivi	State of legal	domicile. 111	_
MODERATE-INCOME PROPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES.				ZATE ODDODT	TINITUTES EO	D TOW_	AND	-
THRIVING COMMUNITIES. 2 Check his box	d)	'				L HOW - A	7110	-
4 Number of independent voting members of the governing body (Part VI, line 1b)	nc			- IN DIVERS	· · · · · · · · · · · · · · · · · · ·			-
4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a). 5 Total number of volunteers (estimate if necessary). 6 5 299. 6 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a Total unrelated business taxable income from Form 990-T, line 34. 7b Net unrelated business taxable income from Form 990-T, line 34. 7b Net unrelated business taxable income from Form 990-T, line 34. 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 1h). 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 10 Univestment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), lines 1e). 17 Other expenses (Part IX, column (A), lines 1e). 19 Part expenses (Part IX, column (A), lines 1e). 10 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 10 Total expenses. Subtract line 18 from line 12. 10 Total expenses. Subtract line 18 from line 20. 20 Total assets of rund balances. Subtract line 21 from line 20. 21 Total liabilities (Part X, line 2b). 21 Total liabilities (Part X, line 2b). 22 Nature Block 23 Total liabilities (Part X, line 2b). 24 Total liabilities (Part X, line 2b). 25 Signature of office. 26 Total assets of rund balances. Subtract line 21 from line 20. 27 Propagate Block 28 Under penalties of pergins name 29 Prior (Prepagate View Propagate View Propagate View Propagate View Prop	erne	2			70/ of its not spect			-
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8 Contributions and grants (Part VIII, line 1h)	-							_
8 Contributions and grants (Part VIII, line 1h). 55,656,679. 68,558,911. 9 Program service revenue (Part VIII, line 2g). 8,873,009. 8,141,668. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d). 488,738. 481,724. 11 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e). 4,288,490. 4,804,031. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12). 69,301,836. 81,986,334. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 16,995,692. 15,593,111. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 16,995,692. 15,593,111. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-1). 27,364,338. 32,957,156. 16 a Professional fundraising fees (Part IX, column (A), line 1te). 493,437. 0 15 Total expenses (Part IX, column (A), line 1te). 493,437. 0 16 a Professional fundraising eses (Part IX, column (D), line 25) 3,402,320. 17 Other expenses (Part IX, column (A), line 1te). 493,437. 0 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e). 23,701,689. 27,516,010. 18 Total expenses. Subtract line 18 from line 12. 746,680. 5,920,057. 19 Revenue less expenses. Subtract line 18 from line 12. 746,680. 5,920,057. 19 Revenue less expenses. Subtract line 18 from line 20. 264,581,345. 299,415,980. 244,581,345. 2		D	Net unrelated business taxable income from Form 990-1, line 34					-
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	ven		Program service revenue (Part VIII, line 2g)					_
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19 Revenue less expenses. Subtract line 18 from line 12 746,680. 5,920,057.								
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 264, 581, 345 299, 415, 980 30, 324, 302 34, 409, 676 22 Net assets or fund balances. Subtract line 21 from line 20 234, 257, 043 265, 006, 304 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 Print/Type preparer's name CRAIG MELIENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ , CPA Firm's name COHNREZNICK LLP Firm's name COHNREZNICK LLP Firm's address 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 Phone no. 301-652-9100 Neg Instructions)								_
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 CRAIG MEL ENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's name ▶ COHNREZNICK LLP Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Z34, 257, 043. Z65, 006, 304.	L ()	19	Revenue less expenses. Subtract line 18 from line 12			_	• •	*
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 CRAIG MEL ENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's name ▶ COHNREZNICK LLP Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Z34, 257, 043. Z65, 006, 304.	ts o			Deg				_
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 CRAIG MEL ENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's name ▶ COHNREZNICK LLP Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Z34, 257, 043. Z65, 006, 304.	Sala	20	Total assets (Part X, line 16)					_
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	et A	21	Total liabilities (Part X, line 26)					-
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. O7/27/2016					234,257,04	3. 265	,006,304	<u>.</u>
Sign Here CRAIG MELLENDICK Type or print name and title	_		•	des and statements		and the soule de	1-11-6 14	_
Sign Here Signature of offic CRAIG MELLENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's name COHNREZNICK LLP Firm's address 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if PTIN PO0230625 PO0230625 PTIN Sell > 22-1478099 Phone no. 301-652-9100 X Yes No.	true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has any	knowledge.	my knowied	je and bener, it i	15
Sign Here Signature of offic CRAIG MELLENDICK Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's name COHNREZNICK LLP Firm's address 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if PTIN PO0230625 PO0230625 PTIN Sell > 22-1478099 Phone no. 301-652-9100 X Yes No.			. (//		07/0	7/2016		_
Here CRAIG MELIENDICK CFO Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if if PTIN ANNE SCHRANTZ, CPA 07/27/2016 self-employed P00230625 Firm's name ►COHNREZNICK LLP Firm's EIN ►22-1478099 Firm's address ►7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 Phone no. 301-652-9100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No.	Sia	n	Signature of office			1/2016		-
Type or print name and title Print/Type preparer's name ANNE SCHRANTZ, CPA Preparer Use Only Firm's address >7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions) Date Oheck if PTIN Self-employed PO0230625 PO0230625 Prim's EIN > 22-1478099 Phone no. 301-652-9100					2010			
Print/Type preparer's name				-				_
Paid Preparer Use Only Firm's name COHNREZNICK LLP O7/27/2016 Firm's EIN ≥22-1478099 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	_			Date		. PTIN		_
Preparer Use Only Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ 22-1478099 Firm's address ▶ 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 Phone no. 301-652-9100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Paid		/ W / X - H #	1		"	220025	
Firm's address >7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 May the IRS discuss this return with the preparer shown above? (see instructions). X Yes No.	Prep	parer	Civil C C C	1 101/21/20				_
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only						_
	Mari	the			Phone no. 3		1 1	_

orn	990 (2015) Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	TO CREATE OPPORTUNITIES FOR LOW AND MODERATE-INCOME PEOPLE THROUGH
	AFFORDABLE HOUSING AND DIVERSE, THRIVING COMMUNITIES.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No
	services? Yes," describe these changes on Schedule O. 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.
а	(Code:)(Expenses \$61,779,431_ including grants of \$15,593,111_)(Revenue \$8,141,668_) ENTERPRISE AND ITS SUBSIDIARIES HAVE RAISED AND INVESTED MORE THAN
	\$18.6 BILLION IN EQUITY, GRANTS, AND LOANS TO CREATE NEARLY
	340,000 AFFORDABLE HOMES.
lh	(Code:) (Expenses \$including grants of \$) (Revenue \$)
-	(COURTE:
4 -	(Code:) (Expenses \$including grants of \$) (Revenue \$)
ŧG	(Code) (Expenses #moduling grants of #
_	1 Other program comices (Deceribe in Schedule O.)
4 (Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4	Total program service expenses 61,779,431.
10	Form 990 (2015

art	V Checklist of Required Schedules		Yes	No
		-	103	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	x	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-	- 1	
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,	5		
	Part III			
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	6		Х
	"Yes," complete Schedule D, Part I	Ť		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	the environment, historic land areas, or historic structures? If res, complete schedule B, runtil 1			
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
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	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,			
11	VII, VIII, IX, or X as applicable.			
2	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	Х	
С	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	Х	_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			٠,,
	reported in Part X. line 16? If "Yes." complete Schedule D. Part IX	11d	Х	X
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	125		X
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	13	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			
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			
	fundraising, business, investment, and program service activities duside the office of dustrial of the office of t	14b		X
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	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			
1 /	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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
_		Forn	990	(2015)

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Part l	V Checklist of Required Schedules (continued)		Yes	No
		20-	168	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		Λ.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	A	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		21
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	23	Х	
	employees? If "Yes," complete Schedule J	23		
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	240		X
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		A
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254	-	
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 of 990-E2?	1		\ _v
	If "Ves " complete Schedule I. Part I	250	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		v
	disqualified persons? If "Yes" complete Schedule L. Part II	20		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	21	-	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):		1	l v
а	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	006		"
	Schodulo I Part IV	200	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			\ _v
	was an officer director trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Scriedule W	1.0	1	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		\ _v
	conservation contributions? If "Ves." complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N			\ _v
	Port	31	+-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Tres,			X
	complete Schedule N. Part II	32	+	+^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,	1 2	,
	sections 301 7701-2 and 301 7701-32 If "Yes." complete Schedule R, Part I	33	+-	-
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)?	358	+	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	1 051		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	•	Ι,	,
	related, organization? If "Yes." complete Schedule R, Part V, line 2	30	+-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,) x
	Part VI	. 37		+-
	1 GIL VI, NO. 8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b an 19? Note. All Form 990 filers are required to complete Schedule O.	d 38	1.	x

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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			بل
	a	_	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		W. 101	
h	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	5.5	3.8	
0	Did the organization comply with backup withholding rules for reportable payments to vendors and	3 10	2.5	GO.
C	reportable gaming (gambling) winnings to prize winners?	1c		
0 -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	11 3		
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 299	800		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		LEAN.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-me (see mistraction)	3a		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		X
	account)?		Silli	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	8 1		100
	(FRAR)	50		X
5 a	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		
С	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	٠.		v
	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).	10		1000
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		193	Family.
u	and services provided to the payor?	7a	X	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			West
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization receive any ranks, directly or indirectly, on a personal benefit contract?	7f		X
I	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
n	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			O LEI
8	sponsoring organization have excess business holdings at any time during the year?	8		
	sponsoring organization have excess business holdings at any time during the years at a second finale		H-by	1 52
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	100	E S	S. Tol
10	Section 501(c)(7) organizations. Enter:	17625	733	1000
а	Initiation fees and capital contributions included on Part VIII, line 12		BH	183481
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of slab lacinities.		115	172
11	Section 501(c)(12) organizations. Enter:	1835	130	
а	Gross income from members or snareholders	1000	Mary.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	100	32	
		12a		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120	115	100
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year	18	194	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134	100	
	Note. See the instructions for additional information the organization must report on Schedule O.		516	
k	Enter the amount of reserves the organization is required to maintain by the states in which	111	133	HSEV
	the organization is licensed to issue qualified health plans	50		
c	: Enter the amount of reserves on hand	7.1		TV.
14:	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
1	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Secti	on A. Governing Body and Management			Yes	No
	1	1a 25		1,16	
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b 23		338	
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with	2		Х
	any other officer, director, trustee, or key employee?	ala a tha alimant	-		
3	Did the organization delegate control over management duties customarily performed by or un	der the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?	5	\neg	X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	6	_	X
6	Did the organization have members or stockholders?		-	_	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint	7a		X
	one or more members of the governing body?		1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,	7b		X
	stockholders or persons other than the governing body?		70	LIVE.	21
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during	9.5		
	the year by the following:		0.	Х	0.0000
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	^	_
9	Is there any officer director trustee or key employee listed in Part VII. Section A, who cannot	be reached at			v
	the organization's mailing address? If "Yes " provide the names and addresses in Schedule U	* ****** * ** *****	9	. 1	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Int	ernai Revenue	Code	Yes	No
		1	-	162	_
10a	Did the organization have local chapters, branches, or affiliates?		10a	-	X
b	are the state of the second the second procedures governing the activities of	such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b		_
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?.	11a	Х	-
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
b	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	-
12a	and the state of t	that could give			
b	rise to conflicts?		12b	X	
	and enforce compliance with the r	olicy? If "Yes,"			
С	describe in Schedule O how this was done		12c	X	
4.0	Did the organization have a written whistleblower policy?		13	X	
13	Did the organization have a written document retention and destruction policy?		14	X	
14	Did the process for determining compensation of the following persons include a review a	nd approval by	TO VI		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?		bus'	
	The organization's CEO, Executive Director, or top management official		15a	Х	
a	The organization's GEO, Executive Director, or top management official 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		15b	Х	
b	Other officers or key employees of the organization				1 884
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ar arrangement			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil.	100011 5 5 20 200000	16a		Х
	with a taxable entity during the year?	to evaluate its		11/18	1/1/1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	safeguard the		N. I.S.	
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	, oaloguala ille	16b		
_					
Sec	tion C. Disclosure	1			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT	d 000 T /Sastian	501/	c)(3)	s only
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, at	in aan-1 (26000)	1001	0)(0)	Joiny
	available for public inspection. Indicate how you made these available. Check all that apply.				
	A Own website 11 / mether of motion		lares!	nalia	n. 05
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of in	erest	polic	Jy, an
	financial statements available to the nublic during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's CRAIG MELLENDICK 11000 BROKEN LAND PARKWAY#700 COLUMBIA, MD 21044 410-772-601	DOOKS and record	18:		
	CRAIG MELLENDICK 11000 BROKEN LAND PARKWAY#700 COLUMBIA, MD 21044 410-7/2-003			00/	0 (2016

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Form **990** (2015)

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

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

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.

X 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)	box,	ot ch unles	s pe	ition more rson	e than or highest compensated employee	an	(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
(1)TERRI L. LUDWIG	40.00									
PRESIDENT		X		Х				576,345.	0.	39,808.
(2)BILL BECKMANN	1.00									
TRUSTEE		X				_	_	0,	. 0.	0.
(3)EDWARD NORTON TRUSTEE	1.00	Х						0	. 0.	0.
	1.00	Х						0	. 0.	0,
(5)TONY SALAZAR TRUSTEE	1.00	Х						0	. 0.	0.
_(6)J RONALD TERWILLIGER TRUSTEE	1.00	Х						0	. 0.	0.
(7)CHARLES WERHANE TRUSTEE	1.00	-						0	926,808.	123,673.
_(8)DORA LEONG GALLO TRUSTEE	1.00	X						0	. 0	0.
(9)PRISCILLA ALMODOVAR TRUSTEE	1.00	X						0	. 0	. 0.
(10)GREGORY BAER TRUSTEE	1.00	X						0	. 0	. 0.
(11)MARIA BARRY TRUSTEE	1.00	X						0	. 0	. 0.
(12)RICK LAZIO TRUSTEE	1.00	X						0	. 0	. 0,
(13)LANCE FORS TRUSTEE	1.00	X						0	. 0	. 0.
(14)CHRISTOPHER COLLINS TRUSTEE	1.00) X						C	. 0	Form 990 (2015)

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do n box,	ot ch unles	Posi neck is pe I a d	ition more rson irect	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organization	rom s	Estin Estin amou otl compe	nated unt of her ensation	١
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	organ and r	ization related izations	i
15) BABARA POPPE TRUSTEE	1.00	Х						0.		0.			0.
16) DINA HABIB POWELL	1.00	Х						0.		0.			0.
TRUSTEE 17) RONALD RATNER TRUSTEE	1.00	X						0.		0.			0.
18) MEGAN SANDEL TRUSTEE	1.00	X						0.		0.			0.
19) ROY SWAN TRUSTEE	1.00	X						0.		0.			0.
20) DONALD S. FALK TRUSTEE	1.00	Х						0.		0.			0.
21) CAROL GALANTE TRUSTEE	1.00	Х						0 :		0.			0.
22) RENEE LEWIS GLOVER TRUSTEE	1.00	Х						0		0.			0.
23) PATRICK MCENERNEY TRUSTEE	1.00	Х						0		0.		_	0.
24) BETH MYERS TRUSTEE	1.00	X					L	0		0.			0.
25) RAPHAEL BOSTIC TRUSTEE	1.00	X						0		0.			0.
1b Sub-total	Section A 🔒			* *	•	0 K X		576,345 9,355,032 9,931,377	288,9	35.	1,1	63,4 76,8 40,3	87.
d Total (add lines 1b and 1c)	limited to	those	liste 2	ed a	abo	ve) wh	no r						
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schee	icer direct	or o	ır tr	ust duai	ee,	key	em	ployee, or highe	st compensat	ted	3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater tha	n \$1	, 00,				S,	· · · · · · · · · · · ·		• •	4	Х	
5 Did any person listed on line 1a receive o for services rendered to the organization? If	r accrue co Yes," comple	ompe e <i>te</i> Sa	nsat ched	tion <i>Iule</i>	fro J fo	m an or suci	y u h pe	nrelated organizat	ion or individ	ual • • —	5	Х	
Section B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year.	mpensated compensa	inder tion fo	oenc or th	dent	t co	ntract ndar y	ors	that received more ending with or wi	re than \$100, thin the orgar	000 c iizatio	II S tax		
(A) Name and business a	ddress							(B) Description of	services	C	(C) Compens		
ATTACHMENT 2													
2 Total number of independent contractors	/:		القما	I 14		ı		listed shows wh	- varabled			270	430

VICE PRESIDENT 19) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT 39 30) MICHAEL MCNEELY SENIOR VICE PRESIDENT 31) ALAN SCOTT ANDERSON VICE PRESIDENT 32) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 33) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 34) MATTHEW D. HOFFMAN VICE PRESIDENT 35) MEAGHAN E. VLKOVIC VICE PRESIDENT 36) AMALIA M. KASTBERG VICE PRESIDENT 36) AMALIA M. KASTBERG VICE PRESIDENT 37) AMALIA M. KASTBERG VICE PRESIDENT 38) Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization	ge per t any for ed alions otted	b off Individual trustee	ot che unless and Institutional trustee	a di	ion nore i son is recto	n on a se both set of the set of	n e) Fon	(D) Reportable compensation from the organization (W-2/1099-MISC) 235,083. 244,458. 223,973.	Reportable compensation related organization (W-2/1099-MI	o.	(F) Estimated amount of other compensation from the organization and related organizations 36,99 32,50
organization below do line) do JEFFREY SCHAFFER	.00 .00 .00 .00		ional trustee	x x x x x x x x	y employee	ghest compensated ployee	nmer	235,083. 244,458. 223,973.		0.	36,993 32,53 31,13
VICE PRESIDENT 7) RICHARD D. GROSS 40. VICE PRESIDENT 88) MARK MCDERMOTT 40. VICE PRESIDENT 99) LORI MICHELLE CHATMAN 1 SENIOR VICE PRESIDENT 39. 60) MICHAEL MCNEELY 40. SENIOR VICE PRESIDENT 81) ALAN SCOTT ANDERSON 40. VICE PRESIDENT 82) ALAZNE M. SOLIS 40. SENIOR VICE PRESIDENT 83) FAITH E. THOMAS 40. SENIOR VP AND GENERAL COUNCIL 34. MATTHEW D. HOFFMAN 40. VICE PRESIDENT 35. MEAGHAN E. VLKOVIC 40. VICE PRESIDENT 40. TOTAL (Add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization 2 Did the organization list any former officer of the compensation from the organization 2 Did the organization list any former officer of the compensation from the organization 2 Did the organization list any former officer of the compensation from the organization 2 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation from the organization 3 Did the organization list any former officer of the compensation for the compensat	.00			x x x x x				244,458. 223,973.	288,9	0.	32,5
7) RICHARD D. GROSS VICE PRESIDENT (8) MARK MCDERMOTT (9) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT (10) MICHAEL MCNEELY SENIOR VICE PRESIDENT (11) ALAN SCOTT ANDERSON VICE PRESIDENT (12) ALAZNE M. SOLIS SENIOR VICE PRESIDENT (13) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL (14) MATTHEW D. HOFFMAN VICE PRESIDENT (15) MEAGHAN E. VLKOVIC VICE PRESIDENT (16) AMALIA M. KASTBERG VICE PRESIDENT (17) AMALIA M. KASTBERG VICE PRESIDENT (18) Sub-total C Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Did the organization list any former officer of the compensation from the organization by	.00			x x x x x				223,973.	288,9	0.	31,1
VICE PRESIDENT 8) MARK MCDERMOTT VICE PRESIDENT 9) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT 39 0) MICHAEL MCNEELY SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 33) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 40 VICE PRESIDENT	.00			x x x				223,973.	288,9	0.	31,1
VICE PRESIDENT 9) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT 39 0) MICHAEL MCNEELY SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 66) AMALIA M. KASTBERG VICE PRESIDENT 16 Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Did the organization list any former officer d	.00			x x				0.	288,9	35.	20,3
9) LORI MICHELLE CHATMAN SENIOR VICE PRESIDENT 0) MICHAEL MCNEELY SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization >	.00			x x				0.	288,9	35.	20,3
SENIOR VICE PRESIDENT 0) MICHAEL MCNEELY SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization >	.00			x x					288,9		
0) MICHAEL MCNEELY SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON 40 VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS 40 SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN 40 VICE PRESIDENT 5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization ▶	.00			x x					280,3		
SENIOR VICE PRESIDENT 1) ALAN SCOTT ANDERSON 40 VICE PRESIDENT 2) ALAZNE M. SOLIS 40 SENIOR VICE PRESIDENT 3) FAITH E. THOMAS 40 SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN 40 VICE PRESIDENT 5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total 40 C Total from continuation sheets to Part VII, Section 40 Total (add lines 1b and 1c) 40 2 Total number of individuals (including but not limited reportable compensation from the organization 40	.00			Х				336,242.		0.	20,3
1) ALAN SCOTT ANDERSON 40 VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization 3 Did the organization list any former officer of	.00			Х				3307212.			
VICE PRESIDENT 2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization 2 Did the organization list any former officer of	.00								1		
2) ALAZNE M. SOLIS SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization 3 Did the organization list any former officer of	.00						- 1	206,317.		0.	34,4
SENIOR VICE PRESIDENT 3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization of the programmer of the compensation	.00			Х	ľ	U 1					
3) FAITH E. THOMAS SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN VICE PRESIDENT 5) MEAGHAN E. VLKOVIC VICE PRESIDENT 6) AMALIA M. KASTBERG VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited reportable compensation from the organization >					_			335,627.		0.	32,9
SENIOR VP AND GENERAL COUNCIL 4) MATTHEW D. HOFFMAN 40 VICE PRESIDENT 5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total	.00			100							
4) MATTHEW D. HOFFMAN 40 VICE PRESIDENT 5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total	.00			Х				274,016.		0 .	34,9
VICE PRESIDENT 5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization 2 Did the organization list any former officer d											
5) MEAGHAN E. VLKOVIC 40 VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization 1				Х				202,854		0.	34,1
VICE PRESIDENT 6) AMALIA M. KASTBERG 40 VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited reportable compensation from the organization	.00										22 7
VICE PRESIDENT 1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization ▶				X	_			193,754	·	0.	33,3
1b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization ▶ 3. Did the organization list any former officer d	.00	-						275,646		0.	37,8
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)		L		X			_	275,640	1		3.75
 Total number of individuals (including but not limited reportable compensation from the organization ► Did the organization list any former officer d 	Α,		•				> >				
2. Did the organization list any former officer d	d to	those	liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 of		
3 Did the organization list any former officer. d	-										Yes
3 INC THE DIGARDANCH HAT ANY WITHER OTHERS OF	irect	or o	r tri	uste	ee.	kev (emt	olovee, or highe	st compensa	ted	
employee on line 1a? If "Yes," complete Schedule J for	or si	ich in	divid	lual		́ .					3 X
and the second of the second of the second of	of ro	norta	hla /	con	ner	neatio	n a	nd other comper	nsation from	the	
organization and related organizations greater	tna	n spil	ט,טכ	100	r 11	re.	Σ,	complete sched	uic 0 101 01		4 X
individual											4 1
5 Did any person listed on line 1a receive or accru	ue c	ompe	nsati	ion	fror	n any	ur	nrelated organizat	tion or individ	uai	5 X
for services rendered to the organization? If "Yes," co	mple	ete Sc	nedi	uie	J TOI	such	pei	10011 ,		• • • •	
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	atod	inder	end	ent	cor	tracto)rs	that received mor	re than \$100.	000 of	f
1 Complete this table for your five nignest compensation from the organization. Report compeyear.	ensa	tion fo	or the	e c	alen	dar ye	ar	ending with or wi	thin the organ	nization	ı's tax
(A) Name and business address								(B) Description of	services	С	(C) ompensation
							1				
							#				
				_			+				
Total number of independent contractors (include more than \$100,000 in compensation from the org		out n	ot li	mite	ed t	o the	se	listed above) wh	o received	i Vici	

Form **990** (2015)

Page 8

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	lig	hest Compensat	ed Employe	es (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot ch unles r and	Pos neck s pe I a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from ons	(F) Estimated amount of other compensation from the
_	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	organization and related organizations
37) MICHELLE WHETTEN VICE PRESIDENT	40.00			Х				208,350.		0.	21,672
38) DAVID CHARLES BOWERS VICE PRESIDENT	40.00			Х				210,310.		0.	21,848
39) EDWARD DAVID MANEKIN VICE PRESIDENT	40.00			х				182,182.		0.	25,415
40) KEITH E. FAIREY VICE PRESIDENT	40.00			Х				249,362.		0.	38,360
41) ALEX S. AVITABILE VICE PRESIDENT	40.00			х				193,869.		0.	28,354
42) PETRA D. MONTAGUE VICE PRESIDENT	40.00			х				177,169.		0.	22,921
43) KAREN M. LADO VICE PRESIDENT	40.00			Х				171,610.	3	0.	24,521
44) KATHERINE W. SWENSON VICE PRESIDENT	40.00			х				189,308		0.	26,132
45) ANTHONY JOSEPH DISPIGNO SENIOR VICE PRESIDENT	40.00			х				317,963.	6	0 🖫	39,808
46) ROBERT S. GROSSINGER FORMER OFFICER	40.00			х				93,665		0.	2,693
47) ANDREW EDWARD GEER VICE PRESIDENT	40.00			X				191,854.		0.	33,163
to Total from continuation sheets to Part VII, Section 1. Total (add lines 1b and 1c)	limited to	those	liste				>		\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler is a second of the organization list. 3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler is a second of the organization list.	cer, direct	or, o	2 r tr divia	uste lual	ee,	key	em	ployee, or highes	st compens	ated	Yes N
 4 For any individual listed on line 1a, is the organization and related organizations grandvidual. 5 Did any person listed on line 1a receive or 	eater thai	n \$1 ompe	50,U nsat	ion	fro	m an	s, y u	related organizat	ion or indivi	dual	4 X
for services rendered to the organization? If ") Section B. Independent Contractors											
Complete this table for your five highest cor compensation from the organization. Report year.	npensated compensa	indep tion fo	end or th	ent e c	co aler	ntract ndar y	ors ear	that received mor ending with or wi	re than \$100 thin the orga	nizatio	on's tax
(A) Name and business ac	Idress							(B) Description of s	services	((C) Compensation
							+				
Total number of independent contractors (more than \$100,000 in compensation from t	including b	out no	ot li	mit	ed	to the	se	listed above) who	o received		

Form 990 (2015)

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	ploy	/ee	s, a	and H	igh	iest Compensat	ea Employee	S (CO	nunuea)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot che unless rand	per a di	tion more rson irecte	or the both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation f related organization: (W-2/1099-MIS	s	(F) Estimated amount of other compensation from the organization and related organizations
8) MELINDA J. POLLACK	40.00					۵		222 267		0.	27,924
VICE PRESIDENT 9) MARY JO BARRANCO	40.00			Х				209,067.			27,321
VICE PRESIDENT				Х				216,418.		0.	35,374
0) TIFFANY MANUEL	40.00			х				188,094.		0.	23,208
VICE PRESIDENT (51) BENJAMIN NICHOLS	40.00			^				100,031			
VICE PRESIDENT				Х				167,048.		0.	30,966
52) THOMAS OSDOBA	40.00			Х				190,609.		0.	17,205
VICE PRESIDENT 53) DIANE YENTEL	40.00							130,003.			
VICE PRESIDENT				Х				190,700		0.	32,325
54) ANGELA BOYD	40.00			Х				173,573		0.	16,967
VICE PRESIDENT 55) MARYANN LESHIN	40.00			77				270,570			
FORMER OFFICER				Х	-			197,680		0.	19,658
56) LAUREL BLATCHFORD SENIOR VICE PRESIDENT	40.00			х				346,450		0.	18,235
57) ANDREW JOHNSTON	40.00				Г						00.011
SENIOR VICE PRESIDENT		-	H	Х	-	-	-	265,905	•	0.	20,313
58) CRAIG MELLENDICK SENIOR VICE PRESIDENT & CFO	40.00			X				516,827		0.	39,808
to Total from continuation sheets to Part VII, and Total (add lines 1b and 1c)	Section A	• • •	• •				0 10		\$100.000 of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schee	on ▶ icer, direct	or, cuch in	2 r tru divid	uste lual	ee,	key	em	ployee, or highe	st compensat	ed	Yes N
organization and related organizations g individual	reater tha 	n \$1 ombe	50,0 nsat	ion	fro	m an	s, · ·		tion or individ	 ual	4 X
for services rendered to the organization? If " Section B. Independent Contractors											
Complete this table for your five highest concompensation from the organization. Report year.	mpensated compensa	inder tion fo	oend or the	ent e c	co aler	ntract ndar y	ors ear	ending with or w	re than \$100, ithin the organ	000 c	
(A) Name and business a	ddress							(B) Description of	services	((C) Compensation
							+			_	
									1		

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do n box,	ot ch unless	(C Posi eck i s per a d	tion more rson irect	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	organization and related organizations
59) JUDITH KENDE	40.00			х				256,668.		0.	34,621.
VICE PRESIDENT 60) BRYAN PITTINGER VICE PRESIDENT	40.00			X				174,515.		0.	31,144
51) EUN SHIN VICE PRESIDENT	40.00			Х				198,658.		0.	14,302
52) MARY ANN LEONARD	40.00			X				216,393.		0.	28,432
VICE PRESIDENT 53) SUSAN V. SHIRE	40.00			X				141,195.		0.	16,265
FORMER OFFICER (4) WILLIAM R. FREY	40.00			Λ		x		207,252		0.	29,558
HIGHEST COMP 55) JACQUELINE WAGGONER HIGHEST COMP	40.00					X		200,813		0.	20,970
HIGHEST COMP 66) JON SEARLES HIGHEST COMP	40.00					Х		186,605.		0.	18,134
7) ANDREW JAKABOVICS HIGHEST COMP	40.00					Х		184,090		0.	32,502
68) MANUELA BLANEY HIGHEST COMP	40.00					х		212,860		0.	35,075
Sub-total C Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Section A	those							1 \$100,000 of		
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer direct	or, c	r tr	usti lual	ee,	key	em	ployee, or highe	st compensa	ted	Yes N
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of rereater tha	porta n \$1	ble 50,0 nsat	cor 000	npe ? fro	nsations If "Year In an	on a es," •v u	and other compet complete Sched	nsation from lule J for so tion or individ	the uch lual	4 X
for services rendered to the organization? If "	Yes," compl	ete So	cnea	uie	JTC	or suc	ı pe	erson		•	5 X
Complete this table for your five highest cor compensation from the organization, Report year.	npensated compensa	inder tion f	oend or th	ent e c	t co ale	ntraci ndar y	ors	that received mo ending with or wi	re than \$100, thin the orga	000 onizatio	
(A) Name and business ac	ddress							(B) Description of	services	((C) Compensation
							\exists				
Total number of independent contractors more than \$100,000 in compensation from the	(including	but nation	ot li ▶	mit	ed	to th	ose	listed above) wh	o received		Leaf III

Form 9	90 (20	15) ENTERPRISE	COMMUNITY P	ARTNERS, INC.		52-1231	.931 Page 9
Part	VIII	Statement of Revenue Check if Schedule O contains a respon	or note to now	line in this Part VII	Invocation of the transfer of the		
		Check if Schedule O contains a respon	se of flote to any	(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	b c d e f	Federated campaigns	1,184,161. 3,400,000. 30,036,234. 33,938,516. 1,070,139.				
a S	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		68,558,911.			
Program Service Revenue	2a b c	AFFILIATE SERVICES TRAINING PROGRAMS OTHER INCOME FLOW THRU FROM LAFITTE REDEVELOPMENT LL	Business Code 531390 531390 531390	7,433,468, 524,887. 124,167. 59,146.	7,433,468. 524,887. 124,167. 59,146.		
grar	e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		8,141,668.			
	3 4 5	Investment income (including divide and other similar amounts). ATTACHMEN Income from investment of tax-exempt bond Royalties	ŗ.3. ► d proceeds ►	481,724. 0. 5,137,895.		a West Park	481,724 5,137,895
	6a b c d 7a	Gross rents	(ii) Other	0.			
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		0.			
Other Revenue	8 a		b 556,662.				
)	С	Net income or (loss) from fundraising event	s.ATCH .5.	-333,864.		150 60	
	9a b	Gross income from gaming activities. See Part IV, line 19	b	0.			
	10a	Gross sales of inventory, less returns and allowances , , , ,	a				
	p	Less: cost of goods sold	b	0.			
	-	Miscellaneous Revenue	Business Code	Production of the state of the	a west Tes		
	11a b c						
	d	Total. Add lines 11a-11d		0.			
	12 e	Total revenue. See instructions		81,986,334.	8,141,668.		5,619,61

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 (D) Fundraising (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service general expenses expenses 8b. 9b. and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations 15,593,111 15,593,111, and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members Compensation of current officers, directors, 0, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 2,172,420. 4,489,857. 20,388,915. 27,051,192 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 997,798 442,601. 5,905,964. 4,465,565. section 401(k) and 403(b) employer contributions) 0 0. 11 Fees for services (non-employees): 0 0 0 c Accounting 0 d Lobbying 0... e Professional fundraising services, See Part IV, line 17. 0 f Investment management fees 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 40,708. 893,942. 48,169 982,819. 0 0 342,347 217,223. 2,961,623. 3,521,193. 61,474 121,998. 1,524,706. 1,708,178. Payments of travel or entertainment expenses for any federal, state, or local public officials 6,860. 6,867 884,500. 898,227. 19 Conferences, conventions, and meetings 0 0 10,910. 1,177,224 1,442,077. 253,943 22 Depreciation, depletion, and amortization 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.) 369,124. 13,533,038 3,206,094 17,108,256. aPROFESSIONAL AND CONTRACT SE 577,138. 554,696. 980,043. bMISCELLANEOUS 2,111,877. 300,045. 300,045. cMARKETING______ -556,662. -556,662. dDIRECT_FUNDRAISING_____ e All other expenses ______ 3,402,320. 10,884,526 76,066,277. 61,779,431 25 Total functional expenses. Add lines 1 through 24e 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 0 following SOP 98-2 (ASC 958-720)

Form **990** (2015)

Par	t X	Balance Sheet	ort V	_	
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	14,374,816.	1	25,172,528.
- 1	2	Savings and temporary cash investments	5,669,511.	2	3,758,454.
	3	Pledges and grants receivable, net	15,065,402.	3	13,204,855.
- 1	4	Accounts receivable, net	6,064,446.	4	8,927,211.
	5	Loans and other receivables from current and former officers, directors,			
- 1	3	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule I	0.	5	0.
	6	Complete Part II of Schedule L 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.
ets	7	Notes and loans receivable, net	23,966,257.	7	22,877,235.
Assets	8	Inventories for sale or use	0.	8	0.
۹	9	Prepaid expenses and deferred charges	292,984.	9	276,567.
- 1	_	Land, buildings, and equipment: cost or			
		ather hasis, Complete Part VI of Schedule D. 10a 11,463,969.			
	h	Less accumulated depreciation	4,590,440.	10c	4,861,043.
	11	Investments - publicly traded securities	23,667,794.	11	24,616,507.
	12	Investments - other securities. See Part IV, line 11	236,924.	12	437,783.
- 1	13	Investments - program-related. See Part IV, line 11	164,434,232.	13	192,164,187.
	14	Intangible assets	0.	14	0 *
	15	Other assets. See Part IV, line 11	6,218,539.	15	3,119,610
	16	Total assets. Add lines 1 through 15 (must equal line 34)	264,581,345.	16	299,415,980.
-	17	Accounts payable and accrued expenses	8,672,164.	17	11,550,545.
	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	2,950,285.	21	5,416,992.
10	22	Loans and other payables to current and former officers, directors,			
ţį	**	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0.
Lia	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			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	18,701,853	25	
	26	Total liabilities. Add lines 17 through 25	30,324,302	26	34,409,676.
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets	180,931,456	27	205,686,485.
ala	28	Temporarily restricted net assets	53,325,587	28	59,319,819.
d B	29	Permanently restricted net assets	0	. 29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	7/
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>et</u>	33	Total net assets or fund balances	004 055 040	. 33	265,006,304.
Z	34	Total liabilities and net assets/fund balances		. 34	299,415,980.

orm 99	0 (2015)				1 09	0 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		* * *3	× •	33.65336	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	3 L., 98	36,3	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2		76,0		
3	Revenue less expenses. Subtract line 2 from line 1	3				57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	34,2	57,0	43.
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		24,8	29,2	04.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	65,0	06,3	04.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	2 (500)				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		%	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?		020	2b	Х	
Ø	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both;					
	Separate basis					
		overs	iaht			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	counts	ant?	2c	Х	ļ
	of the audit, review, or compilation of its financial statements and selection of an independent according to the tax year.	vnlai	n in			
	If the organization changed either its oversight process or selection process during the tax year, or	sypiai	11 1111			
	Schedule O.	t fort	h in			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	it ion	11 111	3a	X	
	the Single Audit Act and OMB Circular A-133?	toras	tho	-		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo such all	idite idite	the	3b	Х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	idito.	_		000	(2015)

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SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

► 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 Open to Public Inspection

Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (vi) Amount of (iv) Is the organization (v) Amount of monetary (iii) Type of organization (i) Name of supported organization other support (see support (see listed in your governing (described on lines 1-9 instructions) instructions) document? above (see instructions)) No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Total

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.) Part II

Secti	ion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants,")	44,273,272.	45,074,369.	53,644,487.	55,656,679.	68,555,911.	267,204,718.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ı					0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	44,273,272.	45,074,369.	53,644,487.	55,656,679.	68,555,911.	267,204,718.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4.						267,204,718.
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	44,273,272.	45,074,369.	53,644,487.	55,656,679.	68,555,911.	267,204,718.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,653,836.	5,536,575.	4,691,954.	5,105,125.	5,619,619.	27,607,109.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10					10	294,811,827.
12	Gross receipts from related activities, etc. (see instructions)			e. Delivering to the symmetric	12	49,370,321.
13	First five years. If the Form 990 is 1 organization, check this box and stop here	_ V&15019 @ R(100000)		nd, third, fourth	, or fifth tax y∈	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	age			144	90.64%
14	Public support percentage for 2015 (I	ine 6, column (f) divided by line	e 11, column (f))	*20000000000000000000000000000000000000	15	86.26%
15	Dublic numbert percentage from 2014	Schedule A. P.	art II. line 14	CARREST OF STREET	A RESIDENCE OF RESIDENCE	10	
16a	331/3% support test - 2015. If the	organization did	not check the	pox on line 13	o, and line 14 is	5 33 1/3 /0 01 1110	× X
	this box and stop here. The organizat	ion qualifies as	a publicly suppo	orted organizatio	or 16a, and lin	o 15 is 331/3%	0.00000
b	331/3% support test - 2014. If the	organization di	g not check a l	oupported are:	oi ioa, allu IIII anization	C 10 13 00 1/3 /	▶ □
	check this box and stop here . The org	anization qualit	ries as a publicly	not check a box	z on line 13 16	Sa or 16b and	line 14 is
17a	10%-facts-and-circumstances test - 10% or more, and if the organization	n meets the "fa	acts-and-circum:	stances" test, c	neck this box a	and Stop here.	LAPIAIII III
	Part VI how the organization meets	the "facts-and-	circumstances"	test. The organ	nzation qualines	s as a publicly	Supported
	organization					6a 16h or 17a	and line
b	. 400/ feets and siroumstances feet -	2014 If the o	rdanization did	not check a bo	x on line 13, 1	oa, lob, oi ire	i, and into
	15 is 10% or more, and if the org Explain in Part VI how the organization	tion meets the	"facts-and-circu	ımstances" test.	. The organizati	ion qualines as	a publicly
	supported organization Private foundation. If the organizatio	المساملة المساملة	a hay an line 1	3 16a 16h 17	a or 17b chec	k this box and se	ee
18	Private foundation. If the organization	n ala not check	a bux on line 1	5, 10a, 10b, 17	a, or 110, 0100		▶ □
_	instructions			OR N MINISTER W M	NO. 500 (A. S. 1903)	Schedule A (Form	990 or 990-EZ) 201

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Part III

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

(Complete only if you checked the box on line 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.)

Sect	ion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				u.		
-	sold or services performed, or facilities			Į.			
	furnished in any activity that is related to the			1			
	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	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.)						
_	tion B. Total Support		T (1) 0040	(-) 2013	(d) 2014	(e) 2015	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(u) 2014	(6) 2010	(i) rotal
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses	U					
	acquired after June 30, 1975					-	
С	Add lines 10a and 10b					 	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on				-	-	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				-	-	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						2 501/2)/2)
14	First five years. If the Form 990 is	for the organiza	ation's first, sec	ond, third, fourt	h, or fifth tax	year as a sectio	11 501(0)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percent	tage	(6)		45	%
15	Public support percentage for 2015 (line 8	3, column (f) divid	ded by line 13, coll	ımn (t))	* * * * **** * * *	15	%
16	Public support percentage from 2014 Sch					16	70_
Sec	ction D. Computation of Investme	nt Income Pe	rcentage	40 1 (6)		17	%
17	Investment income percentage for 2015 (I	ine 10c, column	(f) divided by line	13, column (f)) .		17	%
18	Investment income percentage from 2014	Schedule A, Par	rt III, line 17		· a a substitut a s	18 18 331/3%	
19 a	331/3% support tests - 2015. If the o	rganization did i	not check the bo	ox on line 14, a	na line 15 is mo	ore than 331/3%,	nization
	17 is not more than 331/3%, check the	nis box and st o	op here. The or	ganization qualifi	es as a publicly	supported organ	12 01 and
b	331/3% support tests - 2014. If the org	janization did no	t check a box or	n line 14 or line	19a, and line 16	is more than 331	nization
	line 18 is not more than 331/3%, chec	k this box and	stop here. The	organization quali	ities as a publicly	y supported orga	tructions
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	D, check this i	Sehadula A /Form	990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part	V.)		
Secti	on A. All Supporting Organizations	-	Vac	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	(-#:)	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	_	
С	·			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	1	
k	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9t	<u>, </u>	
ď	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
10	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes" answer 10b below.	10	a	
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10	b	

	e A (Form 990 or 990-EZ) 2015			
Part	V Supporting Organizations (continued)		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
C	on B. Type I Supporting Organizations			
,600	on b. Type Toupporting Organization		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
- 4		_		
secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	163	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations		4'	
1 a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The state of a conformal antity. Describe in Part VI how you supported a government entity (see	instr	uction	s). s No
2	Activities Test. Answer (a) and (b) below.	Г	16.	110
a	and the state of the association and inviting during the tay year directly further the exempt purposes of	28		
ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21	.	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3:		
-	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (For	3		E7) 20

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Ye (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3	-t-ustions All
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2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)				
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		3		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			34
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		4		
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		5		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		6		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	7 Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		8		
2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)				Current Year
2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		2		
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		3		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		5		
emergency temporary reduction (see instructions) 6	6 Distributable Amount, Subtract line 5 from line 4, unless subject to			
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	emergency temporary reduction (see instructions)			
	7 Check here if the current year is the organization's first as a non-functional	lly-integ	ated Type III supportin	ng organization (see

Schedule A (Form 990 or 990-EZ) 2015

art \	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizati	ons (continued)	Current Year
Sectio	n D - Distributions			Current real
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supporte	ed	
	organizations, in excess of income from activity		William Will	
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	owners to a distribution of prior years			
	Applied to 2015 distributable amount			
i	a post of the second contractions			
·E	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7:			
2	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
d				
e	Excess from 2015		Schodu	le A (Form 990 or 990-EZ)

Part VI 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

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2015

► 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.

Employer identification number

ENTERPRISE COMMUNITY PARTNERS, INC. 52-1231931 Organization type (check one): Section: Filers of: X 501(c)(03) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

art I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is need	eded.
(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	\$ 17,780,918.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE KENDEDA FUND 501 SILVERSIDE ROAD SUITE 123 WILMINGTON, DE 19808	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	ECI GRANT 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CPD OFFICE OF TECHINICAL ASSIST & MGMT 451 7TH STREET SUITE 7218 WASHINGTON, DC 20410	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$1,652,680.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	J.P. MORGAN CHASE 270 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10017	\$1,826,017.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

rt I	Contributors (see instructions). Use duplicate copies of I		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
7_	CORNERSTONE HOUSING CORPORATION 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044	\$11,000,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	US DEPARTMENT OF HOUSING & URBAN RENEWAL 451 7TH STREET SW WASINGTON, DC 20410	\$3,335,684.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

	_		III III III aan aan laa	as Daw II is addisi	and anaca is needed.
Part II	Noncash Property	(see instructions)	. Use duplicate copies	s of Part II II additi	onal space is needed.

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

Employer identification number

52-1231931 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (a) No. from (c) Use of gift (b) Purpose of gift Part (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A, Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 Complete if the organization is exempt under section 501(c)(3). Part I-B 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 . . ▶ \$ _____ No 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.......... No Yes 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). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 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. (d) Amount paid from (e) Amount of political (c) EIN (b) Address (a) Name contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4)(5) (6) Schedule C (Form 990 or 990-EZ) 2015 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

JSA

Schedule C (F	orm 99	0 0 990-62) 2013		COMMISSIVE EXTREMELY		
Part II-A				exempt under section 501(c)(3) and filed Form	5768 (election under
		ction 501(h)).				
A Oleanie		if the filing of	contration halon	ge to an affiliated group (and list	in Part IV each :	affiliated group memb

		schon so thij.
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).
		name, address, EIN, expenses, and share of excess lobbying experiordices).

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

Limits on Lobb	checked box A and "limited control" provise ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence	127,245			
	451,367			
	Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b)			
• • •		75,487,450		
	Other exempt purpose expenditures			
	e amount from the following table in both	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	5% of line 1f)	250,000.		
h Subtract line 1g from line 1a. If zero or le		0.		
i Subtract line 1f from line 1c. If zero or le		0.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Yes X No

4-Year Averaging Period Under section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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	877,469.	584,872.	757,876.	578,612.	2,798,829.						
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	26,718.	25,385.	165,316.	127,245.	344,664.						

Schedule C (Form 990 or 990-EZ) 2015

rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).				/1. \		_
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)		_
scription of the lobbying activity.	Yes	No		Amo	ınt	
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:						
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
Media advertisements?			_		-	
Mailings to members, legislators, or the public?	_					_
Publications, or published or broadcast statements?	-					_
Grants to other organizations for lobbying purposes?	-					_
Direct contact with legislators, their staffs, government officials, or a legislative body?	-	-		_	_	_
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				_	_
Other activities?	-			_		_
Total. Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-					
If "Yes," enter the amount of any tax incurred under section 4912		1				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1	_			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1/0)/5	07.5	octio	<u> </u>		
art III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(0)(3	,, UI 3	ectio			
501(c)(6).					Yes	I
Were substantially all (90% or more) dues received nondeductible by members?				1		\top
Were substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantially all (90% of mole) dues received hondeductible by manual and the substantial and	01 P0041					-
Bit the assessment and a ply in house labbying expenditures of \$2,000 or less?						t
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 50.	 1(c)(5), or s	ectio	3 n	3, is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	1(c)(5 ' OR), or s	ectio	3 n	3, is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	1(c)(5 ' OR), or s (b) Pa	sectio	3 n	3, is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	1(c)(5 ' OR), or s (b) Pa	sectio	3 n	3, is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 50: 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	1(c)(5 ' OR), or s (b) Pa	section III-A	3 n	3, is	
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Schedule C (Form 990 or 990-EZ) 2015

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶._ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: Schedule D (Form 990) 2015

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	ENIE	KEKIBE COMMON		,					Page 2
	le D (Form 990) 2015 Organizations Maintaining	Collections of	Art Histo	rical Tre	asures.	or Othe	er Similar A	ssets (conti	nued)
Part	Using the organization's acquisition	accession and of	her records	s. check a	any of the	followi	ng that are a	significant us	se of its
3 (Dsing the organization's acquisition collection items (check all that apply	i, accession, and or		, 0,,00,,	,				
	Public exhibition	1€	d \square	Loan or	exchange	program	ns		
a			e H	Other		_			
b	Scholarly research Preservation for future genera	ations		-					
С	Provide a description of the organi	zuons	and explain	n how the	ev further	the org	anization's ex	empt purpose	in Part
		Zation's concotions	and onpion		,				
_	XIII. During the year, did the organization	a solicit or receive de	nnations of	art. histori	ical treasu	res, or o	ther similar		-
5	assets to be sold to raise funds rath	er than to be mainta	ined as part	of the ore	anization'	s collec	tion?	. Yes	No
Part	Complete if the organization	on answered "Yes	on Form	990, Parl	t IV, line 9	, or rep	oorted an am	ount on Forr	n
	000 Part X line 21								
10	Is the organization an agent, truste	e. custodian or othe	r intermedia	ary for cor	ntributions	or other	assets not		
1 a	included on Form 990, Part X?	0, 0001201011			. 4 4 4 69	NEW X X	*** * * * * * * * * * * * * * * * * * *	Yes	X No
h.	If "Yes," explain the arrangement in	Part XIII and comp	lete the follo	wing table	e:				
D	II Tes, explain the arrangement is	, , , , , , , , , , , , , , , , , , , ,		-			Amo	unt	
•	Beginning balance				1c				
C	Additions during the year				1d				
d	Distributions during the year	• # MINTON 15 5 TOPOZ S			1e				
	Ending balance			55 SW9900 35	22 1000 TT				
_	Did the exemplation include an am	ount on Form 990	Part X. line	21. for es	crow or cu	stodial	account liability	y? X Yes	☐ No
2a	If "Yes," explain the arrangement in	n Part XIII Check h	ere if the ex	planation h	nas been p	rovided	on Part XIII		. X
		TI WILLIAM							
Par	Endowment Funds. Complete if the organizat	ion answered "Yes	on Form	990, Pai	rt IV, line	10.			
-	Complete ii tilo organizati	(a) Current year	(b) Prior	year	(c) Two yea	ars back	(d) Three years	back (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance Provide the estimated percentage	of the gurrent year	and halance	e (line 1a	column (a)) held as	s:		
2	Provide the estimated percentage Board designated or quasi-endowr	nent	%	5 (mio 19)		,			
	Permanent endowment	%							
p	Temporarily restricted endowment								
С	The percentages on lines 2a, 2b,	and 2c should equal	100%						
•	Are there endowment funds not in	the possession of I	he organiza	ation that	are held a	nd admi	inistered for the	e	
3 a		the possession of							Yes No
	organization by: (i) unrelated organizations					* * **		3a(i)	
	(11) lete di ava anizationo		CB012 12 07 1850	2 2 2 2020		(*) (*) *(*)**		3a(ii)	
	If "Yes" on line 3a(ii), are the rela	ted organizations list	ed as requir	ed on Sch	edule R?.	* * *****		3b	
	Describe in Part XIII the intended	uses of the organiz	ation's endo	wment fur	nds.				
4	rt VI Land, Buildings, and Equ	uipment.		198925	. 0.1 0	44-	0 50 00	O Port Y lin	o 10
Pa	rt VI Land, Buildings, and Equation Complete if the organization	ation answered t	es" on For	m 990, P	Part IV, lin	e 11a.	ccumulated	(d) Book v	alue
-	Description of property	(a) Cost	or other basis	(D) Cost	or other basis other)		preciation	(4)	
10	Land								
	Buildings								
C	1 1.1.1.1. Language and a			1,8	393,666		293,518.		500,148
d				2,3	362,875	. 1,	656,164.		706,711
_	Othor			7,2	207,428		653,244.		554,184
Tot	al. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Par	t X, colum	n (B), line	10c.)			361,043
100	al. Add lilles to tillough to footan							Schedule D (F	orm 990) 201

Schedule D (Form 990) 2015

Page 3

	Complete if the organization answered		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financi	al derivatives		
	/-held equity interests		
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990, Pa	art 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) ENTE	ERPRISE COMMUNITY INVEST.	138,548,202.	FMV
2) OTHE		1,655,397.	FMV
3) EHOP		300,002.	FMV
	VERSTONE	4,054,206.	FMV
	ERPRISE COMMUNITY LOAN FUND	45,613,986.	FMV
6) COMM	MUNITY INVESTMENT MARKETPLA	1,992,394.	FMV
7)			
200			
(8)			
(8) (9) otal. (Colum Part IX	onn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	192,164,187.	art IV, line 11d, See Form 990, Part X, line 15
tal. (Colun	Other Assets. Complete if the organization answered		art IV, line 11d. See Form 990, Part X, line 15
9) tal. (Colum art IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15
(9) tal. (Colum tart IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15 (b) Book valu
(9) tal. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15 (b) Book valu
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (6) (7)	Other Assets. Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15 (b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) De	I "Yes" on Form 990, Pascription	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) De	I "Yes" on Form 990, Pascription	(b) Book valu
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De Other Liabilities	I "Yes" on Form 990, Pascription	(b) Book valu
9) tal. (Columnart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co	Other Assets. Complete if the organization answered (a) De olumn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered	I "Yes" on Form 990, Pascription	(b) Book valu
9) tal. (Columnart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnart IX	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) tal. (Columnart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnart IX	Other Assets. Complete if the organization answered (a) De Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) tal. (Column art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column art X (1) Feda (2) ALLo	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) al. (Columnart IX 1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Columnart X (1) Feder (2) ALL (3)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) tal. (Columnart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnart IX (1) Fedda (2) ALL((3) (4)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) al. (Columnart IX 1) 2) 3) 4) (5) (6) (7) (8) (9) otal. (Columnart X (1) Feddi (2) ALL((3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) al. (Columnart IX 1) 2) 3) 4) 5) 6) (7) (8) (9) otal. (Columnart IX (1) Fedda (2) ALL (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
9) tal. (Columnart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) btal. (Columnart X (1) Fedda (2) ALL (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	l "Yes" on Form 990, Pascription line 15.)	(b) Book valu
(9) tal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (1) Fede (2) ALL (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De Complete if the organization answered (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability eral income taxes	I "Yes" on Form 990, Pascription line 15.)	art IV, line 11e or 11f. See Form 990, Part X,

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	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	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	() Ther losses	-
d	Other (Describe in Part XIII.)	2e
е	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part VIII)	
b	Other (Describe in Fait Ain.)	4c
С 5	Add lines 4a and 4b	
David.	VIII Supplemental Information	
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.
-		
-		
_		
-		

JSA

Part XIII Supplemental Information (continued)

FUNDS HELD FOR OTHERS

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

ENTERPRISE COMMUNITY PARTNERS, INC. DID NOT HAVE ANY UNRELATED BUSINESS INCOME DURING THE YEAR ENDED DECEMBER 31, 2015. ACCORDINGLY, NO PROVISION OR BENEFIT FROM INCOME TAXES HAS BEEN RECORDED.

UNCERTAIN TAX POSITIONS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, 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" on Form 990, Part IV, Ilnes 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, Ilne 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

Open to Public Inspection

ame of the organization					Employer identification	n number
ENTERPRISE COMMUNITY PARTNERS	INC.				52-1231931	
Fundraising Activities Co.	nplete if the org	anization a	nswered	"Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are not	required to com	plete this p	art.			
1 Indicate whether the organization ra	ised funds through	any of the	following a	activities. Check a	all that apply.	
	e	Solic	itation of r	non-government g	irants	
	f			government grant		
				sing events	-	
c Phone solicitations	Q	J - Sher	iai iuliulai	ang eventa		
d In-person solicitations		***	P. C. L 1 C	aladia a efficación de	licantara truntano	
 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	0, Part VII) or entit dividuals or entities	y in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
					1	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vI) Amount paid to (or retained by) organization
		Yes	No			
1						
ATTACHMENT 1						
2						
3						
4						
•						
5						
6						
7						
8						
9						
10						
Total			.		82,105	,
List all states in which the organize registration or licensing.	ation is registered	d or license	d to solici	t contributions or	has been notified	I it is exempt from

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 NY GALA	(b) Event #2 LA SOCIAL	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,001,759.	212,500.	192,700.	1,406,959.
瀊		Less: Contributions	847,211.	183,250.	153,700.	1,184,161.
	3	Gross income (line 1 minus line 2)	154,548.	29,250.	39,000.	222,798.
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	179,663.	85,008.	120,498.	385,169.
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	153,815.	13,968.	3,710.	171,493.
	40	Direct expense summary. Add lines	4 through 9 in column (d)		556,662.
	11	Not income summary Subtract line	10 from line 3 column (c	i)		-333,864.
		Gaming. Complete if the org than \$15,000 on Form 990-	janization answered "`	Yes" on Form 990, Pa	rt IV, line 19, or repo	orted more
	Γ-	man \$15,000 on 1 onn 990-		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ue			(a) Bingo	bingo/progressive bingo	(c) outer garming	col. (a) through col. (c))
Revenue	1	Gross revenue				
	Ι,	2. Cash primo				
Direct Expenses		2 Cash prizes				
t Exp	3	Noncash prizes				
Direc	4	Rent/facility costs				
_	5	5 Other direct expenses		% Yes %	Yes %	
	6	Volunteer labor	Yes	No No	No	
	7	7 Direct expense summary. Add lines	2 through 5 in column (d)	• • • • • • • • • •	
		8 Net gaming income summary, Subt	ract line 7 from line 1, c	olumn (d)		
9	a l	Enter the state(s) in which the organiz is the organization licensed to conduct If "No," explain:	ation conducts gaming a t gaming activities in eac	ch of these states?		Yes No
10		Were any of the organization's gamino	g licenses revoked, susp		ing the tax year?	Yes No
	9					

Schedi	ule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
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:
	Mana b
	Name
	Gaming manager compensation ▶ \$
	Calling manager components of
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 > \$
Pai	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 provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2015

ENTERPRISE COMMUNITY PARTNERS, INC:

52-1231931 ATTACHMENT 1

990,	SCHEDULE	G,	PART	I	-	HIGHEST	PAID	FUNDRAISER	
------	----------	----	------	---	---	---------	------	------------	--

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
SOCIAL CAPITAL INC	FUNDRAISING CAMPAIGN	x		63,440.	
980 NORTH MICHIGAN AVENUE, SUITE 1610 CHICAGO IL 60611					
ANNE BARNEY	WRITING SERVICES	х		12,665	
P.O BOX 146 GREAT CACAPON WV 25422					
SOPHIST PRODUCTIONS	FUNDRAISING CAMPAIGN	х		6,000	
2-01 50TH AVENUE, SUITE 22H LONG ISLAND NY 11101					

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

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

Attach to Form 990.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

lame of the organization		Employer identification framesi					
ENTERPRISE COMMUNITY PARTNERS, INC.							
Part I General Information on Grants and	Assistance						
Does the organization maintain records to sulthe selection criteria used to award the grants	or assistance	e?		14740303 40340303	eligibility for the grant	s or assistance, and	X Yes No
2 Describe in Part IV the organization's procedu	ures for mon	itoring the use	of grant funds in the	United States	1.1.16.0	ti-n annuared "Va	o" on Form
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie	omestic Org ent that rec	ganizations ar eived more tha	n d Domestic Gov an \$5,000. Part II	can be duplicat	plete if the organizated if additional space	ce is needed.	S OILFOITH
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(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

(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) HEARTLAND HOUSING, INC.							
208 S. LASALLE BROOKLYN, NY 11231	36-3642952	501 (C) (3)	293,152.				CAPACITY BUILDING
(2) NUESTRA COMUNIDAD DEVELOPMENT CORPORATION	1						CONTROL OF CONTROL WAS AND CONTROL OF CONTRO
56 WARREN STREET GALLUP, NM 87305	04-2741543	501(C)(3)	78,632				CAPACITY BUILDING
(3) PATHSTONE CORPORATION							
400 EAST AVENUE SANTA MONICA, CA 90401	16-0984913	501(C)(3)	141,544				CAPACITY BUILDING
(4) CLEVELAND HOUSING NETWORK, INC							
2999 PAYNE AVENUE BILOXI, MS 39530	34-1346763	501(C)(3)	160.407-				CAPACITY BUILDING
(5) THE SAN PRANCISCO POUNDATION	_						CAPACITY BUILDING
ONE EMBARCADERO CENTER	01-0679337	501 (C) (3)	250,000-				CAPACITY BUILDING
(6) CAMBA HOUSING VENTURES, INC.						l.	CAPACITY BUILDING
1720 CHURCH AVENUE NEW YORK, NY 10002	55-0881162	501(C)(3)	163,289.				CAPACITY BUILDING
(7) PROVIDENCE COMMUNITY HOUSING							CAPACITY BUILDING
1050 SOUTH JEFFERSON DAVIS PARKWAY	20-4627275	501(C)(3)	105,905-				CAPACITY BUILDING
(8) MONTGOMERY HOUSING PARTNERSHIP, INC.	1						CAPACITY BUILDING
12200 TECH ROAD WAYNE, WV 25570	52-1631939	501 (C) (3)	93,842.				CAPACITI BULLUTING
(9) JUBILEE HOUSING, INC.							CAPACITY BUILDING
1640 COLUMBIA ROAD, NW SEATTLE, WA 98144	52-0986261	501 (C) (3)	63,079.				CAPACITY BUILDING
(10) PAMICOS FOUNDATION, INC.							CAPACITY BUILDING
1325 ANSEL ROAD CHICAGO, IL 60637	34-1053534	501 (C) (3)	148,309				CAPACITY BUILDING
(11) NEIGHBORHOOD PROGRESS, INC.	4						ALLES COURSE PRINT DANG
11327 SHAKER BOULEVARD ST. PAUL, MN 55116	34-1611055	501 (C) (3)	255,000.			 	CAPACITY BUILDING
(12) RENAISSANCE NEIGHBORHOOD DEVELOPMENT CORPOR							
2 Enter total number of section 501(c)(3) an	20-9947208	501 (C) (3)	295,951.	L			CAPACITY BUILDING

Schedule I (Form 990) (2015)

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89-5928-40504

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" on 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

Open to Public Inspection

inter	nal Revenue Service	Information about conceder () or in conf	Employer identification number
Nam	e of the organization		Employer identification itdifiber
		MUNITY PARTNERS, INC.	52-1231 931
Pa	General I	nformation on Grants and Assistance	
1	Does the organi	zation maintain records to substantiate the amount of the grants or assistance, the grante	es' eligibility for the grants or assistance, and X Yes N
	the selection cri	teria used to award the grants or assistance?	
2	Describe in Part	t IV the organization's procedures for monitoring the use of grant funds in the United States.	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) PHI							
ONE TRINITY DRIVE EAST	23-1381404	501 (C) (3)	98,446.				CAPACITY BUILDING
(2) CATHEDRAL SQUARE CORPORATION					ľ		
412 FARRELL STREET	03-0264362	501 (C) (3)	87,873_				CAPACITY BUILDING
(3) HARMONY NEIGHBORHOOD DEVELOPMENT							
3301 LASALLE STREET MIAMI, FL 33135	72-1436907	501 (C) (3)	22,500.				CAPACITY BUILDING
(4) HOUSING INITIATIVE PARTNERSHIP							
6525 BELCREST ROAD	52-1596171	501(C)(3)	14,122.				CAPACITY BUILDING
(5) DETROIT SHOREWAY COMMUNITY DEV. ORG.							
6516 DETROIT AVENUE SAN FRANCISCO, CA 94110	23-7376130	501(C)(3)	323,729				CAPACITY BUILDING
(6) PARK HEIGHTS RENAISSANCE, INC.							
3939 REISTERSTOWN ROAD GALLUP, NM 87305	77-0673126	501(C)(3)	84,500				CAPACITY BUILDING
(7) ATLANTA NEIGHBORHOOD DEVELOPMENT PARTNERSHP							
229 PEACHTREE STREET, NE	58-1946632	501(C)(3)	46,428				CAPACITY BUILDING
(8) MERCY HOUSING CALIFORNIA							
1360 MISSION STREET CLEVELAND, OH 44114	94-3081666	501(C)(3)	158,648				CAPACITY BUILDING
(9) ATLANTA REGIONAL COMMISSION							
40 COURTLAND STREET, NE	58-6002324	501(C)(3)	128,500				CAPACITY BUILDING
10) ST. BERNARD PROJECT							
8324 PARC PLACE CLEVELAND, OH 44192	26-2189665	501(C)(3)	38,797.				CAPACITY BUILDING
11) CHINATOWN COMMUNITY DEVELOPMENT CENTER							
1525 GRANT AVENUE ATLANTA, GA 30303	94-2514053	501(C)(3)	149,542.				CAPACITY BUILDING
(12) PROJECT HOMECOMING, INC							
2223 PILMORE AVE CHRISTIANSBURG, VA 24073 2 Enter total number of section 501(c)(3) an	32-0312933	501 (C) (3)	42,000				CAPACITY BUILDING

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2016)

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89-5928-40504

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

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC

Employer identification number 52-1231931

Par	rt 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	s \square N
	the selection criteria used to award the grants or assistance?	
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) OFFICE OF RURAL & FARMWORKER HOUSING			50,000				CAPACITY BUILDING
1400 SUMMITVIEW AVE. #201 GALLUP, NM 87305	91-1218499	501(C)(3)	30,000				
(2) LITTLE TOXYO SERVICE CENTER CDC	ar arateries	ESCCOUNTED	100 212				CAPACITY BUILDING
231 EAST THIRD STREET	95-3451280	501 (C) (3)	100,212.				
(3) EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATIO							CAPACITY BUILDING
1825 SAN PABLO AVENUE RAPID CITY, SD 57701	51-0171851	501 (C) (3)	256,783				
(4) TENDERLOIN NEIGHBORHOOD DEVELOP, CORP.							CAPACITY BUILDING
201 EDDY STREET DORCHESTER, MA 02125	94-2761808	501(C)(3)	51,000.				
(5) MOUNTAIN HOUSING OPPORTUNITIES							CAPACITY BUILDING
64 CLINGMAN AVENUE WAYNE, WV 25570	58-1816998	501 (C) (3)	76,684.				ENTRE LI
(6) SELPHELP COMMUNITY SERVICES, INC.							CAPACITY BUILDING
520 EIGHTH AVENUE TRUJILLO ALTO, PR 00977	13-1624178	501(C)(3)	16,634.				EMPACELL DESIGNATION
(7) JEWISH ASSOCIATION FOR SERVICES FOR THE AGE							CAPACITY BUILDING
247 WEST 37TH STREET SYRACUSE, NY 13202	13-2620896	501 (C) (3)	24,397				CAPACITI SOTIMANO
(8) SANTO DOMINGO TRIBAL HOUSING AUTHORITY							CAPACITY BUILDING
P.O. BOX 10 TRUJILLO ALTO, PR 00977	85-0194331	PUBLIC HSG AUTH	103,687.				CAPACITI BUTHLING
(9) COMMUNITY HOUSING PARTNERS CORPORATION							CAPACITY BUILDING
448 DEPOT STREET NE	54-1023025	501 (C) (3)	26,301.				CAPACITY BUILDING
10) JANE PLACE NEIGHBORHOOD SUSTAINABILITY INIT							CAPACITY BUILDING
P.O. BOX 53011 YAKIMA, WA 98908	26-3909820	501 (C) (3)	22,900.				CAPACITY BUILDING
11) BELLWETHER HOUSING							
1651 BELLEVUE AVENUE DENVER, CO 80209	91-1116960	501 (C) (3)	59,873			-	CAPACITY BUILDING
(12) COALFIELD DEVELOPMENT CORPORATION							00000000000000000000000000000000000000
The first tell collection is a specimen when the collection will be a second or the collection of the	26-3836207	501 (C) (3)	140,832.				CAPACITY BUILDING
2 Enter total number of section 501(c)(3) an	d governme	nt organizations	isted in the line 1	table	ca anacasas anacas A.A.		

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

Schedule I (Form 990) (2015)

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89-5928-40504

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" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection ▶ Information about Schedule I (Form 990) and Its instructions is at www.irs.gov/form990.

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

OMB No. 1545-0047

2015

Part I General Information on Grants and	Assistance				L. P. William for the great	or accidence and	
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistar	ice, the grantees	eligibility for the grant	S OI assistance, and	X Yes No
the selection criteria used to award the grants	or assistanc	e?	con reserved town	THE RESIDENCE PLANS			
a Describe to Deat IV the organization's proced	ures for mon	itoring the use	of arant funds in the	United States			
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie	mantin Or	anizatione ar	d Domestic Gov	ernments. Com	Ca ii dadiloriai opa	ation answered "Ye be 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) RURAL HOUSING DEVELOPMENT CORPORATION							
63 N 400 WEST PROVO, UT 84601	87-0622732	501 (C) (3)	12,500_				CAPACITY BUILDING
(2) HOUSING VISIONS UNLIMITED, INC.							CAPACITY BUILDING
1201 E. PAYETTE STREET	16-1598458	501 (C) (3)	32.892				CAPACITY BUILDING
(3) DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORA							CAPACITY BUILDING
594 COLUMBIA ROAD SAN PRANCISCO, CA 94110	04-2681632	501 (C) (3)	90,003				CATALLET COLUMN
(4) TAPESTRY DEVELOPMENT GROUP							CAPACITY BUILDING
321 W. HILL STREET DORCHESTER, MA 02125	27-2814156	501 (C) (3)	30,515.				
(5) CARREOUR SUPPORTIVE HOUSING, INC.							CAPACITY BUILDING
1398 SOUTHWEST IST STREET	65-0387766	501(C)(3)	35,500.				
(6) COMMUNITY AREA RESOURCE ENTERPRISE, INC.	1						CAPACITY BUILDING
P.O. BOX 4298 SAN FRANCISCO, CA 94110	20-0870956	501(C)(3)	24,218				
(7) SERVICES FOR THE UNDERSERVED, INC.	-						CAPACITY BUILDING
305 SEVENTH AVENUE, 10TH Ph	91-1918247	501(C)(3)	38,421.				
(8) MERCY HOUSING NORTHWEST	4						CAPACITY BUILDING
2505 THIRD AVENUE CLEVELAND, OH 44114	91-1546525	501(C)(3)	114,540.				- Auto-Control
(9) NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, I	_						CAPACITY BUILDING
1279 N. MILHAUKEE AVENUE	23-7443009	501 (C) (3)	33,320				
(10) FOUNDATION COMMUNITIES, INC.							CAPACITY BUILDING
3016 SOUTH 1ST STREET CLEVELAND, OH 44104	74-2563260	501 (C) (3)	16,182.				
(11) SOUTHWEST MINNESOTA HOUSING PARTNERSHIP	_						CAPACITY BUILDING
2401 BROADWAY AVENUE CLEVELAND, OH 4410Z	41-1721815	501 (C) (3)	114,451.	_			
(12) FIFTH AVENUE COMMITTEE, INC.	_			1			CAPACITY BUILDING
621 DEGRAN STREET NEW ORLEANS, LA 70185	11-2475743	S01 (C) (3)	91,842.	table		DE WEST WILL MANAGE	- Landen Company
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	ia governme listed in the	nt organizations ine 1 table	s listed in the lite i	TOPIC PROPERTY.			chedule I (Form 980) (201

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

Schedule I (Form 980) (2015)

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89-5928-40504

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

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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

Employer identification number

52-1231931

Part I General Information on Grants and	Assistance	•					
Does the organization maintain records to su	bstantiate th	e amount of the	e grants or assistar	ice, the grantees	' eligibility for the grant	s or assistance, and	X Yes No
the selection criteria used to award the grants	s or assistanc	e?	E-2014 (\$1.90) \$1.00 (\$1.90) \$1.00 (\$1.90)	* * * (*) * (* * *)	one recent total		
2 Describe in Part IV the organization's proced	ures for mon	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to De 990, Part IV, line 21, for any recipi	omestic Orgent that rec	ganizations ar eived more th	nd Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organizated if additional spa	ation answered "Y ce is needed.	es" on Form
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) Melhod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY CORPORATION OF SANTA MONICA							
1423 SECOND STREET SAN FRANCISCO, CA 94110	95-3795161	501 (C) (3)	40,000-				CAPACITY BUILDING
(2) CASA DE MARYLAND, INC.							1
8151 15TH AVENUE NEW ORLEANS, LA 70113	52-1372972	501 (C) (3)	30,000				CAPACITY BUILDING
(3) HOPEWORKS SOCIAL ENTERPRISES							
5830 EVERGREEN WAY PORTLAND, OR 97232	80-0684608	501 (C) (3)	50,000.				CAPACITY BUILDING
(4) ROC USA LLC							Security Control Contr
7 WALL STREET MOAB, UT 84532	35-2319441	501(C)(3)	31,087				CAPACITY BUILDING
(5) MANNA, INC.							
828 EVARTS STREET, NE CLEVELAND, OH 44114	52-1260698	501(C)(3)	25,000.				CAPACITY BUILDING
(6) LOW INCOME HOUSING INSTITUTE							CHICATON DIVERSITY
2407 PIRST AVE, SUITE 200	94-3155150	501(C)(3)	41,000.				CAPACITY BUILDING
(7) COLUMBUS HOUSING PARTNERSHIP, INC.	1						
562 EAST MAIN STREET SEATTLE, WA 98122-2014	31-1208260	501 (C) (3)	65,000				CAPACITY BUILDING
(8) COMMUNITY INVESTMENT MARKETPLACE LLC							
1875 CONNECTIBUT AVE NW	47-3333274	LLC	850,000+				CAPACITY BUILDING
(9) EASTERN MARKET CORPORATION							CAPACITY BUIDLING
2934 RUSSELL DETROLT, MI 48207	32-0030432	501 (C) (3)	27,500.				CAPACITY BUILDING
(10) HISPANIC HOUSING DEVELOPMENT CORPORATION	4						
325 N. WELLS LANGLEY PARK, MD 20783	36-2889871	501 (C) (3)	349,998.				CAPACITY BUIDLING
(11) LEECH LAKE BAND OF OJIBNE HOUSING AUTHORITY							
611 ELM AVENUE PORTLAND, OR 97209	41-0913364	501 (C) (3)	50,000.				CAPACITY BUIDLING
(12) NORTHWEST HOUSING ALTERNATIVES, INC	-						CAPACITY BUIDLING
2316 SE WILLARD STREET MILWAUKIE, OR 97222	93-0814473	501 (C) (3)	123,000.	i abla	1		
2 Enter total number of section 501(c)(3) an	d governmer	ni organizations	s listed in the line 1	ianie			
3 Enter total number of other organizations	isted in the li	ne i table			A PROBLEM STATE OF THE STATE OF	A DESCRIPTION OF A SEC.	

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

Schedule I (Form 990) (2015)

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89-5928-40504

Department of the Treasury

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

Complete if the organization answered "Yes" on 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.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

2015

Internal Revenue Service Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant (e) Amount of non-cash assistance (c) IRC section applicable (d) Amount of cash 1 (a) Name and address of organization or government (b) EIN or assistance (1) ROSE COMMUNITY DEVELOPMENT APACITY BUIDLING 38,550. 5215 SE DUKE STREET PORTLAND, OR 97206 94-3144895 501 (C) (3) (2) HABITAT FOR HUMANITY/METRO JACKSON, INC. CAPACITY BUILDING 32,016 4-0750633 501 (C) (3) P.O BOX 55634 JACKSON, MS 39296 (3) LOWER EAST SIDE PHOPLES MUTUAL HOUSING ASSO CAPACITY BUIDLING 64.094 13-3570544 501(C)(3) 228 HAST 3RD STREET SAN FRANCISCO, CA 94133 (4) SEBCO DEVELOPMENT INC. APACITY BUIDLING 79,632. 885 BRUCKNER BLVD TRUJILLO ALTO, PR 00977 13-2944013 501(C)(3) (5) UNITY PROPERTIES, INC. CAPACITY BUILDING 52-1857768 501(C)(3) 2000 WEST BALTIMORE STREET (6) GULP COAST HOUSING PARTNERSHIP, INC. CAPACITY BUIDLING 49,066 1610-A ORETHA CASTLE HALEY BOULEVARD 20-4216595 501(C)(3) (7) RESOURCES FOR COMMUNITY DEVELOPMENT CAPACITY BUILDING 94-2952466 501(C)(3) 58,430 2220 OXFORD STREET NEW YORK, NY 10032 (8) UNIVERSITY CULTURAL CENTER ASSOCIATION CAPACITY BUILDING 38-2134034 501(C)(3) 24,000 1939 WOODWARD AVENUE OAKLAND, CA 94612-1517 (9) CASCADIA BEHAVIORAL HEALTHCARE, INC. CAPACITY BUILDING 25,000 93-0770054 501(C)(3) 847 NE 19TH AVENUE PORTLAND, OR 97202 (10) HABITAT FOR HUMANITY OF THE CHESAPEAKE, INC. CAPACITY BUILDING 10,474 52-1226188 501(C)(3) 3741 COMMERCE DRIVE BROOKLYN, NY 11226 (11) WEST ANGELES COMMUNITY DEVELOPMENT CORPORAT CAPACITY BUILDING 53,594. 95-4486925 501(C)(3) 6028 CRENSHAW BOULEVARD (12) COLUMBIA CASCADE HOUSING CORPORATION CAPACITY BUILDING 94-3111736 501(0)(3) 312 COURT STREET BALTIMORE, MD 21202 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table . . . Schedule I (Form 990) (2015) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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89-5928-40504

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

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

▶ Attach to Form 990.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization							Employer radiissociating	
ENTERPRISE COMMUNITY PARTNERS, INC						52-1231931		
Part I General Information on Grants and	Assistance	9						
Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced	s or assistanc ures for mon	e? itoring the use o	of grant funds in the	United States.		S# 40808380# #188583#1	X Yes No	
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie	omestic Org ent that rec	ganizations an eived more tha	d Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organiza ed if additional spa	ation answered "Ye ce is needed.	es" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(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) SLAVIC VILLAGE DEVELOPMENT								
5620 BROADWAY AVENUE CLEVELAND, OH 44127	34-1344279	501(C)(3)	46,667.				CAPACITY BUILDING	
(2) CONSTRUCTION EDUCATION POUNDATION OF GEORGI								
1255 LAKES PARKWAY SAN FRANCISCO, CA 94110	58-2062862	501 (C) (3)	40,000				CAPACITY BUILDING	
(3) WHITE EARTH BAND OF CHIPPEWA INDIANS								
35500 EAGLEVIEW ROAD DETROIT, MI 48207	41-1737979	TRIBAL GOV'T	11,333.	. A			CAPACITY BUIDLING	
(4) LINC HOUSING CORPORATION								
555 E . OCEAN BOULEVARD ATLANTA, GA 30316	33-0578620	501 (C) (3)	41,350.				CAPACITY BUILDING	
(5) SKID ROW HOUSING TRUST	1							
1317 EAST SEVENTH STREET	95-4205316	501 (C) (3)	57,484				CAPACITY BUIDLING	
(6) HANCOCK RESOURCE CENTER								
308 HIGHWAY 90 WAVELAND, MS 39576	26-3648017	501(C)(3)	10,092.				CAPACITY BUILDING	
(7) ROBISON JEWISH HOME							and the same succession	
6125 SW BOUNDARY STREET	93-0386852	501 (C) (3)	7,454.				CAPACITY BUILDING	
(8) HOUSING COUNSELING SERVICES	4							
2410 17TH STREET, NW	52-0958568	501 (C) (3)	35,000.				CAPACITY BUILDING	
(9) MI CASA, INC.								
6230 3RD STREET, NW CLEVELAND, OH 64114	52-1796840	501 (C) (3)	34,410.				CAPACITY BUIDLING	
(10) MENTAL HEALTH SERVICES FOR HOMELESS PERSONS	_							
1744 PAYNE AVENUE CLEVELAND, OH 44114	34-1607734	501 (C) (3)	45,000.				CAPACITY BUILDING	
(11) NEIGHBORHOOD HOUSING SERVICES OF NEW ORLEAN	4							
4528 FRERET STREET COLUMBUS, OH 43215	72-0801513	501(C)(3)	16,712				CAPACITY BUILDING	
(12) AHC, INC	-							
2 Enter total number of section 501(c)(3) and	54-1026365	501 (C) (3)	26,290.				CAPACITY BUILDING	

3 Enter total number of other organizations listed in the line 1 lable.

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

Schedule I (Form 990) (2015)

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Department of the Treasury

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

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Open to Public Inspection
Employer identification number

OMB No. 1545-0047

2015

Internal Revenue Service Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (h) Purpose of grant or assistance (f) Method of valuation (book FMV appraisal other) (g) Description of ion-cash assistance 1 (a) Name and address of organization or government (d) Amount of cash (e) Amount of non-cash assistance (c) IRC section if applicable (1) ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSIN CAPACITY BUILDING 65,000 54-1515133 501(C)(3) 2704 N. PERSHING DRIVE (2) 1260 HOUSING DEVELOPMENT CORPORATION CAPACITY BUILDING 38,148 23-2536730 501(C)(3) 2042-48 ARCH STREET CAPACITY BUILDING (3) URBAN EDGE HOUSING CORPORATION 22-2483475 501(C)(3) 1542 COLUMBUS AVENUE GAKLAND, CA 94612-1517 (4) BURTEN, BELL, CARR DEVELOPMENT, INC. APACITY BUILDING 28,000. 34-1657533 501(C)(3) 7201 KINSMAN ROAD CLEVELAND, OH 44104 (5) EL BARRIO'S OPERATION FIGHTBACK, INC. APACITY BUILDING 13-3248777 501 (C) (3) 82,345. 411 B. 120TH STREET CHICAGO, 1L 60637 (6) GREATER ROCHESTER HOUSING PARTNERSHIP CAPACITY BUILDING 16,610. 16-1399793 501(C)(3) 183 E. MAIN STREET BROOKLYN, NY 11226 (7) CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORP CAPACITY BUILDING 67,769 04-2752507 501(C)(3) 587 WASHINGTON STREET NEW YORK, NY 10035 (8) SELP-HELP HOUSING CORPORATION OF HAWAII CAPACITY BUILDING 7,137 99-0222078 501(0)(3) 1427 DILLINGHAM BOULEVARD (9) GREATER ROCHESTER HOUSING PARTNERSHIP CAPACITY BUILDING 19,127 16-1399793 501 (C) (3) 16 E. MAIN STREET ROCHESTER, NY 14614 (10) EMERALD DEVELOPMENT & ECONOMIC NETWORK CAPACITY BUILDING 34-1667990 501(C)(3) 7812 MADISON AVENUE CLEVELAND, OH 44102 (11) TENEMOS QUE RECLAMAR Y UNIDOS SALVAR LA TIE CAPACITY BUILDING 42-1687057 501(C)(3) 50,000 4331 SOUTH MAIN STREET DORCHESTER, MA 02125 (12) MISSION ECONOMIC DEVELOPMENT AGENCY CAPACITY BUILDING 51-0187791 501(C)(3) 25,000 2301 MISSION STREET WAYNE, WV 25570 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2015)

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89-5928-40504

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

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

2015 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Informat		Inspection					
Internal Revenue Service Informat Name of the organization	ion about oc		,			Employer identific	ation number
						52-1231931	
ENTERPRISE COMMUNITY PARTNERS, INC							
Part I General Information on Grants and 1 Does the organization maintain records to su	ASSISTATICE	a amount of the	arante or accietar	ce the grantees	eligibility for the grant	s or assistance, and	
 Does the organization maintain records to su the selection criteria used to award the grants 	ostantiate in	e amount of the	grants or assistar	ce, the grantees	ongramity for the gram		X Yes No
the selection criteria used to award the grants	s or assistanc	er	of grout funds in the	United States			
Describe in Part IV the organization's proced	lures for mon	itoring the use	or grant funds in the	United States.	1.1.20.0	ation annuoused "V	on Form
Part II Grants and Other Assistance to Do	omestic Org	ganizations ar	nd Domestic Gov	ernments. Com	piete it the organiza	anion answered in	55 0111 01111
990, Part IV, line 21, for any recipi	ent that rec	eived more th	an \$5,000. Part II	can be duplicat	ed if additional spa	ce is fieeded.	
ent eventualities		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
(a) Name and address of organization or government	(b) EIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) SILICON VALLEY COMMUNITY FOUNDATION							CANACITA PHILIPPAG
2440 WEST CAMINO REAL	20-5205488	501 (C) (3)	10,000.				CAPACITY BUILDING
(2) ST. NICKS ALLIANCE							CAPACITY BUILDING
2 KINGLAND AVENUE BROOKLYN, NY 11211	51-0192170	501(C)(3)	77,810.				CAPACITY BUILDING
(3) LA PLATA HOMES FUND							01 01 01 01 01 01 01 01 01 01 01 01 01 0
124 E 9TH STREET PORTLAND, OR 97209	80-0266636	501(C)(3)	50,000				CAPACITY BUILDING
(4) FORDHAM BEDFORD HOUSING CORPORATION							
2751 GRAND CONCOURSE BRONX, NY 10468	13-3010578	501(C)(3)	368,695				CAPACITY BUILDING
(5) INNOVATIVE HOUSING, INC.							
219 NW SECOND AVENUE	93-0877440	501 (C) (3)	20,313.				CAPACITY BUILDING
(6) SOUTHERN UNITED NEIGHBORHOODS							CAPACITY BUILDING
827 TUPELO STREET CLEVELAND, OH 44102	36-4668072	501(C)(3)	20,997.				CAPACITY BULLDING
(7) H STREET COMMUNITY DEVELOPMENT CORPORATION							CAPACITY BUILDING
900 2ND STREET, NE BROOKLYN, NY 11226	52-1356903	501 (C) (3)	46,001.				CAPACITY BUILDING
(8) MOVN CDC							THE STATE OF THE S
4626 ALCEE FORTIER BOULEVARD	20-4929600	501(C)(3)	99,703.				CAPACITY BUILDING
(9) PARTNERSHIP FOR SOURTHERN EQUALITY							CAPACITY BUILDING
925 B PEACHTREE STREET NE ATLANTA, GA 30309	27-4424115	501 (C) (3)	25,000.				CAPACITY BUILDING
(10) SOLID GROUND							CAPACITY BUILDING
PO BOX 31066 SEATTLE, WA 98103	23-7421892	501 (C) (3)	25,000.				KAPACITY BUILDING
(11) HISTORIC BAST BALTIMORE COMMUNITY ACTION CO							CAPACITY BUILDING
1212 N. WOLFE STREET LANGLEY PARK, MD 20783	52-1903732	501 (C) (3)	12,000.				CAPACITY BUILDING
(12) COMMUNITY LEAGUE OF THE HEIGHTS, INC.							THE STATE OF THE S
500 WEST 159TH STREET	13-2564241	501 (C) (3)	22,232,				CAPACITY BUILDING
2 Enter total number of section 501(c)(3) an	nd governme	nt organizations	s listed in the line 1	table			
3 Enter total number of other organizations	listed in the I	ine 1 table		PROPERTY ASSESSED.			
For Paperwork Reduction Act Notice, see the Instruct						S	chedule I (Form 990) (20

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89-5928-40504

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" on Form 990, Part IV, line 21 or 22.

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2015
Open to Public Inspection

Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

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?

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(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) THE VILLAGES COMMUNITY DEVELOPMENT CORPORAT							
8109 EAST JEPFERSON AVENUE	36-4598309	501 (C) (3) -	16,862.				CAPACITY BUILDING
(2) ASSOCIATED CATHOLIC CHARITIES, INC							
1966 GREENSPRING DRIVE TIMONIUM, MD 21093	52-0591538	501 (C) (3)	44,999				CAPACITY BUILDING
(3) JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORP							1
11 GERMANIA STREET CHICAGO, IL 60654	04-2652919	501(C)(3)	26,510				CAPACITY BUILDING
(4) INTERNATIONAL SOMORAN DESERT ALLIANCE							HOLES SUCCESS BY AND ADDRESS OF THE
P.O. BOX 687 SOUTH BURLINGTON, VT 05403	86-0778917	501(C)(3)	15,926.				CAPACITY BUILDING
(5) CABRILLO ECONOMIC DEVELOPMENT CORPORATION							
702 COUNTY SQUARE DRIVE VENTURA, CA 93003	95-3681521	501(C)(3)	50,000.				CAPACITY BUILDING
(6) CHHAYA COMMUNITY DEVELOPMENT							
37-43 77TH STREET ATLANTA, GA 30303	11-3580935	501 (C) (3)	12,500		•		CAPACITY BUILDING
(7) CITY PIRST HOMES, INC.							Visit adequates 1.40 VVVAC estates
1436 U STREET, NW BILOXI, MS 39530	26-2335395	501(C)(3)	25,000				CAPACITY BUILDING
(8) COMMUNITY DEVELOPMENT COLLABORATIVE OF GREA							
110 N 17TH STREET SAN FRANCISCO, CA 94110	31-1595197	501 (C) (3)	25,000.				CAPACITY BUILDING
(9) ESPERANZA COMMUNITY HOUSING CORPORATION							
2337 SOUTH FIGUEROA STREET	95-4230345	501 (C) (3)	10,000.				CAPACITY BUILDING
(10) HOMES FOR AMERICA, INC.							establishman i sterile e e deciman i
318 SIXTH STREET PORTLAND, OR 97232	52-1901220	501 (C) (3)	30,188.				CAPACITY BUILDING
(11) HOUSING OPPORTUNITY DEVELOPMENT CORPORATION							
2001 WAUKEGAN ROAD	36-3237455	501 (C) (3)	79,480.				CAPACITY BUILDING
(12) MERCY HOUSING LAKEFRONT							Parties of Marian Management and
2 Enter total number of section 501(c)(3) an	36-3453183	501(C)(3)	59,100-				CAPACITY BUILDING

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

Schedule I (Form 990) (2015)

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89-5928-40504

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

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

Inspection Employer identification number

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ENTERPRISE COMMUNITY PARTNERS, INC						52-1231931	
Part I General Information on Grants and	d Assistance	Э					
Does the organization maintain records to su	ibstantiale th	e amount of the	e grants or assistar	nce, the grantees	eligibility for the grant	s or assistance, and	X Yes No
the selection criteria used to award the grant	s or assistanc	e?	SECTION FROM SECTION				X res No
2 Describe in Part IV the organization's proces	lures for mor	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Ye	es" on Form
990, Part IV, line 21, for any recipi	ent that rec	eived more th	an \$5,000. Part II	can be duplicat	ed if additional spa	ce is needed.	
					(f) Method of valuation	(g) Description of	(h) Purpose of grant
(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	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) MERCY HOUSING CALIFORNIA							
1500 S. GRAND AVENUE LOS ANGELES, CA 90015	94-3081666	501(C)(3)	55,752				CAPACITY BUILDING
(2) NEW GRLEANS NEIGHBORHOOD DEVELOPMENT FOUNDA							
1429 SOUTH RAMPART STREET	58-1681468	501(0)(3)	27,290.				CAPACITY BUILDING
(3) NEWSED COMMUNITY DEVELOPMENT CORPORATION							
901 W. 10TH AVENUE 2A DENVER, CO 80204	74-2275534	501 (C) (3)	25,000.				CAPACITY BUILDING
(4) PROJECT BUILD A PUTURE							5500 0000000000000000000000000000000000
2306 THIRD STREET LAKE CHARLES, LA 70601	72-1510673	501101(3)	9,743				CAPACITY BUILDING
(5) SOUTHSIDE UNITED HDFC							CONTRACTOR OF THE PROPERTY OF
434 SOUTH 5TH STREET BROOKLYN, NY 11211	11-2268359	501 (C) (3)	8,733.				CAPACITY BUILDING
(6) THE COMMUNITY BUILDERS INC							
135 S. LASALLE STREET CHICAGO, 1L 60603	04-2324773	501 (C) (3)	15,268.				CAPACITY BUILDING
(7) URBAN RESIDENTIAL PINANCE AUTHORITY	_						CAPACTIY BUILDING
133 PEACHTREE STREET ATLANTA, GA 30303	58-1499939	501(C)(3)	10,000				CAPACIET BUILDING
(8) URBAN RESTORATION ENHANCEMENT CORPORATION	4						CAPACITY BUILDING
PO BOX 73032 BATON ROUGE, LA 70874	72-1222911	501(C)(3)	13,455.				CAPACITI BUILDING
(9) UTE MOUNTAIN UTE HOUSING AUTHORITY	-						CAPACITY BUILDING
P.O. BOX EE TOWAGL, CO 81334	84-1044454	501(C)(3)	49,992.				CHPACIFI DOLLDER
(10) MUTUAL HOUSING CALIFORNIA	-						CAPACITY BUILDING
8001 PRUITRIDGE RD SACREMENTO, CA 55820	94-3093354	501(C)(3)	13,983.				CHEMITT DOLLARS
(11) AKWESASNE HOUSING AUTHORITY, INC							CAPACITY BUILDING
378 STATE ROUTE 37 HOGANSBURG, NY 13655	16-1387585	501 (C) (3)	50,000				CHINCITY BOTHWAY
(12) CATHOLIC CHARITIES HOUSING SERVICES							CAPACITY BUILDING
2 Enter total number of section 501(c)(3) ar	91-1955616	[501 (C) (3)	listed in the line 1	tahla	M ACCOMMENSATION	POTE PER PER PE	- A Description of the last of
T 110-00	ia governmei	it organizations	nated in the line i	tubio			
						Sc	hedule I (Form 990) (201
E. D D. d Line Ant Notice and the Instruc-							

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

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89-5928-40504

Department of the Treasury

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

Complete if the organization answered "Yes" on 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.

2015 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number 52-1231931

ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (h) Purpose of grant (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(a) Description of (d) Amount of cash 1 (a) Name and address of organization or government (b) EIN (1) SOUTH COUNTY HOUSING CORPORATION CAPACITY BUILDING 12,287. 94-2590572 501(C)(3) 7455 CARMEL STREET CLEVELAND, OH 44102 (2) CARROLL GARDENS ASSOCIATION, INC. CAPACITY BUILDING 13,872 11-2573432 501(C)(3) 201 COLUMBIA STREET NEW ORLEANS, LA 70113 (3) EPISCOPAL HOUSING CORPORATION CAPACITY BUILDING 14,600. 52-1939344 501(C)(3) 3986 ROLAND AVENUE BALTIMORE, MD 21211 (4) CARE ALLIANCE HEALTH CENTER CAPACITY BUILDING 28,609 1530 ST. CLAIR AVENUE CLEVELAND, OH 44114 34-1748776 501(C)(3) (5) COMMUNITY ASSISTED TENENAT CONTROLLED HOUSE CAPACITY BUILDING 11,509 13-3706959 501(C)(3) 121 SIXTH AVENUE NEW YORK, NY 10013 (6) TRIPLE C HOUSING, INC. CAPACITY BUILDING 50,981 22-2350429 501 (C) (3) 1 DISTRIBUTION WAY SAN RAPABL, CA 94901 (7) HABITAT FOR HUMANITY BAY-HAVELAND AREA, INC. CAPACITY BUILDING 16,404. 26-1325894 501(C)(3) 414 HWY 90 BAY ST. LOUIS, MS 39520 (8) PROJECT COMMUNITY CONNECTIONS, INC. CAPACITY BUILDING 58-2373779 501(C)(3) 321 WEST HILL STREET DECATUR, GA 30030 (9) LUTHERAN SOCIAL SERVICES HOUSING, INC. CAPACITY BUILDING 47,491 1325 11TH STREET \$ FARGO, ND 56103 26-2358686 501(C)(3) (10) CAPITOL HILL HOUSING FOUNDATION CAPACITY BUILDING 28,713 1402 THIRD AVENUE BALTIMORE, MD 21201 27-1682190 501(C)(1) (11) HOUSING AUTHORITY OF THE CITY OF JERSEY CIT CAPACITY BUILDING 17,504 22-6022501 PURLIC HSG AUTH 400 US HIGHWAY # 1" (12) FORT PECK ASSINIBOINE & SIOUX TRIBES, INC. CAPACITY BUILDING 81-0292623 501 (C) (3) 46,800 P.O. BOX 1027 POPLAR CITY, MT 59255

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

Schedule I (Form 990) (2015)

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

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

Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

Name of the organization	ne of the organization							
ENTERPRISE COMMUNITY PARTNERS, INC						52-1231931		
Part 1 General Information on Grants and		9						
Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced	bstantiate th s or assistanc lures for mon	e amount of the e? itoring the use	of grant funds in the	United States	633000 653000 63	Report to the second	X Yes No	
Part II Grants and Other Assistance to De 990, Part IV, line 21, for any recipi	omestic Org ent that rec	ganizations ar eived more th	nd Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organizated if additional space	ation answered "Ye ce is needed.	es" on Form	
(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) PROJECT HOME AGAIN FOUNDATION 1324 RIVIERA AVENUE NEW ORLEANS, LA 70112	20-8733214	501(C)(3)	25,000,				CAPACITY BUILDING	
(2) SETTLEMENT HOUSING FUND, INC 247 M. 37TH STREET TRUJILLO ALTO, PR 00977	23-7078882	501 (C) (3)	12,734				CAPACITY BUILDING	
P.O. BOX 1059 GALLUP, NM 87305	85-0446828	501(C)(3)	29,269				CAPACITY BUILDING	
(4) COMPREHENSIVE HOUSING ASSISTANCE, INC. 5809 PARK HEIGHTS AVENUE	23-7097000	501 (C) (3)	20,000-				CAPACITY BUILDING	
(5) WESLEY HOUSING DEVELOPMENT CORPORATION 5515 CHEROKEE AVENUE ALEXANDRIA, VA 22312	51-0155779	501 (C) (3)	25,000				CAPACITY BUILDING	
(6) DOWNTOWN EMERGENCY SERVICE CENTER 515 THIRD AVENUE CHICAGO, IL 60647-5216	91-1275815	501 (C) (3)	26,598.				CAPACITY BUILDING	
(7) QUEST 35, INC. 878 ROCK STREET, NW SAN FRANCISCO, CA 94102	58-2634738	501(C)(3)	9,428.				CAPACITY BUILDING	
(8) ASIAN AMERICANS FOR EQUALITY 108 NORFOLK STREET LOS ANGELES, CA 90067	13-3187792	501 (C) (3)	63,950,				CAPACITY BUILDING	
(9) CENTRAL CITY CONCERN 232 NORTHWEST SIXTH AVENUE	93-0728816	501(C)(3)	31,415.				CAPACITY BUILDNIG	
(10) HOMES ON THE HILL CDC 12 D. TERRACE AVENUE COLUMBUS, OH 43204	31-1349995	501 (C) (3)	20,000-				CAPACITY BUILDING	
(11) SUPPORTIVE HOUSING COALITION OF NEW MEXICO P.O. BOX 27459 DORCHESTER, MA 02125	85-0439315	501(C)(3)	39,579.				CAPACITY BUILDING	
(12) CHARIS COMMUNITY HOUSING, INC. 750 GLENWOOD AVENUE, SE	58-1649314	501 (C) (3)	40,847				CAPACITY BUILDING	
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations l	isted in the li	ne 1 table	listed in the line 1	table			hedule I (Form 990) (201	

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

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89-5928-40504

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

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Open to Public Inspection Employer identification number

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

52-1231931

Part I General Information on Grants and	Assistance					ensistence and	
4 Dans the association maintain records to su	hstanliate the	e amount of the	grants or assistan	ce, the grantees	eligibility for the grant	s or assistance, and	X Yes No
the colorion criteria used to award the grants	or assistance	e?		The action will be to be	OKO KOKOSTO SKALK		
	urae for mon	itoring the use of	i arant tunds in the	United States.			an Form
1. D.		enizations and	Domestic Gov	ernments, Com	plete if the organiza	ation answered Ye	es on Form
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipie	ent that rec	eived more thar	n \$5,000. Part II	can be duplicat	ed if additional space	ce is needed.	
550, 1 dicity, mio 21, 101 dis, 11-1-1					In Method of valuation	(g) Description of	(h) Purpose of grant
(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	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) LOTT COMMUNITY DEVELOPMENT CORPORATION		1					CAPACITY BUILDING
421 EAST 116TH STREET	13-3620671	601(C)(3)	66,209.				
(2) A COMMUNITY OF FRIENDS							CAPACITY BUILDING
3701 WILSHIRE BOULEVARD	95-4203106	501(C)(3)	698,147.				
(3) PATHSTONE CORPORATION							CAPACITY BUILDING
7 PRINCE STREET ROCHESTER, NY 14607	16-0984913	501(C)(3)	37,385_				
(4) COMMONBOND COMMUNITIES							CAPACITY BUILDING
1080 MONTREAL AVE SEATTLE, WA 98122-2014	41-1260469	501 (C) (3)	45,912.				
(5) UNIVERSITY NEIGHBORHOOD HOUSING PROGRAM	-						CAPACITY BUILDING
2751 GRAND CONCOURSE OAKLAND, CA 94612-1517	13-3206603	501 (C) (3)	23,654				
(6) ATHENS LAND TRUST, INC	4	11.00					CAPACITY BUILDING
685 N. POPE STREET ATHENS, GA 30601	58-2154133	PUBLIC HSG AUTH	7,717.				
(7) PRIENDS OF JEWISH COMMUNITY HOUSING FOR THE		1 1					CAPACITY BUILDING
30 WALLINGFORD ROAD BOSTON, MA 02135	04-2607197	501 (C) (3)	37,500.				
(8) DEL NORTE NEIGHBORHOOD DEVELOPMENT CORPORAT	1		24.106				CAPACITY BUILDING
2926 ZUN1 STREET DENVER, CO 80211	84+0783694	501 (C) (3)	34,196,				
(9) HOUSING TRUST SILICON VALLEY	4	W-000 350 A					CAPACITY BUILDING
95 S MARKET STREET	77-0545135	501 (C) (3)	9,212,				
(10) ABILITY HOUSING OF NORTHEAST FLORIDA, INC.		- Independent VAN	40.700				CAPACITY BUILDING
76 S LAURA STREET LOS ANGELES, CA 90010	59-3087085	501 (C) (3)	48,728				
(11) SUMMECH COMMUNITY DEV. CORP			32-004				CAPACITY BUILDING
633 PRYOR STREET, SW ATLANTA, GA 30312	58-1895918	501 (C) (3)	32,984.				

2196 DRESDEN DRIVE CHAMBLES, GA 30341 58-1899845 501(C)(3) and government organizations listed in the line 1 table.

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

633 PRYOR STREET, SW ATLANTA, GA 30312

(12) PROJECT INTERCONNECTIONS, INC.

Schedule I (Form 990) (2015)

CAPACITY BUILDING

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89-5928-40504

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" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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Open to Public Inspection Employer identification number

OMB No. 1545-0047

Name (of the organization	Employer identification number		
ENTE	ERPRISE COMMUNITY PARTNERS, INC.	52- 123 1931		
Part	General Information on Grants and Assistance			
4	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant	its or assistance, and	Пи	
1	the selection criteria used to award the grants or assistance?	X Tes	IN	
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) RENAISSANCE HOUSING DEVELOPMENT CORPORATION							
2111 CHAMPA STREET DENVER, CO 80205	84-1322816	501(C)(3)	41.661				CAPACITY BUILDING
(2) BICKERDIKE REDEVLOPMENT CORPORATION	04-1322010						
2550 WEST NORTH AVENUE DENVER, CO 80209	23-7087890	501(C)(3)	136,274.				CAPACITY BUILDING
Mary 12 and 12 to 10 and 12 of 10 of 12 of	23-1001030	302107137					
(3) ATLANTA CLT COLLABORATIVE, INC	90-0605040	501/01/31	25,000-				CAPACITY BUILDING
3235 PEACHTREE ROAD ATLANTA, GA 30305	90-0605040	201 (61 (21	23,000				
(4) GOOD SHEPHERD HOUSING & FAMILY SERVICES, IN	1		25.000				CAPACITY BUILDING
B305 RICHMOND HIGHWAY CLEVELAND, OH 44104	23-7447962	501(C)(3)	25,000.				
(5) HOUSING SOLUTIONS FOR THE SOUTHWEST							CAPACITY BUILDING
295 GIRAD STREET DURANGO, CO 81303	84-0853925	501 (C) (3)	18,423+				CAPACATE ANGAMERIN
(6) CATHOLIC CHARITIES HOUSING DEVELOPMENT CORP							CAPACITY BUILDING
2740 SE POWELL PORTLAND, OR 97202	93-0386801	501 (C) (3)	50,000-				CAPACITY BUILDING
(7) MERCY HOUSING, INC.	1						
1999 BROADWAY CLEVELAND, OH 44114	47-0646706	501 (C) (3)	49,435				CAPACITY BUILDING
(8) COMMUNITY PRESERVATION & DEVELOPMENT CORPOR				11			
8403 COLESVILLE ROAD	52-1662186	501 (C) (3)	15,000				CAPACITY BUILDING
(9) METROPOLITAN DENVER HOMELESS INITIATIVE							
711 PARK AVENUE WEST CLEVELAND, OH 44114	84-1359401	501(C)(3)	37.263				CAPACITY BUILDING
(10) BAILEY HOUSE, INC.							
1751 PARK AVENUE KETCHUM, ID 83340-1292	13-3165181	501 (C) (3)	15,514,				CAPACITY BUILDING
(11) CRAWFORD-SEBASTIAN COMMUNITY DEVELOPMENT CO							
4831 ARMOUR AVENUE FORT SMITH, AZ 72914	71-0388927	501 (C) (3)	50,000.				CAPACITY BUILDING
(12) MERCY HOUSING, INC. SOUTHEAST							
260 PEACHTREE STREET ATLANTA, GA 30303	56-1991872	501 (C) (3)	25,000				CAPACITY BUILDING

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

Schedule I (Form 990) (2015)

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89-5928-40504

Department of the Treasury

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

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OMB No. 1545-0047
2015
Open to Public Inspection

IIII	IN INCOMING OCIVICO		Employer identification number		
Nam	Name of the organization		52-1231931		
EN		MUNITY PARTNERS, INC.	32-1231931	-	
Pa	d General I	nformation on Grants and Assistance	islanca and	_	
1	Does the organi	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant	s or assistance, and	Ni	
	the selection cri	teria used to award the grants or assistance?	ALLES LA IOU	•	
2	Describe in Part	IV the organization's procedures for monitoring the use of grant funds in the critical office.	d dwar on Form	_	

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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
(1) HANNAHVILLE INDIAN COMMUNITY		503-(0) (2)	19,629				CAPACITY BUILDING
N14911 HANNAHVILLE MIAMI, FL 33135	38-2008182	501101131	137023				1
(2) GREYSTON FOUNDATION		COURSE DAY	10,000				CAPACITY BUILDING
21 PARK AVE. BROOKLYN, NY 11226	13-3717310	501 (C) (3)	10,000.				
(3) HOME AGAIN, INC.							CAPACITY BUILDING
4 OLD RIVER PLACE PORTLAND, OR 97232	20-4526894	501 (C) (3)	15,032				
(4) HELLO HOUSING				U			CAPACITY BUILDING
1901 ROYAL OAKS DRIVE BROOKLYN, NY 11231	14-1870357	501 (C) (3)	65,572,				
(5) GREENWOOD LEFLORE CARROLL ECONOMIC DEVELOPM							CAPACITY BUILDING
402 HIGHWAY 82 BYPASS BROOKLYN, NY 11226	64-0640864	501(C)(3)	48,666.				CAPACITY SECTION
(6) PRONTIER HOUSING INC							CAPACITY BUILDING
5445 FLEMINGSBURG ROAD MOREHPAD, KY 40351	61-0863958	501 (C1 (3)	35,629,				Caracilli Dullasin
(7) ARTSPACE PROJECTS, INC.							CAPACITY BUILDING
250 THIRD AVENUE NORTH	41-1350071	501-(C)-(3)	14,900_				CAPACITY DOLLD'IN
(8) NORTHEAST DENVER HOUSING CENTER							CAPACITY BUILDING
1735 GAYLORD STREET GALLUP, NM 87305	84-0909291	501 (C) (3)	22,519,			-	CAPACITI BULLDING
(9) NEZ PERCE TRIBAL HOUSING AUTHORITY							CAPACITY BUILDING
111 VETERANS DRIVE GALLUP, NR 87305	82-0262257	PUBLIC HSG AUTH	9,590.		-		CAPACITI DOLLOSIN
10) PEOPLE UNITED FOR SUSTAINABLE HOUSING INC							CAPACITY BUILDING
271 GRANT STREST BUPFALO, NY 14213	20-3558447	501 (C) (3)	45,000				CAPACITI BUILDIN
11) TRANSITIONAL HOUSING CORPORATION						1	
5101 16TH STREET N.W. WASHINGTON, DC 20011	52-1675958	501 (C) (3)	19,687.				CAPACITY BUILDIN
12) ST. CLAIR SUPERIOR DEVELOPMENT CORPORATION							as a constant same a vec
4205 ST. CLAIR AVENUE CLEVELAND, OH 44102. 2 Enter total number of section 501(c)(3) and	34-1238020	503 (C) (3)	18,528.				CAPACITY BUILDIN

Schedule I (Form 990) (2016)

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89-5928-40504

Department of the Treasury

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

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number Internal Revenue Service Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? No 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (h) Purpose of grant or assistance (g) Description of non-cash assistance (e) Amount of non-cash assistance (d) Amount of cash (b) EIN (c) IRC section if applicable (a) Name and address of organization or government (1) INSTITUTO PARA EL DESARROLLO SOCIOECONOMICO CAPACITY BUILDING 57,027 66-0658219 501(C)(3) P.O. BOX 7154 SOUTH BURLINGTON, VT 05403 (2) NEW ORLEANS AREA HABITAT FOR HUMANITY, INC. CAPACITY BUILDING 72-0973161 501(C)(3) 46, 265. 2900 ELYSIAN FIELDS AVENUE (3) BRIDGE HOUSING DEVELOPMENT APACITY BUILDING 80,000 94-2827909 501(C)(3) 600 CALIFORNIA STREET (4) COMMUNITY DEVELOPMENT FOR ALL PROPLE CAPACITY BUILDING 17,508. 51-0476886 501(C)(3) 946 PARSONS AVENUE COLUMNUS, OH 43286 (5) NEIGHBORHOOD HOUSING SERVICES OF RICHLAND C CAPACITY BUILDING 10,294 39-1431651 501(C)(3) 125 B. SEMINARY STREET COLUMBUS, OH 43215 (6) COMMUNITY RESOURCE & HOUSING DEVELOPMENT CO CAPACITY BUILDING 50,000. 7305 LOWELL BOULEVARD WESTMINSTER, CO 80030 23-7102834 501(C)(3) (7) SOUTHERN CALIFORNIA ASSOCIATION OF MON-PROF APACITY BUILDING 11,400. 95-4019655 501(C)(3) 501 SHATTO PLACE CLEVELAND, OH 44102 (8) LITTLE HAITI HOUSING ASSOCIATION, INC. CAPACITY BUILDING 6,431 59-2801211 501(C)(3) 181 NORTHEAST 82ND STREET (9) THE AFFORDABLE HOUSING GROUP OF NORTH CAROL CAPACITY BUILDING 18,790 56-0883684 501(C)(3) 4600 PARK ROAD DORCHESTER, MA 02325 (10) COMMUNITY HOUSING INITIATIVES, INC. CAPACITY BUILDING 50,000 14 WEST 21ST STREET SAN FRANCISCO, CA 94110 42-1416426 501(C)(3) (11) SATELLITE HOUSING CAPACITY BUILDING 94-3031375 501(C)(3) 1521 UNIVERSITY AVENUE BERKELEY, CA 94703 (12) BLACK HILLS AREA HABITAT FOR HUMANITY CAPACITY BUILDING 46-0410933 501(C)(3) 89,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 825 SAINT JOSEPH STREET

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

Schedule I (Form 990) (2015)

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89-5928-40504

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

Complete if the organization answered "Yes" on 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.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

Part I General Information on Grants and	Assistance						
Does the organization maintain records to su	bstantiate th	e amount of the	e grants or assistar	ice, the grantees	' eligibility for the grant	s or assistance, and	X Yes No
the selection criteria used to award the grants	or assistanc	e?	Carrier Commercia		emi encomo pasta		X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipion	omestic Or	nanizations ar	nd Domestic Gov	ernments. Com	ed if additional spa	ation answered "Ye ce is needed.	
(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) CAMBA, INC							S AVAIDS HIE VAN LINESAND
1720 CHURCH AVENUE BROOKLYN, NY 11226	11-2480339	501 (C) (3)	200,000				CAPACITY BUILDING
(2) CAPITAL HILL HOUSING FOUNDATION							
1620 12TH AVENUE SEATTLE, WA 98122	27-1682190	501 (C) (3)	28,589				CAPACITY BUILDING
(3) CAPITAL HILL HOUSING IMPROVEMENT PROGRAM							
1406 TENTH AVENUE SEATTLE, WA 98122	91-0979968	LLC	67,828.				CAPACITY BUILDING
(4) CCH- CHRISTIAN CHURCH MOMES			1				
303 HEGENBERGER ROAD OAKLAND, CA 94621	94-6077407	501(C)(3)	77,692.				CAPACITY BUILDING
(5) CHARLOTTE MECKLENBURG HOUSING PARTNERSHIP,							
4601 CHARLOTTE PARK DRIVE	56-1620516	501 (C) (3)	25,000				CAPACITY BUILDING
(6) CHICAGO NEIGHBORHOOD INITIATIVES, INC							
1000 E 111TH STREET CHICAGO, IL 60628	27-1832686	501 (C) (3)	27,400.				CAPACITY BUILDING
(7) COMMUNITY HOUSING PARTNERSHIP	1						in a come married
20 JONES STREET SAN FRANCISCO, CA 94102	94-3112336	501 (0) (3)	61,935.				CAPACITY BUILDING
(8) COMMUNITY HOUSING WORKS							CAPACITY BUILDING
1820S. ESCONDIDO BOULEVARD	33-0317950	501 (C) (3)	40,000.				CAPACITY BUTTERING
(9) COMMUNITY SERVICES HOUSING DEVELOPMENT CORP							**************************************
1474 EASTERN PARKWAY BROOKLYN, NY 11233	11-2598992	501 (C) (3)	100,000				CAPACITY BUILDING
(10) DETROIT CATHOLIC PASTORAL ALLIANCE	4						CAPACITY BUILDING
9200 GRATIOT DETROIT, MI 48213	38-2938993	501 (C) (3)	41,250.				CAPACITY BUILDING
(11) DHIC, INC							CAPACITY BUILDING
113 SOUTH WILMINGTON STREET	56-1085131	501 (C) (3)	35,000.				CAPACITY BUILDING
(12) G.O. MONDY SCHOOL APARTMENTS	1	1					CAPACITY BUILDING
2 Enter total number of section 501(c)(3) an	47-2822357	LLC	50,000.		1		

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

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Schedule I (Form 990) (2015)

JSA 5E1288 1 000

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89-5928-40504

Department of the Treasury

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

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant (d) Amount of cash (e) Amount of non-cash assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (1) IFF APACITY BUILDING 27,556. 6-3656836 501(C)(3) ONE NORTH LASALLE CHICAGO, 1L 60602 (2) PATHSTONE DEVELOPMENT CORPORATION CAPACITY BUILDING 10,295 22-2141948 501(C)(3) 7 PRINCE STREET RODCHESTER, NY 14607 (3) JEFFERSON EAST, INC. APACITY BUILDING 38-3231066 501(C)(3) 60,826 14628 E JEFPERSON AVENUE DETROIT, MI 48215 (4) LATIN UNITED COMMUNITY HOUSING ASSOCIATION CAPACITY BUILDING 38,500 36-3213453 501(C)(3) 3541 W. NORTH AVENUE CHICAGO, IL 60647 (5) LIBERATIONS PROGRAMS, INC. CAPACITY BUILDING 6,867 06-0867006 501(C)(3) 129 GLOVER AVENUE NORWALK, CT 06850 (6) LITTLE TRAVERSE BAY BONDS OF ODAWA INDIANS APACITY BUILDING 24,672 18-3236295 TRIBAL GOVERNEY 7500 ODAWA CIRCLE HARBOR SPRINGS, MI 49740 (7) LOGAN SQUARE NEIGHBORHOOD ASSOCIATION CAPACITY BUILDING 10,000 2840 N. MILWAUKES AVENUE CHICAGO, IL 60618 36-2638491 501(C)(3) (8) LOMAS VERDES CAPACITY BUILDING 66-0268234 501(C)(3) 16,000 2G-1 CALLE DUENDE BAYAMON, PR 00956 (9) LOUISIANA ASSOCIATION OF AFFORADABLE HOUSIN CAPACITY BUILDING 10,000 65-1319691 501(C)(3) P.O. BOX 4058 MONROE, LA 71211 (10) METROPOLITAN APPORDABLE HOUSING CORPORATION CAPACITY BUILDING 91-1078543 501(C)(3) P.O. BOX 11923 EUGENE, OR 97440 (11) MIAMI BEACH COMMUNITY DEVELOPMENT CORP CAPACITY BUILDING 59-2110264 501 (C) (3) 9.725 945 PENNSLYCANIA AVE MIAMI BEACH, PL 33139 (12) MIAMI DADE COUNTY CAPACITY BUILDING 35,000 701 N.W. IST COURT MIAMI, PL 33136 59-6000573 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule 1 (Form 990) (2015)

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89-5928-40504

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

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

Inspection

OMB No. 1545-0047

2015

Open to Public

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant (e) Amount of non-(d) Amount of cash 1 (a) Name and address of organization or government (c) IRC section if applicable (b) EIN or assistance (1) MIDPEN HOUSING CORPORATION CAPACITY BUILDING 49,865 23-7089977 501(C)(3) 303 VINTAGE PARK DRIVE (2) MILLENNIUM PROPERTIES, INC CAPACITY BUILDING 200,000 47-2384782 501(C)(3) 4162 CANAL STREET NEW ORLEANS, LA 70119 (3) MISSION PIRST HOUSING DEVELOPMENT CORPORATI CAPACITY BUILDING 27-1824650 501(C)(3) 26,250 1330 NEW HAMPSHIRE AVENUE (4) MOTIVATION EDUCATION & TRAINING, INC. CAPACITY BUILDING 501(C)(3) 50,000. 74-1604560 P.O. BOX 1838 NEW CANEY, TX 77357 (5) MOUNT BAKER HOUSING ASSOCIATION CAPACITY BUILDING 63,943 91-1402983 SOL(C1(3) 1423 31ST AVE SOUTH SEATTLE, WA 98144 (6) NORTH SHORE COMMUNITY DEVELOPMENT COALITION CAPACITY BUILDING 04-2686893 591(C)(3) 15,000 102 LAYFAYETTE STREET SALEM, MA 01970 (7) NORTHERN CIRCLE INDIAN HOUSING AUTHORITY CAPACITY BUILDING 95-2609773 501(C)(3) 50,000. 694 PINOLEVILLE DRIVE UKIAH, CA 95482 (8) NORTHERN PUEBLOS HOUSING AUTHORITY CAPACITY BUILDING 85-0219256 501(C)(3) 20,000 5 WEST GUTIERREZ SANTA FE, NM 87506 (9) NORTHWEST SIDE COMMUNITY DEVELOPMENT CORPOR CAPACITY BUILDING 39-1478014 501(C)(3) 4201 NORTH 27TH STREET MILKWAUKEE, WI 53216 (10) OAK PARK REGIONAL HOUSING CENTER CAPACITY BUILDING 15,000 23-7181388 501(C)(3) 1041 SOUTH BOULEVARD CAK PARK, 1L 60352 (11) OAK PARK RESIDENCE CORPORATION CAPACITY BUILDING 36-2666771 501(C)(3) 20,250 21 SOUTH BOULEVARD OAK PARK, IL 60302 (12) OHIO CITY INCORPORATED CAPACITY BUILDING 25,000. 2525 MARKET AVENUE CLEVELAND, OH 44113 34-1372076 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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89-5928-40504

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

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

▶ Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52~1231931

Par	General Information on Grants and Assistance	
4	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and	es No
	the selection criteria used to award the grants or assistance? Possible in Rad IV the organization's procedures for monitoring the use of grant funds in the United States.	
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" or 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.	Form

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) OPAL COMMUNITY LAND TRUST							CAPACITY BUILDING
286 ENCHANTED FOREST EASTSOUND, WA 98245	94-3116010	501 (C) (3)	19,342.				CAPACITI BUILDING
(2) RENAISSANCE PROPERTY GROUP LLC							CAPACITY BUILDING
2600 GRAVIER ST, 7TH FLOOR	20-0917394	LLC	75,000-				CAPACITI DOLLARS
(3) RESTORE NEIGHBORHOOD LOS ANGELES, INC							CAPACITY BUILDING
315 W. 9TH STREET LOS ANGELES, CA 90015	26-4142930	501 (C) (3)	41,982.				TATACTTE HOLDING
(4) RISING SUN HOMEOWNERSHIP, LLC							CAPACITY BUILDING
671 ROSA AVENUE METAIRIE, LA 70005	90-0914731	ILC	483,884-				CALIFORNIA CONTRACTOR
(5) ROCKY MOUNTAIN MUTUAL HOUSING ASSOCIATION,	1						CAPACITY BUILDING
225 E 16TH AVENUE DENVER, CO 80203	84-0777280	501 (C) (3)	23,598				- SPITAGE LA
(6) RURAL NEIGHBORHOODS, INC	4						CAPACITY BUILDING
P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501 (C) (3)	50,000				
(7) SAN FRANCISCO COMMUNITY LAND TRUST							CAPACITY BUILDING
21 COLUMBUS AVENUR SAN FRANCISCO, CA 94111	11-3700403	501 (C) (3)	130,243				
(8) SAN FRANCISCO UNIFIED SCHOOL DISTRICT	4						CAPACITY BUILDING
555 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-6000416	501 (C) (3)	40,000.				
(9) SEATTLE CHINATOWN-INTERNATIONAL DISTRICT PR							CAPACITY BUILDING
405 MAYNARD AVENUE SOUTH SEATTLE, WA 58114	91-1645126	501 (C) (3)	25,000.				
(10) SOUTH MISSISSIPPI HOUSING AND DEVELOPMENT C	1	1					CAPACITY BUILDING
P.O. BOX 2099 GULFPORT, M5 39505	20-5640452	501 (C) (3)	10,000.				
(11) SOUTHEAST COMMUNITY DEVELOPMENT CORPGRATION							CAPACITY BUILDING
3323 EASTERN AVENUE BALTIMORE, MD 21224	52-1034466	501 (C) (3)	30,000+		-		
(12) SOUTHERWESTERN REGIONAL HOUSING AND COMMUNI							CAPACITY BUILDING
2 Enter total number of section 501(c)(3) ar	31-1788086	501 (C) (3)	50,000-	Labla and an analysis			

Schedule I (Form 990) (2015)

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89-5928-40504

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

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

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Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Employer identification number Name of the organizatio 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC Part I General Information on Grants and Assistance 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance (g) Description of non-cash assistance (c) IRC section if applicable (e) Amount of non-1 (a) Name and address of organization (b) EIN (d) Amount of cash cash assistance or government (1) SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA C CAPACITY BUILDING 5041 (C) (3) 35,000 94-1670490 1900 FRUITVALE AVENUE OAKLAND, CA 94601 (2) SUPPORTIVE HOUSING NETWORK OF NEW YORK CAPACITY BUILDING 247 WEST 37TH STREET NEW YORK, NY 10018 13-3755149 501(C)(3) 10,000 (3) THE CORNERSTONE GROUP CAPACITY BUILDING 40,000. 7661 BUSH LAKE DRIVE BLOOMINGTON, MN 55438 41-1762459 FOR PROFIT (4) THE DELORES PROJECT APACITY BUILDING 58,756 20-1122039 501(C)(3) P.O. BOX 1406 DENVER, CO 80207 (5) THE SOMERVILLE COMMUNITY CORPORATION CAPACITY BUILDING 23-7293380 501(C)(3) 50,000 337 SOMMERVILLE AVENUE SOMERVILLE, MA 02143 (6) THE THRESHOLDS CAPACITY BUILDING 35.000 4101 N RAVENSWOOD CHICAGO, IL 6061) 36-2518901 501(C)(3) (7) WOMENS HOUSING & RCONOMIC DEVELOPMENT CORPO CAPACITY BUILDING 14,880 11-3099604 501(C)(3) 50 EAST 168TH STREET BRONX, NY 10452 (8) WOMENS INSTITUTE FOR HOUSING AND ECONOMIC D CAPACITY BUILDING 70,000 04-2733078 501(C)(3) 15 COURT SQUARE, SUITE 210 BOSTON, MA 02108 (9) CATHEDRAL SQUARE CORPORATION CAPACITY BUILDING 03-0264362 501(C)(3) 8.906 412 PARRELL STREET (10) TENDERLOIN NEIGHBORHOOD DEVELOP. CORP CAPACITY BUILDING 44,456 215 TAYLOR STREET SAN FRANCISCO, CA 94102 94-2761808 501(C)(3) (11) EAH, INC. CAPACITY BUILDING DAVIES PACIFIC CENTER HONGLULU, HI 96813 94-1699153 501(C)(31 (12) CASCADIA BEHAVIORAL HEALTHCARE, INC. CAPACITY BUILDING 31.408 93-0770054 501(C)(3) P.O. BOX 8459 PORTLAND, OR 97207 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

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

Schedule I (Form 990) (2015)

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

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

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OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number 52-1231931

Part I General Information on Grants a	and Assistance	е					
1 Does the organization maintain records to	substantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	ts or assistance, and	X Yes No
the selection criteria used to award the gra	ants or assistanc	e?	ora manana assa	*** ****** ***		SECESBO ESECUTOR ES	I45
2 Describe in Part IV the organization's pro-	cedures for mor	nitoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to 990, Part IV, line 21, for any rec	Domestic Or cipient that rec	ganizations are the contract of the game of the contract of th	nd Domestic Gov an \$5,000, Part II	ernments. Com can be duplicat	plete if the organized if additional spa	ation answered "Yo ce is needed.	es" on Form
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) BURTEN, BELL, CARR DEVELOPMENT, INC							0.0000000000000000000000000000000000000
7201 KINSMAN ROAD CLEVELAND, OH 44104	34-1657533	501 (C) (3)	50,154.				CAPACITY BUILDING
(2) PATHSTONE CORPORATION							CAPACITY BUILDING
400 EAST AVENUE ROCHESTER, NY 14607	16-0984913	501(C)(3)	141,544.				CAPACITI BUILDING
(3) PATHSTONE CORPORATION							CAPACITY BUILDING
6 PRINCE ST. ROCHESTER, NY 14607	16-0984913	501 (C) (3)	10,041.				CAPACITI BOXISTINO
_(4)							
(5)							
(6)							
(7)							
_(8)							
(9)							

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

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

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

Schedule I (Form 990) (2015)

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Page 2

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. Schedule | (Form 990) (2015)

(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

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

HUD SECTION 4 PROGRAM

THY 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 RESTRICTED TO USE WITHIN RURAL AREAS OF THE COUNTRY. ELIGIBLE ACTIVITIES

ENTERPRISE COMMUNITY PARTNERS, INC.

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 addition (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
			-		

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.

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 LOAMS; 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 UTILIZED INTERNALLY. PASS THROUGH FUNDING IN A WORK PLAN IS AWARDED TO

Page 2

Schedule I (Form 990) (2015) 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
			-		

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

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 OR USES. ENTERPRISE PROGRAM STAFF DETERMINES THE MOST APPROPRIATE USE OF

Page 2

Schedule I (Form 990) (2015) 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.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(η Description of non-cash assistance
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grani	(b) Number of recipients (c) Amount of cash grant cash aspiratance	(b) Number of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)

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.

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 SALESFORCE TO REQUEST AND DOCUMENT APPROVALS FROM PROGRAM STAFF, FUNDING

Schedule I (Form 990) (2015)

ENTERPRISE COMMUNITY PARTNERS, INC.

Page 2

Part III can be duplicated if addition (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		

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.

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 ACCEPT EITHER SCANNED COPIES OF THE SIGNED ORIGINALS OR HARD COPIES. UPON

Page 2

Part III Can be duplicated if additional space is needed.

Schedule ((Form 990) (2015)

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
5					
3					
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.

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

PROCESS, AND REVIEWED FOR COMPLIANCE AND VALIDATION. ONCE CONTRACTS

Page 2

Part III can be duplicated if addition (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
	Toopono	Cash grant			
					lumn (b), and any other addition

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

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 I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23,

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer identification number

52-1231931

Part	Questions Regarding Compensation		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax 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)		103	
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	LS	10 E
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	<u>C</u> ()(4)3	
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 X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4a	X	
h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4b 4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	500		
_	The organization?	5a		X
a b	Any related organization?	5b		Х
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	The organization?	6a		X
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on 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		>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

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

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

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

dividual		(B) Breakdown of	W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	olher deferred compensation	benefits		as deferred on prior Form 990
JEFFREY SCHAFFER	(6)	200,534.	33,259,	1,290.	17,486.	19,513.	272,082.	
AVICE PRESIDENT	(11)	0.	0.	0.				
TERRI L. LUDWIG	(i)	447,916.	127,710.	719.	20,295.	19,513.	616,153.	
PRESIDENT	(ii)	0.	0.	0.				
WILLIAM R. FREY	(i)	200,000.	5,000.	2,252.	14,919,	14,639.	236,810.	
HIGHEST COMP	(ii)	0.	0.	0.				
RICHARD D. GROSS	(i)	200,534.	33,259.	10,665.	17,486.	15,045,	276,989.	
NICHARD D. GROSS	(11)	0.	0.	0.				
MARK MCDERMOTT	(0)	188,739.	33,144.	2,090.	16,487.	14,639.	255,099.	
SVICE PRESIDENT	(ii)	0.	0.	0.				
LORI MICHELLE CHATMAN	(i)	0.	0.	0.				
SENIOR VICE PRESIDENT	(ii)	227,514.	59,931.	1,490.	20,295.	18.	309,248.	
MICHAEL MCNEELY	(i)	263,937.	69,525.	2,780.	20,295.	18.	356,555.	
SENIOR VICE PRESIDENT	(6)	0.	0.	0.				
ALAN SCOTT ANDERSON	(1)	187,517.	17,510.	1,290.	14,897.	19,513.	240,727	
	(11)	0.	0.	0,			W40 440	
ALAZNE M. SOLIS	(i)	265,413.	69,914	300.	20,295.	12,690.	368,612	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0,				
FAITH E, THOMAS	(i)	233,103.	38,661.	2,252.	20,295.	14,639.	308,950	
10SENIOR VP AND GENERAL COUNCIL	(ii)	0.	. 0.	0.				
MATTHEW D. HOFFMAN	(i)	184,412.	17,992.	450.	14,661.	19,513	237,028	-
11VICE PRESIDENT	(iii)	0	. 0.	0				-
MEAGHAN E. VLKOVIC	(0)	165,498	28,256.	0.	13,883.	19,513	227,150	
12VICE PRESIDENT	(11)	0	. 0.	0		4		
AMALIA M. KASTBERG	(i)	250,734	24,462.	450.	18,320.	19,513	313,479	
13VICE PRESIDENT	(ii)	0		0			222 222	
MICHELLE WHETTEN	(i)	177,581	30,319.	450	15,156.	6,516	. 230,022	•
14VICE PRESIDENT	(ii)	0	. 0,	0			100001000	
DAVID CHARLES BOWERS	(i)	180,005	. 29,855.	450	15,332	6,516	. 232,158	
15VICE PRESIDENT	(11)	0		0				
CHARLES WERHANE	(1)	0		0			- 250 101	100 (03
16TRUSTEE	(ii)	405,173	319,197,	202,438	109,034.	14,639	1,050,481	198,603 hedule J (Form 990) 20

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Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	as deferred on prior Form 990	
EDWARD DAVID MANEKIN	(i)	167,040.	13,852.	1,290.	12,725.	12,690.	207,597.		
VICE PRESIDENT	(ii)	0.	0.	0.					
KEITH E. FAIREY	(i)	209,690.	38,950.	722.	18,847.	19,513.	287,722.		
OVICE PRESIDENT	(ii)	0.	0.	0.					
ALEX S. AVITABILE	(i)	176,944.	14,673.	2,252.	13,715.	14,639.	222,223.		
NICE PRESIDENT	(0)	0.	0.	0.					
PETRA D. MONTAGUE	(i)	161,682.	14,197.	1,290.	10,231.	12,690,	200,090.		
AVICE PRESIDENT	(ii)	0.	0.	0.					
KAREN M. LADO	(i)	145,515.	25,189.	906.	11,831.	12,690.	196,131.		
5VICE PRESIDENT	(ii)	0.	0.	0.					
KATHERINE W. SWENSON	(i)	173,225.	15,633.	450,	13,442.	12,690.	215,440.		
6VICE PRESIDENT	m	0.	0.	0.			0.50.501		
ANTHONY JOSEPH DISPIGNO	(i)	252,807,	64,466.	690.	20,295,	19,513.	357,771.		
SENIOR VICE PRESIDENT	(ii)	0.	0.	0,			005 027		
ANDREW EDWARD GEER	(i)	163,286.	27,878.	690.	13,650.	19,513.	225,017.		
8VICE PRESIDENT	(ii)	0.	0.	0:			026 001		
MELINDA J. POLLACK	(i)	177,582.	31,185.	300.	15,234.	12,690.	236,991.		
9VICE PRESIDENT	(ii)	0.	0.	0.			201 702		
JACQUELINE WAGGONER	(i)	162,135.	37,961.	717.	14,454.	6,516.	221,783.		
EDWARD DAVID MANEKIN WICE PRESIDENT KEITH E. FAIREY VICE PRESIDENT ALEX S. AVITABILE WICE PRESIDENT PETRA D. MONTAGUE VICE PRESIDENT KAREN M. LADO VICE PRESIDENT KATHERINE W. SWENSON VICE PRESIDENT ANTHONY JOSEPH DISPIGNOME SENIOR VICE PRESIDENT ANDREW EDWARD GEER VICE PRESIDENT MELINDA J. POLLACK VICE PRESIDENT JACQUELINE WAGGONER HIGHEST COMP MARY JO BARRANCO VICE PRESIDENT TIFFANY MANUEL VICE PRESIDENT TIFFANY MANUEL VICE PRESIDENT THOMAS OSDOBA	(ii)	0.	0.	0.		1 000	204,739		
JON SEARLES	(i)	171,787.	14,246.	572,	13,212.	4,922.	204,735		
11HIGHEST COMP	(ii)	0	0.	0,		10.513	251 702		
MARY JO BARRANCO	(i)	197,430.	18,298.	690.	15,861.	19,513.	251,792.		
12VICE PRESIDENT	(ii)	0	0.	0.	40.510	10 600	211,302		
	(i)	173,275	14,369.	450.	10,518.	12,690	211,302		
13VICE PRESIDENT	(ii)	0	0.	0.	14 152	10 513	198,014		
	(i)	152,250	14,500,	298.	11,453.	19,513	190,014	-	
14VICE PRESIDENT	(ii)	0	0.	0.	10.600	C E1C	207,814	-	
	(i)	174,199	15,720.	690.	10,689.	6,516	207,814		
15VICE PRESIDENT	(ii)	0		0	10.020	10 513	223,025		
	(i)	173,920	16,480.	300	12,812.	19,513	423,023	-	
16VICE PRESIDENT	(ii)	0	. 0.	0	11				

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
(A) Name and Tille		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefils		as deferred on prior Form 990
ANDREW JAKABOVICS	(i)	167,455.	16,093.	542.	12,989.	19,513,	216,592.	
HIGHEST COMP	(ii)	0.	0.	0.				
ANGELA BOYD	(i)	158,333.	15,000.	240.	12,045.	4,922,	190,540.	
VICE PRESIDENT	(ii)	0,	0.	0.			245 220	
MARYANN LESHIN	(i)	97,532.	15,800.	84,348.	3,400.	16,258.	217,338.	
FORMER OFFICER	(11)	0.	0,	0.4			254 505	
LAUREL BLATCHFORD	(0)	268,750.	77,400.	300,	18,217.	18.	364,685,	
SENIOR VICE PRESIDENT		0.	0.	0.			206 210	
ANDREW JOHNSTON	(ii) (i)	208,333.	57,000.	572.	20,295.	18.	286,218.	
SENIOR VICE PRESIDENT		0.	0.	0,			556 635	
CRAIG MELLENDICK	(ii)	341,100.	117,006.	58,721.	20,295.	19,513.	556,635	
SENIOR VICE PRESIDENT & CFO	(ii)	0	0.	0.			001 000	
JUDITH KENDE	(i)	218,593.	37,625.	450.	15,108.	19,513	291,289	
WICE PRESIDENT	(11)	0	. 0.	0.			205 (50	
BRYAN PITTINGER	(i)	157,717.	16,528.	270.	11,631.	19,513	205,659	-
SVICE PRESIDENT	(ii)	0	2211	0.			012 000	
8VICE PRESIDENT EUN SHIN	(i)	183,333	14,875.	450.	14,284.	18	212,960	-
SVICE PRESIDENT	lin	0	. 0.	0			244,825	-
MARY ANN LEONARD	(i)	183,911	. 30,502.	1,980	15,742	12,690	244,825	-
10VICE PRESIDENT	(ii)	0		0		10.000	157 460	
SUSAN V. SHIRE	(i)	119,706	. 13,274.	8,215		12,276	157,460	1
11FORMER OFFICER	(ii)	0		0		10.613	247,935	
MANUELA BLANEY	(i)	166,872	. 45,266.	722		19,513	247,333	
12HIGHEST COMP	(ii)	0	. 0.	0				
1200000000	(i)							
13	(ii)							
10	(i)						-	
14	(ii)							
12.	(1)							
15	(ii)						-	
14.	(i)							
16	(ii)							chedule J (Form 990)

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52-1231931

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Schedule J (Form 990) 2015

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.

PT I LINE 4A

MARYANN LESHIN \$73,337. DUE TO A RECONSTRUCTURE OF MANAGEMENT THIS

POSITION WAS ELIMINATED AND A ONE TIME PAYMENT WAS MADE AS SEVERANCE.

Schedule J (Form 990) 2015

JSA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, Ilnes 29 or 30.
 ★ Attach to Form 990.
 ★ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

v/form990. Inspection
Employer identification number

Name of the organization

52-1231931

Part	Types of Property			(0)				_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contri	determi		ıts
1	Art - Works of art							_
2	Art - Historical treasures							_
3	Art - Fractional interests							_
4	Books and publications							_
	Clothing and household							
	goods							_
	Cars and other vehicles						_	_
7	Boats and planes							_
8	Intellectual property				THE CAL DA	DE 10.0	OUT	OED
9	Securities - Publicly traded	X	10.	1,070,139.	FMV ON DA.	IE AC	,QOII	CED
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				1		_	_
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy				1			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()				-			
26	Other ►()				-			
27	Other ►()							
28	Other ►(was for contributions for				
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contributions for	29			
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	igement	[20]		Yes	No
			t falle alien one non	earty reported in Part I lin	es 1 through			
30a	During the year, did the organiza	ation receive	by contribution any prop	contribution and which is	not required			
	28, that it must hold for at least	three years	from the date of the initial	Continuation, and writer is	, not roquirou	30a		X
	to be used for exempt purposes for	or the entire	nolding period?					-
b	If "Yes," describe the arrangement	in Part II:		the review of any	non-standard			
31	Does the organization have a	gift acce	ptance policy that requi	res the review of any	non-standard	31		X
	contributions?				eell noncash			
32a	Does the organization hire or u	se third pa	rties or related organization	ons to solicit, process, or	GGII HOHCAGII	32a	х	
	contributions?							
b	If "Yes," describe in Part II.		loon of a few a boom a set on	reporty for which column	(a) is checked			
33	If the organization did not report a describe in Part II.	an amount i	n column (c) for a type of p	property for which column	(a) is checked,			

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

Schedule M (Form 990) (2015)

Page 2

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. Part II

USE OF THIRD PARTIES TO SELL NON-CASH ITEMS

FINANCIAL INSTITUTIONS ARE USED TO REDEEM/SELL DONATED STOCK.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

Employer Identification number 52-1231931

GOVERNANCE PART VI 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 12-A, B, C

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 INTERESTS DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN BY THE EMPLOYEE. NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING. THE EXECUTIVE OFFICE INCLUDES THE CONFLICT OF INTEREST POLICY AND THE CONFLICT OF INTERESTS DISCLOSURE STATEMENT IN ITS MAILING TO THE TRUSTEES IN ADVANCE OF THE FIRST QUARTER MEETING OF WE ASK THAT TRUSTEE RETURN THE THE BOARD (USUALLY HELD IN MARCH). THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES DISCLOSURE FORM BY MAY. THE DOCUMENT (CONFLICT OF INTEREST DISCLOSURE FORM) CONTENT AND FOLLOWS UP ON ANY CONCERNS WITH THE EMPLOYEE. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCING. THE EXECUTIVE OFFICE MONITORS AND FOLLOWS UP ON THE STATUS OF ANY UNRETURNED DISCLOSURE FORMS. THE GENERAL COUNSEL REVIEWS ALL TRUSTEE DISCLOSURE FORMS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY.

Employer Identification number 52-1231931

GOVERNANCE PART VI 15-A&B

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

DOCUMENTS MADE AVAILABLE TO PUBLIC UPON REQUEST AND THROUGH OUR WEBSITE.

RECONCILIATION OF NET ASSETS

CHANGE IN NET ASSETS OF AFFILIATES 18,809,754

NET UNREALIZED GAIN ON INVESTMENT 159,166

CHANGE IN NON-CONTROLLING INTERESTS 5,185,986

AUDIT STATEMENT-ONLY CHANGE IN

CONTROLLING INTEREST

733,444

GAAP TO TAX ADJ.

-59,146

TOTAL

24,869,204

Page 2 Schedule O (Form 990 or 990-EZ) 2015 Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. ATTACHMENT 1

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 2	

990	PART	VTT-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND,	CONTRACTORS
990,	PARI	ATT-	COMPENDATION		2112					

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MATTER UNLIMITED, LLC 175 VARICK STREET NEW YORK, NY 10014	CONSULTING	1,038,877.
DELOITTE TAX, LLC P.O. BOX 844708 DALLAS, TX 75284	CONSULTING	1,188,370 a
APA TEN G LLC 750 FIRST STREET, NE WASHINGTON, DC 20002	CONSULTING	513,012.
DETROIT SHOREWAY COMMUNITY DEV ORG 1020 HIGHLAND COLONY PARKWAY #400 RIDGELAND, OH 44102	CONSULTING	296,847.
OMNI 600 WILSHIRE LIMITED PARTNERSHIP 600 WISSHIRE BLVD UNITE 950 LOS ANGELES, CA 90017	CONSULTING	219,806.

			ATTACHMENT 3
_	 TATOOME		

FORM 990, PART VIII - INVESTMENT INCOME (D) (C) (A) (B) UNRELATED EXCLUDED TOTAL RELATED OR REVENUE BUSINESS REV. REVENUE EXEMPT REVENUE DESCRIPTION 481,724. 481,724 INVESTMENT INCOME

481,724. 481,724. TOTALS

Page 2 Schedule O (Form 990 or 990-EZ) 2015 Employer identification number Name of the organization 52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. ATTACHMENT 4 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT 1,184,161. FUNDRAISING EVENTS 1,184,161. TOTAL ATTACHMENT 5 FORM 990, PART VIII - FUNDRAISING EVENTS NET GROSS DIRECT INCOME INCOME EXPENSES DESCRIPTION 556,662 222,798. -333,864. FUNDRAISING EVENTS -333,864. 222,798. 556,662. TOTALS ATTACHMENT 6 FORM 990, PART X - NOTES AND LOANS RECEIVABLE NOTES RECEIVABLE BORROWER: 23,966,257. BEGINNING BALANCE DUE 22,877,235. ENDING BALANCE DUE

23,966,257. TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 22,877,235.

TOTAL ENDING NOTES AND LOANS RECEIVABLES

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE

EQUITY FUNDS

DESCRIPTION

15,309,750

Page 2 Schedule O (Form 990 or 990-EZ) 2015 Employer Identification number Name of the organization

52-1231931 ENTERPRISE COMMUNITY PARTNERS, INC. ATTACHMENT 7 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

TOTALS

ENDING BOOK VALUE

DESCRIPTION 9,306,757.

BOND FUNDS

REAL ESTATE INVEST TRUST FUND 24,616,507.

52-1231931

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

52-1231931

Part I Identification of Disregarded Entities Complete if the organization (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 47-1718653				1 000 633	ECD INC
11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	FINANCING	DE		1,099,632.	ECP, INC
(2) ENTERPRISE NEW ORLEANS NT, LLC 52-1231931	A THOUS HES	MD		1,216,938.	ECP, INC.
11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	AFFORD HSG	MD			
(3) ENTERPRISE NEW GENERATION MEMBER LLC 1100 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	FINANCING	DE			ECP, INC.
(4)					
(5)					
(6)					

Part II one or more related tax-exempt organizations du (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
						Yes	No
(1) ENTERPRISE COMMUNITY LOAN FUND, INC. 52-01920 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044	004 FINANCING	MD	501(C)(3)	509(A)(3)	ECP, INC		Х_
(2) ENTERPRISE HOME OWNERSHIP PARTNERS, INC 31-1737(AFF. HOUSING	CA	501(C)(3)	509(A)(3)	ECP, INC		Х
(3) EHOP- DALLAS, INC 72-1590 500 AKARD STREET DALLAS, TX 75201		TX	501(C)(3)	509(A)(3)	ECP, INC		х
(4) NEIGHBORHOOD PARTNERSHIP HOUSING DEVELOP 13-3811 1 WHITEHALL STREET NEW YORK, NY 10004		NY	501 (C) (3)	509(A)(3)	ECP, INC		Х
(5) ENTERPRISE MARYLAND, LLC 26-3262 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044		MD	501(C)(3)	509(A)(3)	ECP, INC		х
1000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044		MD	501(C)(3)	509(A)(3)	ECP, INC		х
(7) CORNERSTONE HOUSING CORPORATION 52-1742 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044		MD	501(C)(3)	509(A)(3)	ECP, INC		Х

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

Schedule R (Form 990) 2015

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89-5928-40504

52-1231931

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ENTERPRISE COMMUNITY PARTNERS, INC.

52-1231931

Part I Identification of Disregarded Entities Complete if the organ (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	Direct controlling
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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. Part II (g) Section 512(b)(13) controlled entity? (e) Public charity status (c) Direct controlling Legal domicile (state Exempt Code section Primary activity Name, address, and EIN of related organization entity (if section 501(c)(3)) or (oreign country) Yes No (1) CITY HOMES, INC 52-1479114 Х ECP, INC 509(A)(3) 501(C)(3) AFF. HOUSING MD COLUMBIA, MD 21044 11000 BROKEN LAND PARKWAY #700 (2) ENTERPRISE ADVISORS, INC. 27-3846733 X ECP, INC. 501(C)(3) 509(A)(3) 11000 BROKEN LAND PARKWAY #700 AFF. HOUSING MD (3) AFFORDABLE HOUSING SOLUTIONS, INC. 35-2389470 X ECP, INC. 501(C)(3) 509(A)(3) MD AFF. HOUSING 11000 BROKEN LAND PARKWAY #700 COLUMBIA, MD 21044 (4) ENTERPRISE COMMUNITY INVESTMENT, INC 52-1206840 Х 501(C)(4) AFF. HOUSING MD COLUMBIA, MD 21044 11000 BROKEN LAND PARKWAY (5) (6) (7)

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

Schedule R (Form 990) 2015

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89-5928-40504

Schedule R (Form 990) 2015

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

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. Part IV

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicale (state or foreign country)		(e) Type of enlity (C corp, S corp, or Irusl)	(f) Share of total income	(g) Share of end-of-year assels	(h) Percentage ownership	enti	tion (12 rolled (by?
							-	Yes	No
(1) ENTERPRISE GROUP INC 52-1348268 11000 BROKEN LAND PARKWAY 8700 COLUMBIA, MD 21044	AFF. HOUSING	MD	RCP, INC	C CORP			100,0000	\perp	x
(2) ENTERPRISE NEW ORLEANS, LLC 26-4201991 11000 BROKEN LAND PARKWAY \$700 COLUMBIA, MD 21044	AFFORDABLE HS	MD	BCP INC	C CORP			100.0000	4	x
(3)							-	Н	
(4)								\square	H
(5)								\sqcup	-
(6)								\sqcup	
(7)						Schedule			

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89-5928-40504

Schedule R (Form 990) 2015

Part	Transactions With Related Organizations Complete if the organization answered "Yes	es" on Form 990, Part I	V, line 34, 35b, or 36			
Note 1 a b c d e f g h i j m n o	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more Receipt of (i) interest, (ii) annulties, (iii) royalties, or (iv) rent from a controlled entity. Gift, grant, or capital contribution to related organization(s). Gift, grant, or capital contribution from related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Performance of services or membership or fundraising solicitations for related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Peimbursament haid to related organization(s) for expenses.	related organizations liste	d in Parts II-IV?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b X c X d X e f g h i j k II X m X o	X
q	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s).				r	X
2	Other transfer of cash of property from related organizations,. If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ed relationships and trans	action tinesi	olds.	_
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount	determin	
(1)	ENTERPRISE COMMUNITY INVESTMENT, INC.	A	5,137,895.	COST		
(2)	ENTERPRISE COMMUNITY INVESTMENT, INC.	L	6,313,949.	COST		
(3)	ENTERPRISE COMMUNITY INVESTMENT, INC.	М	3,740,708	COST		_
(4)	ENTERPRISE COMMUNITY INVESTMENT, INC.	P	1,583,896.	COST		
(5)	ENTERPRISE COMMUNITY INVESTMENT, INC.	Q	801,347.	COST		_
(6)			Sci	hedule R (Fo	rm 990) 2015
			• • • • • • • • • • • • • • • • • • • •			

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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	(state or foreign income (country) unrelated, from ta		(d) Predominant income (related, excluded from tax under		(f) (g) Share of Share of Iotal income end-of-year assets	(h) Disproportionate allocations?		(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership	
			sections 512-514)		Yes No		Yes	No		Yes	No		
(1)													
(2)													
(3)													
(4)													
(5)													
(6)					П								
(7)													
(8)				1									
(9)													
10)													
[11]													
(12)													
(13)				1									
(14)													
(15)													
(16)				+									

Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

Page 5

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

COHNREZNICK LLP 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583

INSTRUCTIONS FOR FILING
ENTERPRISE COMMUNITY PARTNERS, INC.
CA FORM 199

CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

THE ORIGINAL 8453-EO SHOULD BE SIGNED AND DATED BY AN AUTHORIZED OFFICER OF THE CORPORATION.

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

COHNREZNICK LLP 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583

PAYMENT OF TAX...

A CHECK PAYABLE TO THE FRANCHISE TAX BOARD IN THE AMOUNT OF \$ 10. SHOULD BE ATTACHED TO FORM FTB 3586. BE SURE TO INCLUDE THE FEDERAL EIN AND "2015 FTB 3586" ON THE CHECK.

A FILING FEE OF \$10. MUST BE SUBMITTED WITH THE REPORT PAYABLE TO THE FRANCHISE TAX BOARD.

SEND THE PAYMENT AND VOUCHER BY DECEMBER 15, 2016 TO:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO, CA 94257-0531

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL DELAY THE PROCESS OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON DECEMBER 15, 2016. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

TAXABLE YEAR

California Exempt Organization Annual Information Return

100

201	5 Annual Information Return			199
	ar 2015 or fiscal year beginning (mm/dd/yyyy) 01/01/2015 Organization name	, and ending (mm/de		12/31/2015
•	PRISE COMMUNITY PARTNERS, INC.		1548	
	formation. See instructions.		FEIN	911
			52-1	231931
Street address	s (suite or room)		02 1	PMB no.
11000	BROKEN LAND PARKWAY	700		
City			State	Zip code
COLUME			MD	21044
Foreign coun	try name Foreign province/state/co	ounty		Foreign postal code
A First Retu	ırn	J If exempt under R&TC Sec	tion 23701d, I	has the organization
B Amended	d Return Yes X No	engaged in political activitie	es? See instruc	ctions • Yes X No
C IRC Sec	tion 4947(a)(1) trust · · · · · · · · · · · · · · · · · · ·	K Is the organization exempt	under R&TC S	Section 23701g? • Yes X No
D Final Info	ormation Return?	If "Yes," enter the gross rec	ceipts from nor	nmember
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	sources		\$
	te: (mm/dd/yyyy)	L If organization is exempt u meets the filing fee exception	on, check box.	32
	counting method:	No filing fee is required		3.7
	Cash (2) X Accrual (3) Other	M Is the organization a Limite		
F Federal r	990 T (2) 990 PF (3) Sch H (990) (4) X Other 990 series	N Did the organization file Fo		1 77
(1)		taxable income?		
	group ming: occ monactions	O Is the organization under au audited in a prior year?		7.7
	ganization in a group exemption Yes X No what is the parent's name?	P is federal Form 1023/1024		
		Date filed with IRS		
Did the o	organization have any changes to its guidelines ted to the FTB? See instructions.			
	emplete Part I unless not required to file this form. See General II	nstructions B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.		1	13,427,423.00
	2 Gross dues and assessments from members and affiliates		2	00
	3 Gross contributions, gifts, grants, and similar amounts received		3	68,558,911.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line	3.	24 1 13	LOCKE DESIGNATION
and Revenues	This line must be completed. If the result is less than \$50,000, see Ge			81,986,334.00
	5 Cost of goods sold	00		
	6 Cost or other basis, and sales expenses of assets sold ● 6	0.0		0.0
	7 Total costs. Add line 5 and line 6			00
	8 Total gross income. Subtract line 7 from line 4			81,986,334.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			76,091,118.00 5,895,216.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 fr	om line o		00
	11 Total payments		11	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from		13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from li		14	00
	15 Filing fee \$10 or \$25. See General Instruction F		15	10.00
	16 Penalties and Interest. See General Instruction J		16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 f			10.00
Sign	Under penalties of perjury, I declare that I have examined this return, including acco	mpanying schedules and stateme	ents, and to the	
Here	true, correct, and complete. Declaration of preparer (other than taxpayer) is based of	n all information of which prepare Date		меаде. Telephone
	Signature of officer CFO	7/28	116	410-772-6016
	Preparer's Date	Check if self-	_ •	PTIN
	signature Many 07/2	27/2016 employed		P00230625
Paid	Firm's name (or yours, COHNREZNIC) LLP			FEIN
Preparer's	if self-employed) 7501 WISCONSIN AVENUE 400E			22-1478099
Use Only	and address BETHESDA, MD 20814-6583			Telephone
				301-652-9100
	May the FTB discuss this return with the preparer shown above? See instru	ctions		• X Yes No
_				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	regardless of amount of gross receipts - co	omplete Part II or furnish s	abstitute information.			
	1 Gross sales or receipts from all business	activities, See instructions	10 TR 00 MICHIGORIE 00 MICHIGA	•	1	8,141,668.00
	2 Interest			•	2	481,724.00
Receipts	3 Dividends		1913 0 61616161 6 8 6	• _	3	00
from	4 Gross rents				4	0.0
Other	5 Gross royalties				5	5,137,895.00
Sources	6 Gross amount received from sale of asset				6	0.0
	7 Other income. Attach schedule				7	-333,864.00
	8 Total gross sales or receipts from other					
	Enter here and on Side 1, Part I, line 1				8	13,427,423.00
	9 Contributions, gifts, grants, and similar	amounts paid. Attach sche	dule ATCH	1 •	9	15,683,627.00
	10 Disbursements to or for members				0	0.0
	11 Compensation of officers, directors, and				1	11,359,629.00
	12 Other salaries and wages				2	21,583,675.00
Expenses	13 Interest				3	0.0
expenses and	14 Taxes				4	0.0
Disburse-	15 Rents				5	3,521,193.00
ments	16 Depreciation and depletion (See instruct			31.2	6	1,442,077.00
	17 Other Expenses and Disbursements, Atta			100000 PA		22,500,917.00
	18 Total expenses and disbursements, Add	ach schedule	nter here and on Side 1. Part	500,500,5105		76,091,118.00
Schedu		Beginning of			End of tax	
	ie L Balance Streets	(a)	(b)	(c)		(d)
Assets	<u> </u>		20,044,327.	F (ESE)		. 28,930,982.
			6,064,446.			8,927,211.
	accounts receivable		39,031,659.			. 36,082,090.
	notes receivable		33,031,033.			
	ntories					
	ral and state government obligations			THE STATE OF	STREET, T	
	stments in other bonds		188,631,934.			217,495,044.
	stments in stock		100,031,734.	A THE REAL PROPERTY.		
	gage loans					
	r investments. Attach schedule	11 512 604		11 46	3,969.	
	epreciable assets	11,513,684.	4,590,440.		2,926)	4,861,043
	ss accumulated depreciation	6,923,244)	4,330,440.	0,00	2,520.	
		ATCH 6	6,218,539.			3,119,610
	r assets. Attach schedule	AICH 6				299,415,980
	lassets ,		264,581,345.			25571137530
	es and net worth		8,672,164.	1 0 000		• 11,550,545
	ounts payable		8,6/2,104.			• 11,550,515
	ributions, gifts, or grants payable		2 050 205	31 0 - 0	100	5,416,992
	ds and notes payable		2,950,285.		7/2	5/110/552
	gages payable		10 701 050			17,442,139
	er liabilities. Attach schedule		18,701,853.			17,442,133
	tal stock or principal fund	Discount of the second		The standard		•
	-in or capital surplus. Attach reconciliation		004 055 040			265 006 304
21 Reta	ined earnings or income fund					
-	I liabilities and net worth		264,581,345.		=#3/c1 #	299,415,960.
21 Reta 22 Tota Schedu	I liabilities and net worth I le M-1 Reconciliation of income per books Do not complete this schedule if the	amount on Schedule L, I				•265,006,3 299,415,9
1 Net in	ncome per books		5,261. 7 Income reco			24 929 20
2 Fede	ral income tax		not included	in this return. At		
3 Exce	ss of capital losses over capital gains 👝 👝	K(029)28 *	8 Deductions			· "说,是节心不详"的
4 Incor	ne not recorded on books this year.			k income this	-	
Attac	h schedule			edule		
	nses recorded on books this year not		9 Total Add	line 7 and line	8	24,829,204
	cted in this return. Attach schedule		10 Net income	•		
	T0112107 15 1	20 740	Outstand lie	a O from line (3	5 917 057

Side 2 Form 199 c1 2015

6 Total. Add line 1 through line 5

027 3652154

746,261

30,

Subtract line 9 from line 6

5,917,057.

TAXABLE YEAR		- file Detume Authorization	on for	FORM
2015	Exempt O	e-file Return Authorizations)II 101	8453-EO
Exempt Organizati				Identifying number
		PARTNERS, INC.		52-1231931
Part I Elect	ronic Return Informati			81,986,334.
2 Total gross i	ncome (Form 199, line 8).	m 199, Line 9)		
Part II Settl	e Your Account Electro	onically for Taxable Year 2015		
4 Electro	nic funds withdrawal	4a Amount 4	b Withdrawal date (r	nm/dd/yyyy)
Part III Bar	nking Information (Have	you verified the exempt organization's banking	ng information?)	
5 Routing nun				ng Savings
6 Account nur	mber	7 Type of a		ng [] Savings
Part IV Dec	aration of Officer		Dest II Doy 4 Louth	orize an electronic funds withdrawal for
the engine lint	ad an line 4a	count be settled as designated in Part II. If I check		
ator (ERO), trai organization's the exempt organi exempt organi exempt organi provider. If the	nsmitter, or intermediate si 2015 California electronic ganization is filing a balan zation's fee liability, the es	am an officer of the above exempt organization an ervice provider and the amounts in Part I above agriceturn. To the best of my knowledge and belief, the ce due return, I understand that if the Franchise Taxempt organization will remain liable for the fee liabanying schedules and statements be transmitted of organization's return or refund is delayed, I authorized.	e exempt organization' ax Board (FTB) does no ability and all applicables of the ETB by the E	s return is true, correct, and complete. I to receive full and timely payment of the interest and penalties. I authorize the PO transmitter or intermediate service
Sign	.	09/15/2016	CEO	
	ignature of Officer	Date	Title	
		Return Originator (ERO) and Paid Preparer. S	see instructions.	
I declare that	have reviewed the above I am only an intermediate form FTB 8453-EO accura his return to the FTB; I have	exempt organization's return and that the entries or exervice provider, I understand that I am not responding tely reflects the data on the return.) I have obtained be provided the organization officer with a copy of a d in in FTB Pub. 1345, 2015 e-file Handbook for Au	norm FIB 6435-E0 at missible for reviewing the the organization office ill forms and information thorized e-file Providers tation return is filed, we	's signature on form FTB 8453-EO befor on that I will file with the FTB, and I hav by I will keep form FTB 8453-EO on file for highever is later, and I will make a cop
however, that transmitting the followed all of four years fro available to the	m the due date of the reti	n also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge	and belief, they are	xamined the above exempt organization true, correct, and complete. I make th
however, that transmitting the followed all of four years fro available to the return and ar	m the due date of the reti e FTB upon request. If I an ecompanying schedules ar	n also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge	and belief, they are	true, correct, and complete. I make th
however, that transmitting the followed all of four years fro available to the return and ad- declaration ba	m the due date of the retire ETB upon request. If I an accompanying schedules are used on all information of w	or not four years from the date the order penalties of perjury, and statements, and to the best of my knowledge high I have knowledge.	and belief, they are Check if also paid	Check ERO's PTIN Property of the majored Property of t
however, that transmitting the followed all of four years fro available to the return and addeclaration bases ERO Must	m the due date of the retire e FTB upon request. If I an ecompanying schedules are used on all information of w	n also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2	and belief, they are Check if also paid	Check ERO's PTIN PO 0 2 3 0 6 2 5
however, that transmitting the followed all of four years fro available to the return and addeclaration batters.	e FTB upon request. If I and accompanying schedules are used on all information of which is a signature. ERO's-signature Firm's name (or yours if self-employed)	nn also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2	Check if also paid preparer	Check ERO's PTIN Property of the majored Property of t
however, that transmitting th followed all of four years fro available to th return and ac declaration ba ERO Must Sign	e FTB upon request. If I an accompanying schedules are used on all information of whether the signature ERO's-signature Firm's name (or yours if self-employed) and address	n also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2 COHNREZNICK LLP 7501 WISCONSIN AVENUE 40	Check if also paid preparer X	Check ERO's PTIN P00230625 FEIN 22-1478099 ZIP code 20814-6583
however, that transmitting th followed all of four years fro available to th return and ac declaration ba ERO Must Sign	ERO's- signature Firm's name (or yours if self-employed) and address	nn also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2	Check if also paid preparer X	Check ERO's PTIN FEIN 22-1478099 ZIP code 20814-6583 Edules and statements, and to the best which I have knowledge.
however, that transmitting the followed all of four years fro available to the return and addeclaration bather than the followed all of the followed all of the followed and the followed available to the return and addeclaration bather than the followed and the	ERO's- signature Firm's name (or yours if self-employed) and address es of perjury, I declare that e and belief, they are true,	no four years not the date the best of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2 COHNREZNICK LLP 7501 WISCONSIN AVENUE 40 BETHESDA Date Date	Check if also paid preparer X	Check ERO's PTIN P00230625 FEIN P1 Check PTIN P
however, that transmitting the followed all of four years fro available to the return and ad declaration base ERO Must Sign Under penalti my knowledg Paid Preparer	ERO's- signature Firm's name (or yours if self-employed) and address es of perjury, I declare that e and belief, they are true,	n also the paid preparer, under penalties of perjury, and statements, and to the best of my knowledge hich I have knowledge. Date 09/15/2	Check if also paid preparer ODE MD Ind accompanying sch I on all information of w	Check ERO's PTIN P0 023 0625 FEIN P1 code 20814 - 6583 edules and statements, and to the best which I have knowledge.
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52-1231931

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID HEARTLAND HOUSING, INC. 208 S. LASALLE BROOKLYN, NY 11231	501 (C) (3)	CAPACITY BUILDING	293,152
NUESTRA COMUNIDAD DEVELOPMENT CORPORATION 56 WARREN STREET GALLUP, NM 87305	501(C)(3)	CAPACITY BUILDING	78,632.
PATHSTONE CORPORATION 400 EAST AVENUE SANTA MONICA, CA 90401	501(C)(3)	CAPACITY BUILDING	141,544
CLEVELAND HOUSING NETWORK, INC 2999 PAYNE AVENUE BILOXI, MS 39530	501(C)(3)	CAPACITY BUILDING	160,407
THE SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER SEATTLE, WA 98104-2304	501 (C) (3)	CAPACITY BUILDING	250,000
CAMBA HOUSING VENTURES, INC. 1720 CHURCH AVENUB NEW YORK, NY 10002	501(C)(3)	CAPACITY BUILDING	163,289
PROVIDENCE COMMUNITY HOUSING 1050 SOUTH JEPFERSON DAVIS PARKWAY CHRISTIANSBURG, VA 24073	501(C)(3)	CAPACITY BUILDING	105,905.
MONTGOMERY HOUSING PARTNERSHIP, INC. 12200 TECH ROAD	501(C)(J)	CAPACITY BUILDING	93,842.

ATTACHMENT 1

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS JUBILEE HOUSING, INC. 1640 COLUMBIA ROAD, NW SEATTLE, WA 98144	501(C)(3)	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 63,079
FAMICOS POUNDATION, INC. 1325 ANSEL ROAD CHICAGO, IL 60637	501(C)(3)		CAPACITY BUILDING	148,309,
NEIGHBORHOOD PROGRESS, INC. 11327 SHAKER BOULEVARD ST. PAUL, MN 55116	501(C)(3)		CAPACITY BUILDING	255,000.
RENAISSANCE NEIGHBORHOOD DEVELOPMENT CORPORATION 4162 CANAL STREET NEW YORK, NY 19032	501(C)(3)		CAPACITY BUILDING	295,951,
PHI ONE TRINITY DRIVE EAST SANTA MONICA, CA 90401	501(C)(3)		CAPACITY BUILDING	98,446
CATHEDRAL SQUARE CORPORATION 412 FARRELL STREET SOUTH BURLINGTON, VT 05403	501(C)(3)		CAPACITY BUILDING	87,873
HARMONY NEIGHBORHOOD DEVELOPMENT 3301 LASALLE STREET MIAMI, PL 33135	501(C)(3)		CAPACITY BUILDING	22,500.
HOUSING INITIATIVE PARTNERSHIP 6525 BELCREST ROAD SOUTH BURLINGTON, VT 05403	501 (C) (3)		CAPACITY BUILDING	14,122,

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ATTACHMENT 1 (CONT.D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS DETROIT SHOREWAY COMMUNITY DEV. ORG 6516 DETROIT AVENUE SAN FRANCISCO, CA 94110	501(C)(3)	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	323,729.
PARK HEIGHTS RENAISSANCE, INC. 3939 REISTERSTOWN ROAD GALLUP, NM 87305	501(C)(3)		CAPACITY BUILDING	84,500
ATLANTA NEIGHBORHOOD DEVGLOPMENT PARTNERSHP, INC, 229 PEACHTREE STREET, NE ARLINGTON, VA 22201	501(C)(3)		CAPACITY BUILDING	46,428.
MERCY HOUSING CALIFORNIA 1360 MISSION STREET CLEVELAND, OH 44114	501(C)(3)		CAPACITY BUILDING	158,648,
ATLANTA REGIONAL COMMISSION 40 COURTLAND STREET, NE HOGANSBURG, NY 13655	501(C)(3)		CAPACITY BUILDING	128,500
ST. BERNARD PROJECT 8324 PARC PLACE CLEVELAND, OH 44102	501 (C) (3)		CAPACITY BUILDING	38,797
CHINATOWN COMMUNITY DEVELOPMENT CENTER 1525 GRANT AVENUE ATLANTA, GA 30303	501(C)(3)		CAPACITY BUILDING	149,542.
PROJECT HOMECOMING, INC 2221 FILMORE AVE CHRISTIANSBURG, VA 24073	501(C)(3)		CAPACITY BUILDING	42,000

ATTACHMENT 1

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FORM CA 199 PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		21101200
RECIPIENT NAME AND ADDRESS	501 (C) (3)	STATUS, OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	AMOUNT 50,000
OFFICE OF RURAL & FARMWORKER HOUSING 1400 SUMMITVIEW AVE. #203	501(C)(3)			
GALLUP, NM 87305				
OADLOF, MM 07303				
LITTLE TOKYO SERVICE CENTER CDC	501(C)(3)		CAPACITY BUILDING	100,212.
231 EAST THIRD STREET				
SAN FRANCISCO, CA 94133				
				256,783.
EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION	501(C)(3)		CAPACITY BUILDING	2307703
1825 SAN PABLO AVENUE				
RAPID CITY, SD 57701				
SAINT PAUL RIVERFRONT CORPORATION	501(C)(3)		CAPACITY BUILDING	3,598.
25 SIXTH STREET WEST				
SAN JUAN, PR 00940-1308				
				51,000
TENDERLOIN NEIGHBORHOOD DEVELOP. CORP.	501 (C) (3)		CAPACITY BUILDING	31,000
201 EDDY STREET				
DORCHESTER, MA 02125				
MOUNTAIN HOUSING OPPORTUNITIES	501(C)(3)		CAPACITY BUILDING	76,684.
64 CLINGMAN AVENUB	502 (67 (67			
WAYNE, WV 25570				
SELFHELP COMMUNITY SERVICES, INC.	501(C)(3)		CAPACITY BUILDING	16,634-
520 BIGHTH AVENUE				
TRUJILLO ALTO, PR 00977				
D.W. 7370	501 (C) (3)		CAPACITY BUILDING	2,249.
EAH, INC. 2169 B. FRANCISCO BOULEVARD	201 (C) (3)			
CHICAGO, IL 60647-5216				

ATTACHMENT 1

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR _______________________ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 247 WEST J7TH STREET SYRACUSE, NY 13202	STATUS OP RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 24,397,
SANTO DOMINGO TRIBAL HOUSING AUTHORITY P.O. BOX 10 TRUJILLO ALTO, PR 00977	PUBLIC HSG AUTH	CAPACITY BUILDING	103,687.
COMMUNITY HOUSING PARTNERS CORPORATION 448 DEPOT STREET NE CHRISTIANSBURG, VA 24073	501(C)(3)	CAPACITY BUILDING	26,301.
JANE PLACE NEIGHBORHOOD SUSTAINABILITY INITIATIVE, P.O. BOX 53011 YAKIMA, WA 98908	501(C)(3)	CAPACITY BUILDING	22,900.
BELLWETHER HOUSING 1651 BELLEVUE AVENUE DENVER, CO 80209	501(C)(3)	CAPACITY BUILDING	59,873
COALFIELD DEVELOPMENT CORPORATION P_O_ BOX 1133 NEW YORK, NY 10035	501(C)(3)	CAPACITY BUILDING	140,832
RURAL HOUSING DEVELOPMENT CORPORATION 63 N 400 WEST PROVO, UT 84601	501(C)(3)	CAPACITY BUILDING	12,500*
HOUSING VISIONS UNLIMITED, INC. 1201 B. FAYETTE STREET SOUTH BURLINGTON, VT 05403	501(C)(3)	CAPACITY BUILDING	32,892*

ATTACHMENT 1

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	CAPACITY BUILDING	90,003
DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION	501 (C) (3)	CAPACITI BUIDDING	
594 COLUMBIA ROAD			
SAN FRANCISCO, CA 94110			
	(6) (2)	CAPACITY BUILDING	30,515,
TAPESTRY DEVELOPMENT GROUP	501 (C) (3)	CHECOLI DOSMINIO	
321 W. HILL STREET			
DORCHESTER, MA 02125			
	501(C)(3)	CAPACITY BUILDING	35,500
CARRFOUR SUPPORTIVE HOUSING, INC.	201 (C) (3)		
1398 SOUTHWEST 1ST STREET			
BALTIMORE, MD 21201			
COMMUNITY AREA RESOURCE ENTERPRISE, INC.	501(C)(3)	CAPACITY BUILDING	24,218
P.O. BOX 4298	302(0)(2)		
SAN FRANCISCO, CA 94110			
SAN FRANCISCO, CA STILL			
SERVICES FOR THE UNDERSERVED, INC.	501(C)(3)	CAPACITY BUILDING	38,421
305 SEVENTH AVENUE, 10TH FL			
TRUJILLO ALTO, PR 00977			
TROUTED ABIO, TR 903			
UNIVERSITY OF DETROIT MERCY	501(C)(3)	CAPACITY BUILDING	1,765
4001 W. MCNICHOLS ROAD			
OAKLAND, CA 94612-1517			
MERCY HOUSING NORTHWEST	501(C)(3)	CAPACITY BUILDING	114,540
2505 THIRD AVENUE			
CLEVELAND, OH 44114			
			22.200
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC.	501(C)(3)	CAPACITY BUILDING	33,320
1279 N. MILWAUKEE AVENUE			
THE DALLES, OR 97058			

ATTACHMENT 1

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS FOUNDATION COMMUNITIES, INC. 1036 SOUTH 1ST STREET CLEVELAND, OH 44104	STATUS OF RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	AMOUNT 16,182,
SOUTHWEST MINNESOTA HOUSING PARTNERSHIP 2401 BROADWAY AVENUE CLEVELAND, OH 44102	501(C)(3)	CAPACITY BUILDING	114,451,
FIFTH AVENUE COMMITTEE, INC. 621 DEGRAW STREET NEW ORLRANS, LA 70185	501(C)(3)	CAPACITY BUILDING	91,842
COMMUNITY CORPORATION OF SANTA MONICA 1423 SECOND STREET SAN FRANCISCO, CA 94110	501(C)(3)	CAPACITY BUILDING	40,000.
CASA DE MARYLAND, INC. 8151 15TH AVENUE NEW ORLEANS, LA 70113	501(C)(3)	CAPACITY BUILDING	30,000.
HOPEWORKS SOCIAL ENTERPRISES 5830 EVERGREEN WAY PORTLAND, OR 97232	501(C)(3)	CAPACITY BUILDING	50,000-
ROC USA LLC 7 WALL STREET MOAB, UT 84532	501(C)(3)	CAPACITY BUILDING	31,087.
MANNA, INC. 828 EVARTS STREET, NE CLEVELAND, OH 44114	501 (C) (3)	CAPACITY BUILDING	25,000

ATTACHMENT 1

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52-1231931

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ______ ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		AMOUNT
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	41,000-
LOW INCOME HOUSING INSTITUTE	501(C)(3)	CAPACITY BUILDING	11,000
2407 FIRST AVE, SUITE 200			
SAN FRANCISCO, CA 94133			
			65,000
COLUMBUS HOUSING PARTNERSHIP, INC.	501(C)(3)	CAPACITY BUILDING	
562 EAST MAIN STREET		2	
SEATTLE, WA 98122-2014			
		CAPACITY BUILDING	850,000
COMMUNITY INVESTMENT MARKETPLACE LLC	LLC	CAPACITI BOLLDING	
1875 CONNECTIBUT AVE NW			
WASHINGTON, DC 20009			
	T	CAPACITY BUIDLING	27,500,
EASTERN MARKET CORPORATION	501(C)(3)		
2934 RUSSELL			
DETROIT, MI 48207			
	F04 (G) (2)	CAPACITY BUIDLING	-15,703-
GILMAN HOUSING TRUST, INC.	501(C)(3)		
P.O. BOX 259			
CLEVELAND, OH 44104			
CONTRACTOR GODDONATION	501(C)(3)	CAPACITY BUIDLING	349,998
HISPANIC HOUSING DEVELOPMENT CORPORATION	30216/13/		
325 N. WELLS			
LANGLEY PARK, MD 20783			
LEECH LAKE BAND OF OJIBWE HOUSING AUTHORITY	501(C)(3)	CAPACITY BUIDLING	50,000
611 ELM AVENUE PORTLAND, OR 97209			
TOUTHERD) OF SURVEY			123,000
NORTHWEST HOUSING ALTERNATIVES, INC	501(C)(3),	CAPACITY BUIDLING	123,000+
2316 SE WILLARD STREET			
MILWAUKIE, OR 97222			

ATTACHMENT 1

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52-1231931

FORM CA 199 PART LI - GRANTS AND ALLOCATIONS PAID DURING THE YEAR :

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS ROSE COMMUNITY DEVELOPMENT 5215 SE DUKE STREET PORTLAND, OR 97206	STATUS OF RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUIDLING	<u>AMOUNT</u> 30,550
HABITAT FOR HUMANITY/METRO JACKSON, INC P_O BOX 55634 JACKSON, MS 39296	501(C)(3)	CAPACITY BUILDING	32,016
CORPORACION PARA EL DESARROLLO ECONOMICO DE TRUJIL P.O. BOX 1685 SAN FRANCISCO, CA 94110	501(C)(3)	CAPACITY BUIDLING	1,129
LOWER EAST SIDE PEOPLES MUTUAL HOUSING ASSOCIATION 228 EAST JRD STREET SAN FRANCISCO, CA 94133	501(C)(3)	CAPACITY BUIDLING	64.094
SEBCO DEVELOPMENT INC. 885 BRUCKNER BLVD TRUJILLO ALTO, PR 00977	501 (C) (3)	CAPACITY BUIDLING	79,632
UNITY PROPERTIES, INC; 2000 WEST BALTIMORE STREET OAKLAND, CA 94612-1517	501 (C) (3)	CAPACITY BUILDING	24,760
GULF COAST HOUSING PARTNERSHIP, INC. 1610-A ORETHA CASTLE HALEY BOULEVARD BROOKLYN, NY 11226	501(C)(3)	CAPACITY BUIDLING	49,066
RESOURCES FOR COMMUNITY DEVELOPMENT 2220 OXFORD STREET NEW YORK, NY 10032	501(C)(3)	CAPACITY BUILDING	58,430.

ATTACHMENT 1

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	24,000
UNIVERSITY CULTURAL CENTER ASSOCIATION	501(C)(3)	CAPACITY BUILDING	24,000
3939 WOODWARD AVENUE			
OAKLAND, CA 94612-1517			
NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE DORCHESTER, MA 02124	501(C)(3)	CAPACITY BUILDING	1,161
CASCADIA BEHAVIORAL HEALTHCARE, INC. 847 NE 19TH AVENUE PORTLAND, OR 97202	501(C)(3)	CAPACITY BUILDING	25,000
HABITAT POR HUMANITY OF THE CHSSAPEAKE, INC. 3741 COMMERCE DRIVE BROOKLYN, NY 11226	501(C)(3)	CAPACITY BUILDING	10,474
WEST ANGELES COMMUNITY DEVELOPMENT CORPORATION 6028 CRENSHAW BOULEVARD LOS ANGELES, CA 90033	501 (C) (3)	CAPACITY BUILDING	53,594
COLUMBIA CASCADE HOUSING CORPORATION 312 COURT STREET BALTIMORE, MD 21202	501(C)(3)	CAPACITY BUILDING	40,450.
SLAVIC VILLAGE DEVELOPMENT 5620 BROADWAY AVENUE CLEVELAND, OH 44127	501(C)(3)	CAPACITY BUILDING	46,667.
CONSTRUCTION EDUCATION FOUNDATION OF GEORGIA 1255 LAKES PARKWAY SAN FRANCISCO, CA 94110	501 (C) (3)	CAPACITY BUILDING	40,000

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EORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR _______ ATTACHMENT 1 (CONT'D)_

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS WHITE EARTH BAND OF CHIPPEWA INDIANS 35500 EAGLEVIEW ROAD	STATUS OF RECIPIENT TRIBAL GOV'T	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUIDLING	11,333
DETROIT, MI 48207 LINC HOUSING CORPORATION 555 B. OCEAN BOULEVARD ATLANTA, GA 30316	501(C)(3)	CAPACITY BUILDING	41,350
SKID ROW HOUSING TRUST 1317 EAST SEVENTH STREET CROW AGENCY, MT 59022	501(C)(3)	CAPACITY BUIDLING	57,484.
HANCOCK RESOURCE CENTER 308 HIGHWAY 90 WAYELAND, MS 39576	501(C)(3)	CAPACITY BUILDING	10,092
ROBISON JEWISH HOME 6125 SW BOUNDARY STREET WASHINGTON, DC 20015	501(C)(3)	CAPACITY BUILDING	7,454
HOUSING COUNSELING SERVICES 2410 17TH STRERT, NW SOUTH BURLINGTON, VT 05403	501(C)(3)	CAPACITY BUILDING	35,000.
MI CASA, INC. 6230 3RD STREET, NW CLEVELAND, OH 44114	501(C)(3)	CAPACITY BUIDLING	34,410.
MENTAL HEALTH SERVICES FOR HOMELESS PERSONS, INC. 1744 PAYNE AVENUR CLEVELAND, OH 44114	501(C)(3)	CAPACITY BUILDING	45,000.

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FORM CA 199 PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS NEIGHBORHOOD HOUSING SERVICES OF NEW ORLEANS, INC. 4520 FRERET STREET COLUMBUS, OH 43215	501(C)(3)	AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	16,712.
AHC, INC 2230 NORTH FAIRFAX DRIVE MESA, AZ 8520J	501(C)(3)		CAPACITY BUILDING	26,290
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING 2704 N. PERSHING DRIVE JACKSONVILLE, FL 32202-3436	501(C)(3)		CAPACITY BUILDING	65,000.
1260 HOUSING DEVELOPMENT CORPORATION 2042-48 ARCH STREET NEW ORLEANS, LA 70119-5941	501 (C) (3)		CAPACITY BUILDING	38,148
URBAN EDGE HOUSING CORPORATION 1542 COLUMBUS AVENUE OAKLAND, CA 94612-1517	501(C)(3)		CAPACITY BUILDING	28,000
BURTEN, BELL, CARR DEVELOPMENT, INC 7201 KINSMAN ROAD SUITE 104 CLEVELAND, OH 44104	501(C)(3)		CAPACITY BUILDING	20,000
EL BARRIO'S OPERATION FIGHTBACK, INC. 413 E. 120TH STREET CHICAGO, IL 60637	501(C)(3)		CAPACITY BUILDING	82,345.
GREATER ROCHESTER HOUSING PARTNERSHIP 183 E. MAIN STREET BROOKLYN, NY 11226	501(C)(3)		CAPACITY BUILDING	16,610.

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		A MOUNT
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HEARTLAND HEALTH OUTREACH, INC	501(C)(3)		CAPACITY BUILDING	2,593.
4750 N. SHERIDAN				
CHICAGO, IL 60604				
CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION 587 WASHINGTON STREET NEW YORK, NY 10035	501(C)(3)		CAPACITY BUILDING	67,769.
SELF-HELP HOUSING CORPORATION OF HAWAII	501(C)(3)		CAPACITY BUILDING	7,137
1427 DILLINGHAM BOULEVARD TRUJILLO ALTO, PR 00977				
GREATER ROCHESTER HOUSING PARTNERSHIP	501(C)(3)		CAPACITY BUILDING	19,127
16 E. MAIN STREET				
SUITE 610				
ROCHESTER, NY 14614				
EMERALD DEVELOPMENT & ECONOMIC NETWORK 7812 MADISON AVENUE CLEVELAND, OH 44102	501(C)(3)		CAPACITY BUILDING	29,000
	502 (0) (2)		CAPACITY BUILDING	50,000,
TENEMOS QUE RECLAMAR Y UNIDOS SALVAR LA TIERRA-SOU	501(C)(3)		3.11.7371.	
4331 SOUTH MAIN STREET DORCHESTER, MA 02125				
BURTEN, BELL, CARR DEVELOPMENT, INC.	501(C)(3)		CAPACITY BUILDING	
7201 KINSMAN ROAD				
NEW YORK, NY 10002				
GEORGIA STRATEGIC ALLIANCE FOR NEW DIRECTIONS & PO 501 PULLIAM STREET ATLANTA, GA 30312	501(C)(3)		CAPACITY BUILDING	5,000
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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS MISSION ECONOMIC DEVELOPMENT AGENCY 2301 MISSION STREPT WAYNE, WV 25570	STATUS OF RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	25,000 -
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST CAMINO REAL MOUNTAIN VIEW, CA 90021	501(C)(3)	CAPACITY BUILDING	10,000
ST. NICKS ALLIANCE 2 KINGLAND AVENUE BROOKLYN, NY 11211	501(C)(3)	CAPACITY BUILDING	77,810.
LA PLATA HOMES FUND 124 E 9TH STREET PORTLAND, OR 97209	501 (C) (3)	CAPACITY BUILDING	50,000,
FORDHAM BEDFORD HOUSING CORPORATION 2751 GRAND CONCOURSE BRONX, NY 10468	501(C)(3)	CAPACITY BUILDING	368,695
INNOVATIVE HOUSING, INC. 219 NW SECOND AVENUE SOUTH BURLINGTON, VT 05403	501(C)(3)	CAPACITY BUILDING	20,313.
SOUTHERN UNITED NEIGHBORHOODS 827 TUPBLO STREET CLEVELAND, OH 44102	501(C)(3)	CAPACITY BUILDING	20,997
H STREET COMMUNITY DEVELOPMENT CORPORATION 900 2ND STREET, NB BROOKLYN, NY 11226	501(C)(3)	CAPACITY BUILDING	46,001.

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MQVN CDC	501(C)(3)		CAPACITY BUILDING	99,703
4626 ALCEE FORTIER BOULEVARD				
DORCHESTER, MA 02124				
	501(C)(3)		CAPACITY BUILDING	25,000
PARTNERSHIP FOR SOURTHERN EQUALITY 925 B PEACHTREE STREET NE	301(0)(3)			
ATLANTA, GA 30309				
in a source of the source of t				
SOLID GROUND	501(C)(3)		CAPACITY BUILDING	25,000
PO BOX 31066				
SEATTLE, WA 98103				
			CAPACITY BUILDING	12,000
HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION	501(C)(3)		CAPACITY BUILDING	,
1212 N. WOLFB STREET				
LANGLEY PARK, MD 20783				
COMMUNITY LEAGUE OF THE HEIGHTS, INC.	501(C)(3)		CAPACITY BUILDING	22,232.
500 WEST 159TH STREET				
SAN PRANCISCO, CA 94110				
				36.060
THE VILLAGES COMMUNITY DEVELOPMENT CORPORATION	501(C)(3)		CAPACITY BUILDING	16.862.
8109 EAST JEFFERSON AVENUE				
SEATTLE, WA 98104-2304				
			CAPACITY BUILDING	44,999
ASSOCIATED CATHOLIC CHARITIES, INC	501(C)(3)			
1966 GREENSPRING DRIVE				
TIMONIUM, MD 21093				
JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION	501 (C) (3)		CAPACITY BUILDING	26,510
31 GERMANIA STREET				
CHICAGO, IL 60654				

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND	200	AMOUNT
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	15,926.
INTERNATIONAL SONORAN DESERT ALLIANCE	501(C)(3)		CAPACILI BUILDING	
P _. O. BOX 687				
SOUTH BURLINGTON, VT 05403				
CABRILLO ECONOMIC DEVELOPMENT CORPORATION	501(C)(3)		CAPACITY BUILDING	50,000.
702 COUNTY SQUARE DRIVE				
VENTURA, CA 93003				
			CAPACITY BUILDING	12,500
CHHAYA COMMUNITY DEVELOPMENT	501(C)(3)		CAPACITI BUILDING	
37-43 77TH STREET				
ATLANTA, GA 30303				
CITY FIRST HOMES, INC.	501(C)(3)		CAPACITY BUILDING	25,000.
1436 U STREET, NW				
BILOXI, MS 39530				
AND AND THE TOUR PROPERTY OF AN AND AND AND AND AND AND AND AND AND	501(C)(3)		CAPACITY BUILDING	25,000.
COMMUNITY DEVELOPMENT COLLABORATIVE OF GREATER COL 110 N 17TH STREET	301(0)(3)			
SAN FRANCISCO, CA 94110				
				10,000.
ESPERANZA COMMUNITY HOUSING CORPORATION	501(C)(3)		CAPACITY BUILDING	10,000
2337 SOUTH FIGUEROA STREET				
CHICAGO, IL 60637				
HOMES FOR AMERICA, INC.	501(C)(3)		CAPACITY BUILDING	30,188
318 SIXTH STREET				
PORTLAND, OR 97232				
			CAPACITY BUILDING	79,480
HOUSING OPPORTUNITY DEVELOPMENT CORPORATION	501(C)(3)		CULUCIII DOLAMANO	
2001 WAUKEGAN ROAD SOUTH BURLINGTON, VT 05403				
SOUTH BOXDINGTON, VI 03403				

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREBT CLEVELAND, OH 44114	501(C)(3)	AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 59,100.
MERCY HOUSING CALIFORNIA 1500 S. GRAND AVENUE	501(C)(3)		CAPACITY BUILDING	55,752
LOS ANGELES, CA 90015 NEW ORLEANS NEIGHBORHOOD DEVELOPMENT FOUNDATION 1429 SOUTH RAMPART STREET	501(C)(3)		CAPACITY BUILDING	27,290.
NEW ORLEANS, LA 70113 NEWSED COMMUNITY DEVELOPMENT CORPORATION 901 W. 10TH AVENUE 2A	501(C)(3)		CAPACITY BUILDING	25,000
DENVER, CO 80204 PROJECT BUILD A FUTURE 2306 THIRD STREET	501(C)(3)		CAPACITY BUILDING	9,743.
LAKE CHARLES, LA 70601 SOUTHSIDE UNITED HDPC 434 SOUTH 5TH STREET BROOKLYN, NY 11211	501(C)(3)		CAPACITY BUILDING	8,733.
THE COMMUNITY BUILDERS INC 135 S. LASALUE STREET CHICAGO, IL 60603	501 (C) (3)		CAPACITY BUILDING	15,268
URBAN RESIDENTIAL FINANCE AUTHORITY 133 PEACHTREE STREET ATLANTA, GA 30303	501 (C) (3)		CAPACTIY BUILDING	10,000.
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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR _______ ATTACHMENT 1 (CONT'D)_

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS URBAN RESTORATION ENHANCEMENT CORPORATION PO BOX 73032 BATON ROUGE, LA 70874	501(C)(3)	AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	AMOUNT 13,455.
UTE MOUNTAIN UTE HOUSING AUTHORITY P.O. BOX EE TOWAOL, CO 81334	501(C)(3)		CAPACITY BUILDING	49,992
MUTUAL HOUSING CALIFORNIA 8001 FRUITRIDGE RD SACREMENTO, CA 95820	501(C)(3)	*	CAPACITY BUILDING	13,983.
AKWESASNE HOUSING AUTHORITY, INC 378 STATE ROUTE 37 HOGANSBURG, NY 13655	501(C)(3)		CAPACITY BUILDING	50,000:
CATHOLIC CHARITIES HOUSING SERVICES 5301 TIRTON DRIVE ATLANTA, GA 30303-1605	501(C)(3)		CAPACITY BUILDING	64,344.
SOUTH COUNTY HOUSING CORPORATION 7455 CARMEL STREET CLEVELAND, OH 44102	501(C)(3)		CAPACITY BUILDING	12,287
CARROLL GARDENS ASSOCIATION, INC. 201 COLUMBIA STREET NEW ORLEANS, LA 70113	501(C)(3)		CAPACITY BUILDING	13,872.
EPISCOPAL HOUSING CORPORATION 3986 ROLAND AVENUE BALTIMORE, MD 21211	501(C)(3)		CAPACITY BUILDING	14,600=

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EORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR _______ ATTACHMENT 1 (CONT'D) _.

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVENUE CLEVELAND, OH 44114	STATUS OF RECIPIENT . 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	28,609.
COMMUNITY ASSISTED TENENAT CONTROLLED HOUSING, INC 121 SIXTH AVENUE NEW YORK, NY 10013	501(C)(3)	CAPACITY BUILDING	11,509
TRIPLE C HOUSING, INC. 1 DISTRIBUTION WAY SAN RAFAEL, CA 94901	501(C)(3)	CAPACITY BUILDING	50,981
HABITAT FOR HUMANITY BAY-WAVELAND AREA, INC 414 HWY 90 BAY ST., LOUIS, MS 19520	501 (C) (3)	CAPACITY BUILDING	16,404
PROJECT COMMUNITY CONNECTIONS, INC 321 WEST HILL STREET DECATUR, GA 30030	501(C)(3)	CAPACITY BUILDING	67,577.
LUTHERAN SOCIAL SERVICES HOUSING, INC 1325 11TH STREET S FARGO, ND 58103	501(C)(3)	CAPACITY BUILDING	47,491.
CAPITOL HILL HOUSING FOUNDATION 1402 THIRD AVENUE BALTIMORE, MD 21201	501(C)(3)	CAPACITY BUILDING	28,713.
HOUSING AUTHORITY OF THE CITY OF JERSEY CITY, INC. 400 US HIGHWAY # 1° SOUTH BURLINGTON, VT 05403	PUBLIC HSG AUTH	CAPACITY BUILDING	17,504

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

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RECIPIENT NAME AND ADDRESS	503 (5) (3)	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	46,800-
FORT PECK ASSINIBOINE & SIOUX TRIBES, INC	501(C)(3)			
P.O. BOX 1027				
POPLAR CITY, MT 59255				
PROJECT HOME AGAIN FOUNDATION 1324 RIVIERA AVENUE NEW ORLEANS, LA 70112	501(C)(3)		CAPACITY BUILDING	25,000*
THE PARTY HOUSENING PRINCE AND	501(C)(3)		CAPACITY BUILDING	12,734
SETTLEMENT HOUSING FUND, INC 247 W. 37TH STREET TRUJILLO ALTO, PR 00977	301107137			
OHKAY OWINGEH HOUSING AUTHORITY	501(C)(3)		CAPACITY BUILDING	29,269,
P.O. BOX 1059 GALLUP, NM 87305				
COMPREHENSIVE HOUSING ASSISTANCE, INC.	501(C)(3)		CAPACITY BUILDING	20,000
5809 PARK HEIGHTS AVENUB SAN FRANCISCO, CA 94110				
WESLEY HOUSING DEVELOPMENT CORPORATION	501 (C) (3)		CAPACITY BUILDING	25,000
MESLEY HOUSING DEVELOPMENT CORPORATION 5515 CHEROKEE AVENUE ALEXANDRIA, VA 22312	302(0)(0)			
CENTER ON BUDGET AND POLICY PRIORITIES	501(C)(3)		CAPACITY BUILDING	5,000
ENTER ON BOUGHT AND POINT PROMITES 820 PIRST STREET, NE SUITE 510 WASHINGTON, DC 20002	502107101			
DOWNTOWN EMERGENCY SERVICE CENTER	501(C)(3)		CAPACITY BUILDING	26,598
515 THIRD AVENUE CHICAGO, IL 60647-5216				

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPI		AMOUNT
QUEST 35, INC.	501(C)(3)	CAPACITY BUILDING	9,420.
878 ROCK STREET, NW			
SAN FRANCISCO, CA 94102			
AND AND AND TOTAL TOTAL	501 (C) (3)	CAPACITY BUILDING	63,950
ASIAN AMERICANS FOR EQUALITY 108 NORFOLK STREET	301(6) (3)		
LOS ANGELES, CA 90067			
CENTRAL CITY CONCERN	501(C)(3)	CAPACITY BUILDNIG	31,415
232 NORTHWEST SIXTH AVENUE			
ATLANTA, GA 30303-1605			
HOMES ON THE HILL CDC	501(C)(3)	CAPACITY BUILDING	20,000.
12 D. TERRACE AVENUE	302107137		
COLUMBUS, OH 43204			
			39,579
SUPPORTIVE HOUSING COALITION OF NEW MEXICO	501(C)(3)	CAPACITY BUILDING	33,3.72
P.O. BOX 27459			
DORCHESTER, MA 02125			
CHARIS COMMUNITY HOUSING, INC.	501(C)(3)	CAPACITY BUILDING	40,847
750 GLENWOOD AVENUE, SE			
ATLANTA, GA 30303-1605			
		CAPACITY BUILDING	66,209.
LOTT COMMUNITY DEVELOPMENT CORPORATION	501(C)(3)	CAPACILL BOTTDING	
421 EAST 116TH STREET			
SAN FRANCISCO, CA 94133			
A COMMUNITY OF FRIENDS	501(C)(3)	CAPACITY BUILDING	698,147
3701 WILSHIRE BOULEVARD			
PHILADELPHIA, PA 19103			

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT 37,385.
PATHSTONE CORPORATION	501 (C) (3)	CAPACITY BUILDING	37,303
7 PRINCE STREET			
ROCHESTER, NY 14607			
COMMONBOND COMMUNITIES	501(C)(3)	CAPACITY BUILDING	45.912.
1080 MONTREAL AVE			
SEATTLE, WA 98122-2014			
UNIVERSITY NEIGHBORHOOD HOUSING PROGRAM	501 (C) (3)	CAPACITY BUILDING	23,654.
2751 GRAND CONCOURSE			
OAKLAND, CA 94612-1517			
ATHENS LAND TRUST, INC	PUBLIC HSG AUTH	CAPACITY BUILDING	7,717
685 N, POPE STREET			
ATHENS, GA 30601			
FRIENDS OF JEWISH COMMUNITY HOUSING FOR THE ELDERL	501(C)(3)	CAPACITY BUILDING	37,500.
30 WALLINGFORD ROAD			
BOSTON, MA 02135			
	(0) (0)	CAPACITY BUILDING	34,196
DEL NORTE NEIGHBORHOOD DEVELOPMENT CORPORATION	501(C)(3)		
2926 ZUNI STREET DENVER, CO 80211			
DEATHER, GO GOLLIN	F.	THE COMPUTE DITAY DATAY	9,212
HOUSING TRUST SILICON VALLEY	501 (C) (3)	CAPACITY BUILDING	
95 S MARKET STREET			
SOUTH BURLINGTON, VT 05403			40 800
ABILITY HOUSING OF NORTHEAST FLORIDA, INC.	501 (C) (3)	CAPACITY BUILDING	48,728.
76 S LAURA STREET			
LOS ANGELES, CA 90010			

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS HOUSING DEVELOPMENT CONSORTIUM OF SEATTLE-KING COU 1402 THIRD AVENUE	501(C)(3)	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 2,000
SEATTLE, WA 98101 SUMMECH COMMUNITY DEV. CORP 633 PRYOR STREET, SW	501 (C) (3)		CAPACITY BUILDING	32,984.
ATLANTA, GA 30312 PROJECT INTERCONNECTIONS, INC. 2198 DRESDEN DRIVE CHAMBLEE, GA 30341	501(C)(3)		CAPACITY BUILDING	36,000.
RENAISSANCE HOUSING DEVELOPMENT CORPORATION 2111 CHAMPA STREET DENVER, CO 80205	501(C)(3)		CAPACITY BUILDING	41,661
BICKERDIKE REDEVLOPMENT CORPORATION 2550 WEST NORTH AVENUE DENVER, CO 80209	501(C)(3)		CAPACITY BUILDING	136,274
ATLANTA CLT COLLABORATIVE, INC 3235 PEACHTREE ROAD ATLANTA, GA 30305	501(C)(3)		CAPACITY BUILDING	25,000
GOOD SHEPHERD HOUSING & FAMILY SERVICES, INC, 8305 RICHMOND HIGHWAY CLEVELAND, OH 44104	501(C)(3)		CAPACITY BUILDING	25,000
HOUSING SOLUTIONS FOR THE SOUTHWEST 295 GIRAD STREET DURANGO, CO 81303	501(C)(3)		CAPACITY BUILDING	18,423.

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52-1231931

FORM CA 199, PART_II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

	AND		AMOUNT
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	50,000.
CATHOLIC CHARITIES HOUSING DEVELOPMENT CORPORATION	501 (C) (3)		
2740 SE POWELL			
PORTLAND, OR 97202			
MERCY HOUSING, INC. 1999 BROADWAY	501 (C) (3)	CAPACITY BUILDING	49,435
CLEVELAND, OH 44114			
COMMUNITY PRESERVATION & DEVELOPMENT CORPORATION 8403 COLESVILLE ROAD	501(C)(3)	CAPACITY BUILDING	15,000.
SILVER SPRING, MD 20910			
METROPOLITAN DENVER HOMELESS INITIATIVE	501(C)(3)	CAPACITY BUILDING	37,263.
711 PARK AVENUE WEST			
CLEVELAND, OH 44114			
BAILEY HOUSE, INC. 1751 PARK AVENUE	501(C)(3)	CAPACITY BUILDING	15,514
KETCHUM, ID 83340-1292			
CRAWPORD-SEBASTIAN COMMUNITY DEVELOPMENT CORPORATI	501(C)(3)	CAPACITY BUILDING	50,000
FORT SMITH, AZ 72914			
MERCY HOUSING, INC. SOUTHEAST 260 PEACHTREE STREET	501(C)(3)	CAPACITY BUILDING	25,000 _%
ATLANTA, GA 30303			
HANNAHVILLE INDIAN COMMUNITY N14911 HANNAHVILLE	501(C)(3)	CAPACITY BUILDING	19,629 _*
MIAMI, FL 33135			

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	10,000-
GREYSTON FOUNDATION 21 PARK AVE. BROOKLYN, NY 11226	501(C)(3)	CAPACITY BUILDING	
HOME AGAIN, INC. 4 OLD RIVER PLACE PORTLAND, OR 97232	501(C)(3)	CAPACITY BUILDING	15.032
HELLO HOUSING 1901 ROYAL OAKS DRIVE	501(C)(3)	CAPACITY BUILDING	65,572
BROOKLYN, NY 11231 GREENWOOD LEFLORE CARROLL ECONOMIC DEVELOPMENT FOU 402 HIGHWAY 82 BYPASS	501 (C) (3)	CAPACITY BUILDING	48,666=
BROOKLYN, NY 11226 FRONTIER HOUSING INC 5445 FLEMINGSBURG ROAD	501(C)(3)	CAPACITY BUILDING	35,629
MOREHEAD, KY 40351 ARTSPACE PROJECTS, INC. 250 THIRD AVENUE NORTH	501(C)(3)	CAPACITY BUILDING	14,900
LOS ANGELES, CA 90067 NORTHEAST DENVER HOUSING CENTER 1735 GAYLORD STREET	501(C)(3)	CAPACITY BUILDING	22,519.
GALLUP, NM 87305 NEZ PERCE TRIBAL HOUSING AUTHORITY 111 VETERANS DRIVE	PUBLIC HSG AUTH	CAPACITY BUILDING	9,590,
GALLUP, NM 87305			

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ______ ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS PEOPLE UNITED FOR SUSTAINABLE HOUSING INC 271 GRANT STREET BUPPALO, NY 14213	STATUS OF RECIPIENT 501(C)(3)	PURFOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 45,000
TRANSITIONAL HOUSING CORPORATION 5101 16TH STREET N.W WASHINGTON, DC 20011	501(C) (3)	CAPACITY BUILDING	19,687.
ST. CLAIR SUPERIOR DEVELOPMENT CORPORATION 4205 ST. CLAIR AVENUE CLEVELAND, OH 44102	501(C)(3)	CAPACITY BUILDING	18,528
INSTITUTO PARA EL DESARROLLO SOCIOECONOMICO Y DE V P_*O_* BOX 7154 SOUTH BURLINGTON, VT 05403	501(C)(3)	CAPACITY BUILDING	57,027
NEW ORLEANS AREA HABITAT FOR HUMANITY, INC. 2900 ELYSIAN PIELDS AVENUE ST. PAUL, MN 55102	501(C)(3)	CAPACITY BUILDING	46,265
BRIDGE HOUSING DEVELOPMENT 600 CALIFORNIA STREET SAN FRANCISCO, CA 94108	501(C)(3)	CAPACITY BUILDING	80,000.
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMNUS, OH 43206	501(C)(3)	CAPACITY BUILDING	17,508.
NEIGHBORHOOD HOUSING SERVICES OF RICHLAND COUNTY 125 E. SEMINARY STREET COLUMBUS, OH 43215	501(C)(3)	CAPACITY BUILDING	10,294-

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ENTERPRISE COMMUNITY PARTNERS, INC $_{\scriptscriptstyle (i)}$

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FORM CA 139, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITY RESOURCE & HOUSING DEVELOPMENT CORP,	NONE		CAPACITY BUILDING	50,000.
7305 LOWELL BOULEVARD	501(C)(3)			
SUITE 200				
WESTMINSTER, CO 80030				
SOUTHERN CALIFORNIA ASSOCIATION OF NON-PROFIT HOUS	501(C)(3)		CAPACITY BUILDING	11,400
501 SHATTO PLACE				
CLEVELAND, OH 44102				
				3,723.
EMPIRE HOMES OF MARYLAND, INC.	501(C)(3)		CAPACITY BUILDING	3,723.
1800 N. CHARLES STREET				
CHICAGO, IL 60637				
				6,431,
LITTLE HAITI HOUSING ASSOCIATION, INC.	501(C)(3)		CAPACITY BUILDING	3,134
181 NORTHEAST 82ND STREET				
JACKSON HEIGHTS, NY 11372				
			CAPACITY BUILDING	18,790.
THE AFFORDABLE HOUSING GROUP OF NORTH CAROLINA, IN	501(C)(3)		CAPACITI BULBUNG	
4600 PARK ROAD				
DORCHESTER, MA 02125				
	503 (5) (3)		CAPACITY BUILDING	50,000
COMMUNITY HOUSING INITIATIVES, INC.	501 (C) (3)			
14 WEST 21ST STREET				
SAN FRANCISCO, CA 94110				
SATELLITE HOUSING	501(C)(3)		CAPACITY BUILDING	61,500.
1521 UNIVERSITY AVENUE	332 (0) (0)			
BERKELEY, CA 94703				
BBAABBI, CA 71703				
BLACK HILLS AREA HABITAT FOR HUMANITY	501(C)(3)		CAPACITY BUILDING	89,500-
825 SAINT JOSEPH STREET				
RAPID CITY, SD 57701				

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BORM CA 199 PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ______ ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	200,000
CAMBA, INC	501(C)(3)		CHAIRGE TO THE CONTRACT OF THE	
1720 CHURCH AVENUE				
BROOKLYN, NY 11226				
CAPITAL HILL HOUSING FOUNDATION 1620 12TH AVENUE	501(C)(3)		CAPACITY BUILDING	28,589
SEATTLE, WA 98122				
CAPITAL HILL HOUSING IMPROVEMENT PROGRAM 1406 TENTH AVENUE	LLC		CAPACITY BUILDING	67,820.
SEATTLE, WA 98122				
CCH- CHRISTIAN CHURCH HOMES 303 HBGENBERGER ROAD	501(C)(3)		CAPACITY BUILDING	77,692.
OAKLAND, CA 94621				
CHARLOTTE MECKLENBURG HOUSING PARTNERSHIP, INC 4601 CHARLOTTE PARK DRIVE CHARLOTTE, NC 28217	501(C)(3)		CAPACITY BUILDING	25,000
COMMOTTE, NO 2021				27,400
CHICAGO NEIGHBORHOOD INITIATIVES, INC	501(C)(3)		CAPACITY BUILDING	21,1111
CHICAGO, IL 60628				5,000
CHICAGO REMABILITATION NETWORK 140 S. DEARBORN STREET CHICAGO, IL 60603	501(C)(3)		CAPACITY BUILDING	5,000
CUICAGO, IN 60003				F 000-
COALITION FOR NONPROFIT HOUSING & ECONOMIC DEVELOP 727 15TH STREET, NW WASHINGTON, DC 20005	501(C)(3)		CAPACITY BUILDING	5,000=

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET DENVER, CO 80203	STATUS OF RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	<u>AMOUNT</u> 5,000:
COLORADO FISCAL INSTITUTE 1905 SHERMAN STREET DENVER, CO 80203	501(C)(3)	CAPACITY BUILDING	5,000
COMMUNITY HOUSING PARTNERSHIP 20 JONES STRBET SAN FRANCISCO, CA 94102	501 (C) (3)	CAPACITY BUILDING	61,935,
COMMUNITY HOUSING WORKS 18205. ESCONDIDO BOULEVARD ESCONDIDO, CA 92025	501(C)(3)	CAPACITY BUILDING	40,000
COMMUNITY SERVICES HOUSING DEVELOPMENT CORPROATION 1474 EASTERN PARKWAY BROOKLYN, NY 11233	501(C)(3)	CAPACITY BUILDING	100,000
DETROIT CATHOLIC PASTORAL ALLIANCE 9200 GRATIOT DETROIT, MI 48213	501(C)(3)	CAPACITY BUILDING	41,250.
DHIC, INC 113 SOUTH WILMINGTON STREET RALEIGH, NC 27601	501 (C) (3)	CAPACITY BUILDING	35,000.
G.O. MONDY SCHOOL APARTMENTS 812 GRAVIER ST STE 340 NEW ORLEANS, LA 70112	LLC	CAPACITY BUILDING	50,000.

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FORM CA 159, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	DNA		
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	AMOUNT 27,556
IFF	501(C)(3)	CULTUS ESTABLIS	
ONE NORTH LASALLE			
CHICAGO, IL 60602			
INNOVATIVE HOUSING INSTITUTE 22 LIGHT STREET BALTIMORE, MD 21202	501(3)(0)	CAPACITY BUILDING	5,000
		CAPACITY BUILDING	10,295.
PATHSTONE DEVELOPMENT CORPORATION	NONE	CHILDREN SOME	
7 PRINCE STREET	501(C)(3)		
RODCHESTER, NY 14607			
		CAPACITY BUILDING	60,826,
JEFFERSON EAST, INC	501(C)(3)	CHINCILI BOLLDANO	
14628 E JEFFERSON AVENUE			
DETROIT, MI 48215			
LATIN UNITED COMMUNITY HOUSING ASSOCIATION 3541 W. NORTH AVENUE	501(C)(3)	CAPACITY BUILDING	38,500.
CHICAGO, IL 60647			
LIBERATIONS PROGRAMS, INC 129 GLOVER AVENUE	501(C)(3)	CAPACITY BUILDING	6,867.
NORWALK, CT 06850			
LITTLE TRAVERSE BAY BONDS OF ODAWA INDIANS	TRIBAL GOVERNEM	CAPACITY BUILDING	24,672
7500 ODAWA CIRCLE			
HARBOR SPRINGS, MI 49740			
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION 2840 N. MILWAUKEE AVENUE	501(C)(3)	CAPACITY BUILDING	10,000
CHICAGO. IL 60618			

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS LOMAS VERDES 2G-1 CALLE DUENDE BAYAMON, PR 00956	STATUS OF RECIPIENT . 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	AMOUNT 16,000.
LOUISIANA ASSOCIATION OF AFFORADABLE HOUSING PROVI P.O. BOX 4058 MONROE, LA 71211	501(C)(3)	CAPACITY BUILDING	10,000.
METROPOLITAN AFFORDABLE HOUSING CORPORATION $P_{\nu}O_{\nu}$ BOX 11923 EUGENE, OR 97440	501(C)(3)	CAPACITY BUILDING	50,000.
MIAMI BEACH COMMUNITY DEVELOPMENT CORP 945 PENNSLYCANIA AVE MIAMI BEACH, FL 33139	501(C)(3)	CAPACITY BUILDING	9,725
MIAMI DADE COUNTY 701 N.W. 1ST COURT MIAMI, FL 33136	501(C)(3)	CAPACITY BUILDING	35,000.
MIDPEN HOUSING CORPORATION 303 VINTAGE PARK DRIVE FOSTER CITY, CA 94404	501(C)(3)	CAPACITY BUILDING	49,865,
MILLENNIUM PROPERTIES, INC 4162 CANAL STREET NEW ORLEANS, LA 70119	501(C)(3)	CAPACITY BUILDING	200,000*
MISSION PIRST HOUSING DEVELOPMENT CORPORATION 1330 NEW HAMPSHIRE AVENUE WASHINGTON, DC 20036	501(C)(3)	CAPACITY BUILDING	26,250.

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

		AND		AMOUNT
RECIPIENT NAME AND ADDRESS	501(C)(3)	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	50,000-
MOTIVATION EDUCATION & TRAINING, INC	301(C)(3)			
P_O, BOX 1838				
NEW CANEY, TX 77357				
	501 (C) (3)		CAPACITY BUILDING	63,943
MOUNT BAKER HOUSING ASSOCIATION	301(0)(3)			
1423 JIST AVE SOUTH				
SEATTLE, WA 98144				
NORTH SHORE COMMUNITY DEVELOPMENT COALITION	501(C)(3)		CAPACITY BUILDING	15,000
102 LAYPAYETTE STREET				
SALEM, MA 01970				
SALEM, MA 01570				
NORTHERN CIRCLE INDIAN HOUSING AUTHORITY	501(C)(3)		CAPACITY BUILDING	50,000
694 PINOLEVILLE DRIVE				
UKIAH, CA 95482				
ONALINI GII SOLO				20,000
NORTHERN PUBBLOS HOUSING AUTHORITY	501(C)(3)		CAPACITY BUILDING	20,000
5 WEST GUTIERREZ				
SANTA FE, NM 87506				
				5,000-
NORTHERN VIRGINIA AFFORDABLE HOUSING ALLIANCE	501(C)(3)		CAPACITY BUILDING	5,000=
691 WEST GLEBE ROAD				
ALEXANDRIA, VA 22305				
				9,770.
NORTHWEST SIDE COMMUNITY DEVELOPMENT CORPORATION	501(C)(3)		CAPACITY BUILDING	
4201 NORTH 27TH STREET				
MILKWAUKEE, WI 53216				
			CAPACITY BUILDING	15,000.
OAK PARK REGIONAL HOUSING CENTER	501(C)(3)		CUIGGII BOITHING	
1041 SOUTH BOULEVARD				
OAK PARK, IL 60302				

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OAK PARK RESIDENCE CORPORATION	501(C)(3)	CAPACITY BUILDING	20,250.
21 SOUTH BOULEVARD			
OAK PARK, IL 60302			
	501(C)(3)	CAPACITY BUILDING	25,000.
OHIO CITY INCORPORATED 2525 MARKET AVENUE	501(0)(3)		
CLEVELAND, OH 44113			
<u></u>			19,342
OPAL COMMUNITY LAND TRUST	501(C)(3)	CAPACITY BUILDING	13,512
286 ENCHANTED FOREST			
EASTSOUND, WA 98245			
OREGON OPPORTUNITY NETWORK	501(C)(3)	CAPACITY BUILDING	5,000.
847 NE 19TH AVENUE			
PORTLAND, OR 97232			
	110	CAPACITY BUILDING	75,000.
RENAISSANCE PROPERTY GROUP LLC 2600 GRAVIER ST, 7TH FLOOR	LLC		
NEW ORLEANS, LA 70119			
		DISTRICT DISTRICT	41,982
RESTORE NEIGHBORHOOD LOS ANGELES, INC	501 (C) (3)	CAPACITY BUILDING	
315 W. 9TH STREET			
LOS ANGBLES, CA 90015			
RISING SUN HOMBOWNERSHIP, LLC	FTC	CAPACITY BUILDING	403,084
671 ROSA AVENUE			
METAIRIE, LA 70005			
THE THE PROPERTY OF THE PROPER	501(C)(3)	CAPACITY BUILDING	23,598
ROCKY MOUNTAIN MUTUAL HOUSING ASSOCIATION, INC 225 E 16TH AVENUE	207 (2) (2)		
DENVER, CO 80203			

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FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

		AND		
RECIPIENT NAME AND ADDRESS		STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	50,000
RURAL NEIGHBORHOODS, INC	501(C)(3)		CHINOTIA DOLLMAN	
P.O. BOX 343529				
FLORIDA CITY, FL 33034				
SAN FRANCISCO COMMUNITY LAND TRUST 21 COLUMBUS AVENUE SAN FRANCISCO, CA 94111	501(C)(3)		CAPACITY BUILDING	130,243
	501(C)(3)		CAPACITY BUILDING	40,000.
SAN FRANCISCO UNIFIED SCHOOL DISTRICT 555 FRANKLIN STREET SAN FRANCISCO, CA 94102	501(0)(3)			
THE PROPERTY OF THE PROPERTY O	501(C)(3)		CAPACITY BUILDING	25,000
SEATTLE CHINATOWN-INTERNATIONAL DISTRICT PRESERVAT	301(0/13/			
409 MAYNARD AVENUE SOUTH SEATTLE, WA 98114				
SEATTIE, NA JOITT				
SOUTH MISSISSIPPI HOUSING AND DEVELOPMENT CORPORAT	501(C)(3)		CAPACITY BUILDING	10,000⊋
P.O. BOX 2099				
GULFPORT, MS 39505				
				30,000
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION	501(C)(3)		CAPACITY BUILDING	
3323 EASTERN AVENUE				
BALTIMORE, MD 21224				
			CAPACITY BUILDING	50,000.
SOUTHERWESTERN REGIONAL HOUSING AND COMMUNITY DEVE	501(C)(3)			
109 E PINE #5				
DEMING, NM 88030				
SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA COUNTY	5041 (C) (3)		CAPACITY BUILDING	35,000
1900 FRUITVALE AVENUE				
OAKLAND, CA 94601				

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FORM CA 193, PART II . GRANTS AND ALLOCATIONS PAID DURING THE YEAR.

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO	SUBSTANTIAL	CONTRIBUTOR
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	AND	1000000 2000000000000000000000000000000	AMOUNT_
RECIPIENT NAME AND ADDRESS	STATUS OF RECIPIENT 501(C)(3)	PURPOSE OF GRANT OR CONTRIBUTION CAPACITY BUILDING	10,000
SUPPORTIVE HOUSING NETWORK OF NEW YORK	201 (61/3)		
247 WEST 37TH STREET			
NEW YORK, NY 10018			
THE CORNERSTONE GROUP 7661 BUSH LAKE DRIVE BLOOMINGTON, MN 55438	FOR PROFIT	CAPACITY BUILDING	40,000.
THE DELORES PROJECT P.O. BOX 1406 DENVER, CO 80207	501(C)(3)	CAPACITY BUILDING	58,756.
THE SOMERVILLE COMMUNITY CORPORATION 337 SOMMERVILLE AVENUE SOMERVILLE, MA 02143	501(C)(3)	CAPACITY BUILDING	50,000
THE THRESHOLDS 4101 N RAVENSWOOD CHICAGO, IL 60613	501(C)(3)	CAPACITY BUILDING	35,000
VIRGINIANS ORGANIZED FOR INTERFATH COMMUNITY ENGAG 4444 ARLINGTON BLVD ARLINGTON, VA 22204	501(C)(3)	CAPACITY BUILDING	5,000
MOMENS HOUSING & ECONOMIC DEVELOPMENT CORPORATION 50 EAST 168TH STREET BRONX, NY 10452	501(C)(3)	CAPACITY BUILDING	14,880.
WOMENS INSTITUTE FOR HOUSING AND ECONOMIC DEVELOPM 15 COURT SQUARE, SUITE 210 BOSTON, MA 02108	501(C)(3)	CAPACITY BUILDING	70,000.

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BORM CA 199, PART_II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 1 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

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		AND		HETOEVUCTOMILIEUTAS	AMOUNT _
RECIPIENT NAME AND ADDRESS	501 (C) (3)	STATUS OF RECIPIENT	PURPOSE OF GRANT CAPACITY BUILDING		8,906
CATHEDRAL SQUARE CORPORATION	301(6)(3)				
412 FARRELL STREET					
SUITE 100					
SOUTH BURLINGTON, VT 05403					
•			CAPACITY BUILDING		44,456.
TENDERLOIN NEIGHBORHOOD DEVELOP. CORP	501(C)(3)		CATACLES DOLLARS		
215 TAYLOR STREET					
SAN FRANCISCO, CA 94102					
					25,520.
EAH, INC.	501(C)(3)		CAPACITY BUILDING		
DAVIES PACIFIC CENTER					
841 BISHOP ST., #2208					
HONOLULU, HI 96813					
CASCADIA BEHAVIORAL HEALTHCARE, INC	501 (C) (3)		CAPACITY BUILDING	3	31,408
P.O. BOX 8459					
PORTLAND, OR 97207					
PORTLAND, OR 97207					
TAG	501 (C) (3)		CAPACITY BUILDING	}	50,154
BURTEN, BELL, CARR DEVELOPMENT, INC	301(07(37				
7201 KINSMAN ROAD					
SUITE 104					
CLEVELAND, OH 44104					
			CAPACITY BUILDIN	3	141,544
PATHSTONE CORPORATION	501(C)(3)		G12710077		
400 EAST AVENUE					
ROCHESTER, NY 14607					
			ON THE OTHER DESIGNATIONS	9	10,041
PATHSTONE CORPORATION	501(C)(3)		CAPACITY BUILDIN	G	
6 PRINCE ST.					
ROCHESTER, NY 14607					
				common to transport Date	_15,683,627_
				TOTAL CONTRIBUTIONS PAID	

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SCHEDULE L - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM AFFILIATE PREPAID EXPENSES	6,218,539. 292,984.	3,119,610. 276,567.
TOTAL OTHER ASSETS	6,218,539.	3,119,610.