# Form 990

## Return of Organization Exempt From Income Tax

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

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

### A For the 2009 calendar year, or tax year beginning , 2009, and ending , 2009

#### B Check applicable line change: [ ]
- [ ] Name change
- [ ] Address change
- [ ] Initial return
- [ ] Terminated return
- [ ] Amended return
- [ ] Application pending

#### C Name of organization: ENTERPRISE COMMUNITY PARTNERS, INC.

- [ ] Doing Business As: [ ]
- [ ] Number and street (or P.O. box if mail is not delivered to street address): [ ]
- [ ] City or town, state or country, and ZIP + 4: [ ]

**D Employer identification number**

- [ ] 52-1231931

**E Telephone number**

- [ ] (410) 964-1230

**G Gross receipts**

- [ ] $40,373,000

**H(a) Is this a group return for affiliates?**

- [ ] Yes [ X ] No

**H(b) Are all affiliates included?**

- [ ] Yes [ X ] No

**H(c) Group exemption number**

- [ ]

### I Tax-exempt status: [ X ] 501(c)(03) [ ] (insert no.)

- [ ] 4947(a)(1) or [ ] S27

**J Website:** [ WWW.ENTERPRISECOMMUNITY.ORG ]

**K Form of organization:**

- [ ] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other [ ]

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

## Part I

### Summary

1. **Briefly describe the organization's mission or most significant activities:**

   **TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH FIT AFFORDABLE HOUSING AND DIVERSE, THRIVING COMMUNITIES THROUGH PARTNERSHIPS WITH PUBLIC AND PRIVATE ORGANIZATIONS AND STATE/LOCAL GOVS.**

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

3. **Number of voting members of the governing body (Part VI, line 1a):**

   - [ ] 3 [ ] 28

4. **Number of independent voting members of the governing body (Part VI, line 1b):**

   - [ ] 4 [ ] 26

5. **Total number of employees (Part V, line 2a):**

   - [ ] 5 [ ] 301

6. **Total number of volunteers (estimate if necessary):**

   - [ ] 6 [ ] 70

7. **Total gross unrelated business revenue from Form 990-T, line 34:**

   - [ ] 7a [ ] 0

7. **Net unrelated business taxable income from Form 990-T, line 34:**

   - [ ] 7b [ ] 0

### Revenue

8. **Contributions and grants (Part VIII, line 1h):**

   - [ ] 40,413,000 [ ] 28,958,000

9. **Program service revenue (Part VIII, line 2g):**

   - [ ] 18,587,010 [ ] 8,460,000

10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d):**

    - [ ] 1,414,000 [ ] 519,000

11. **Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e):**

    - [ ] -179,777 [ ] 2,131,000

12. **Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12):**

    - [ ] 60,234,233 [ ] 40,068,000

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3):**

    - [ ] 21,227,981 [ ] 13,867,000

14. **Benefits paid to or for members (Part IX, column (A), line 4):**

    - [ ] 23,837,341 [ ] 20,318,000

15. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):**

    - [ ] 0

16. **Professional fundraising fees (Part IX, column (A), line 11e):**

    - [ ] 1,084,000

17. **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24):**

    - [ ] 19,654,911 [ ] 14,063,000

18. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):**

    - [ ] 64,720,233 [ ] 48,248,000

19. **Revenue less expenses. Subtract line 18 from line 12:**

    - [ ] -4,868,000 [ ] -8,180,000

### Expenses

20. **Beginning of Year:**

    - [ ] 177,743,000 [ ] 174,167,000

21. **End of Year:**

    - [ ] 18,159,000 [ ] 6,702,000

22. **Net assets or fund balances. Subtract line 21 from line 20:**

    - [ ] 169,584,000 [ ] 167,465,000

## Part II

### Signature Block

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

**Signature of officer:**

- [ ] Michael McHenry

**Type or print name and title:**

- [ ] Michael McHenry, CPA

**Preparer’s signature:**

- [ ] Daniel C. Ehrlich

**Preparer’s Identifying number (see instructions):**

- [ ] PO023062-S

**Check if self-employed:**

- [ ] Yes [ X ] No

**Preparer’s Identifying number:**

- [ ] 52-1088612

**Phone no.:**

- [ ] 301-652-9100

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

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**Form 990 (2009)**

**USA**

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