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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CORPORATION FOR ENTERPRISE DEVELOPMENT

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 G STREET, NW 400

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

D Employer identification number
52-1141804

E Telephone number
(202) 408-9788

G Gross receipts $ 9,903,405.

F Name and address of principal officer ANDREA S. LEVERE
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

J Website: ▶ WWW.CFED.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1979 M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1

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	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	67
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,891,565.	8,743,342.
	9 Program service revenue (Part VIII, line 2g)	890,832.	819,481.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	614,263.	103,442.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,353.	32,951.
	12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,555,013.	9,699,216.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,790,858.	1,949,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,961,759.	5,394,614.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		62,162.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 788,961.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,829,992.	3,185,021.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,582,609.	10,590,797.
	19 Revenue less expenses Subtract line 18 from line 12	-5,027,596.	-891,581.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	13,812,516.	13,186,083.
	21 Total liabilities (Part X, line 26)	3,104,880.	2,199,598.
	22 Net assets or fund balances Subtract line 21 from line 20	10,707,636.	10,986,485.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11/12/10

▶ IRVIN A. ALEXANDER III, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ David F. Hurley CPA — Date: 11-11-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN ▶

Phone no ▶ (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

6 916-19

SCANNED DEC 30 2010

Part III Statement of Program Service Accomplishments

1 'Briefly describe the organization's mission

CFED EXPANDS ECONOMIC OPPORTUNITY BY HELPING AMERICANS AND THEIR CHILDREN BUILD ASSETS, SAVE FOR THE FUTURE, START AND GROW BUSINESSES, PURSUE EDUCATION AND BECOME HOMEOWNERS.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,051,303. including grants of $ 1,185,540.) (Revenue $)

APPLIED RESEARCH AND INNOVATION PROGRAM (AR&I): CFED'S APPLIED RESEARCH AND INNOVATION PROGRAM MARRIES RIGOROUS, INDEPENDENT RESEARCH AND EXPERIMENTATION WITH PRACTICAL, APPLIED USES OF THAT WORK. THE PROGRAM BUILDS ON TWO HISTORIC STRENGTHS OF CFED: INVESTIGATION INTO ECONOMIC, SOCIAL AND POLICY ISSUES THAT IMPACT LOW-INCOME HOUSEHOLDS AND COMMUNITIES, AND THE SEEDING OF EXPERIMENTAL AND INNOVATIVE IDEAS AT THE COMMUNITY LEVEL. IN REGARD TO BOTH OF THESE STRANDS OF WORK, THE AR&I PROGRAM SEEKS PRACTICAL, REAL-WORLD APPLICATIONS OF THAT LEARNING. MUCH OF THAT WORK WILL ULTIMATELY TAKE FORM AS NEW COMMUNITY PRACTICE (WITH THE FIELD DEVELOPMENT PROGRAM) AND THROUGH THE PURSUIT OF MORE RESPONSIBLE PUBLIC POLICY (WITH THE POLICY PROGRAM).

4b (Code) (Expenses $ 1,764,639. including grants of $ 558,548.) (Revenue $ 75,096.)

POLICY PROGRAM: GUIDED BY CFED'S MISSION AND TRADITION OF INNOVATION, CFED'S POLICY PROGRAM WORKS TO CRAFT, MODIFY, PROTECT, AND ADVANCE FEDERAL, STATE, TRIBAL AND LOCAL LAWS AND REGULATIONS INLINE WITH THE ORGANIZATION'S MISSION. THE POLICY PROGRAM TRANSLATES CFED'S GOALS AND PRIORITIES INTO A MANAGEABLE SET OF RECOMMENDATIONS TO GUIDE CFED'S WORK. IT WORKS COLLABORATIVELY WITH CFED'S APPLIED RESEARCH AND INNOVATION PROGRAM TO IDENTIFY GAPS AND TRANSLATE FINDINGS INTO LANGUAGE AND TOOLS THAT SUPPORT THE ORGANIZATION'S PUBLIC POLICY GOALS, AS WELL AS CONNECT WITH CFED'S FIELD DEVELOPMENT PROGRAM TO GATHER INFORMATION FROM AND INCREASE THE CAPACITY OF PRACTITIONERS TO PARTICIPATE IN PUBLIC POLICY EFFORTS.

4c (Code) (Expenses $ 1,360,295. including grants of $ 57,369.) (Revenue $)

SEED PROGRAM: THE GOAL OF THE SAVING FOR EDUCATION, ENTREPRENEURSHIP AND DOWN PAYMENT (SEED) POLICY AND PRACTICE INITIATIVE IS TO SET THE STAGE FOR UNIVERSAL, PROGRESSIVE AMERICAN POLICY FOR ASSETS BUILDING AMONG CHILDREN, YOUTH AND FAMILIES. CFED COORDINATES AND MANAGES THE WORK OF AN EXPERIMENTAL PARTNER AND COMMUNITY PARTNERS WORKING IN ELEVEN STATES AND PUERTO RICO, LEADS STATE POLICY, COMMUNICATIONS AND MARKET DEVELOPMENT EFFORTS, AND WORKS WITH NATIONAL AND STATE PARTNERS.

4d Other program services (Describe in Schedule O)

(Expenses $ 2,355,980. including grants of $ 138,763.) (Revenue $ 744,385.)

4e **Total program service expenses ▶ $** 8,532,217.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter 0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

IRVIN A. ALEXANDER, III - (202) 978-4988
1200 G STREET, NW, NO. 400, WASHINGTON, DC 20005

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J 2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E. FRIEDMAN BOARD CHAIR/GENERAL COUN	32.00	X		X				162,439.	0.	23,844.
ANDREA LEVERE PRESIDENT	40.00	X		X				257,018.	0.	26,003.
ASHEESH ADVANI DIRECTOR	0.20	X						0.	0.	0.
JANIE BARRERA DIRECTOR	0.20	X						0.	0.	0.
DON BAYLER DIRECTOR	0.20	X						0.	0.	0.
ANGELA GLOVER BLACKWELL DIRECTOR	0.20	X						0.	0.	0.
MELISSA BRADLEY-BURNS DIRECTOR	0.20	X						0.	0.	0.
FRED GOLDBERG DIRECTOR	0.20	X						0.	0.	0.
RONALD GRZYWINSKI DIRECTOR	0.20	X						0.	0.	0.
SARAH ROSEN WARTELL DIRECTOR	0.20	X						0.	0.	0.
DAN LETENDRE DIRECTOR	0.20	X						0.	0.	0.
BRANDEE MCHALE DIRECTOR	0.20	X						0.	0.	0.
CHRIS PAGE DIRECTOR	0.20	X						0.	0.	0.
MARY MOUNTCASTLE DIRECTOR	0.20	X						0.	0.	0.
TOROD NEPTUNE DIRECTOR	0.20	X						0.	0.	0.
DOUG ROSEN DIRECTOR	0.20	X						0.	0.	0.
IRVIN A. ALEXANDER III CFO	40.00			X				190,465.	0.	21,388.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY W PATE V.P. STRAT. PARTNERSHIP	40.00					X		131,258.	0.	16,731.
CARL F. RIST V.P. PROGRAMS	40.00					X		127,098.	0.	16,459.
ELIZABETH COIT EVP OF DEV. & COMM.	40.00					X		139,751.	0.	17,239.
JEROME L UHER COMMUNICATIONS DIR.	40.00					X		129,048.	0.	15,281.
1b Total ▶								1,137,077.	0.	136,945.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LINDER & ASSOCIATES 2164 WISCONSIN AVE NW, WASHINGTON, DC 20007	EVENT PLANNING AND EXECUTION	252,751.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	91,822.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8651520.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		8743342.			
Program Service Revenue		Business Code				
	2a CONTRACTS AND SERVICE	900099	738,252.	738,252.		
	b CONFERENCE REVENUE	900099	75,096.	75,096.		
	c PUBLICATION SALES	900099	6,133.	6,133.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		819,481.			
	3 Investment income (including dividends, interest, and other similar amounts)		103,442.			103,442.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	114284.				
	b Less rental expenses					
	c Rental income or (loss)	114284.				
	d Net rental income or (loss)		114,284.			114,284.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ 91,822. of contributions reported on line 1c) See Part IV, line 18	a 122530.				
	b Less direct expenses	b 204189.				
	c Net income or (loss) from fundraising events		-81,659.			-81,659.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	326.			326.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		326.			
	12 Total revenue See instructions		9699216.	819,481.	0.	136,393.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	1,849,000.	1,849,000.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	100,000.	100,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	681,157.	358,653.	275,574.	46,930.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,773,123.	3,135,099.	242,950.	395,074.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	244,507.	197,839.	20,186.	26,482.
9 Other employee benefits	390,691.	302,111.	48,051.	40,529.
10 Payroll taxes	305,136.	232,880.	41,158.	31,098.
11 Fees for services (non-employees)				
a Management				
b Legal	200.		200.	
c Accounting	51,796.		51,796.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,162.			62,162.
f Investment management fees				
g Other	727,447.	677,440.	50,007.	
12 Advertising and promotion				
13 Office expenses	332,320.	260,969.	47,575.	23,776.
14 Information technology	138,238.	87,372.	39,569.	11,297.
15 Royalties				
16 Occupancy	851,413.	497,614.	278,595.	75,204.
17 Travel	292,299.	255,991.	23,528.	12,780.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	394,042.	351,916.	21,939.	20,187.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	225,918.	131,443.	74,393.	20,082.
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CORPORATE EXPENSES	81,100.	45,747.	23,880.	11,473.
b SUBSCRIPTIONS	39,883.	31,760.	3,486.	4,637.
c AWARDS EXPENSES	28,779.		22,662.	6,117.
d MISCELLANEOUS	21,586.	16,383.	4,070.	1,133.
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	10,590,797.	8,532,217.	1,269,619.	788,961.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash non interest-bearing		1,291.	1	624.
	2	Savings and temporary cash investments		5,943,863.	2	2,953,298.
	3	Pledges and grants receivable, net		1,070,050.	3	2,280,858.
	4	Accounts receivable, net		278,770.	4	207,684.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		138,961.	9	254,666.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,200,997.			
	b	Less accumulated depreciation	10b 737,279.	579,272.	10c	463,718.
	11	Investments - publicly traded securities		5,731,700.	11	6,956,626.
	12	Investments other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		68,609.	15	68,609.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,812,516.	16	13,186,083.
Liabilities	17	Accounts payable and accrued expenses		1,215,818.	17	406,345.
	18	Grants payable		1,245,450.	18	1,193,762.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		263,762.	23	91,117.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		379,850.	25	508,374.
	26	**Total liabilities.** Add lines 17 through 25		3,104,880.	26	2,199,598.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,665,687.	27	1,838,045.
	28	Temporarily restricted net assets		4,628,587.	28	3,015,015.
	29	Permanently restricted net assets		4,413,362.	29	6,133,425.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,707,636.	33	10,986,485.
	34	Total liabilities and net assets/fund balances		13,812,516.	34	13,186,083.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
CORPORATION FOR ENTERPRISE DEVELOPMENT	52-1141804

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,895,775.	4,883,602.	14,396,143.	3,891,565.	8,743,342.	43,810,427.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,895,775.	4,883,602.	14,396,143.	3,891,565.	8,743,342.	43,810,427.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,459,698.
6 **Public support.** Subtract line 5 from line 4						22,350,729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	11,895,775.	4,883,602.	14,396,143.	3,891,565.	8,743,342.	43,810,427.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,636.	666,025.	713,212.	756,252.	217,726.	2,631,851.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	70,439.	22,864.	61,853.	16,364.	326.	171,846.
11 **Total support.** Add lines 7 through 10						46,614,124.

12 Gross receipts from related activities, etc (see instructions)	12	6,488,503.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	47.95 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	44.14 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
CORPORATION FOR ENTERPRISE DEVELOPMENT	52-1141804

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	40,489.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	65,751.	
c Total lobbying expenditures (add lines 1a and 1b)	106,240.	
d Other exempt purpose expenditures	10484557.	
e Total exempt purpose expenditures (add lines 1c and 1d)	10590797.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	679,540.	
g Grassroots nontaxable amount (enter 25% of line 1f)	169,885.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	755,842.	596,124.	679,130.	679,540.	2,710,636.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,065,954.
c Total lobbying expenditures	53,599.	220,361.	53,596.	106,240.	433,796.
d Grassroots nontaxable amount	188,961.	149,031.	169,783.	169,885.	677,660.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,016,490.
f Grassroots lobbying expenditures	16,994.	62,018.	22,284.	40,489.	141,785.

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number: 52-1141804

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

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

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

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4859787.	7185077.			
b Contributions	1276780.	73,575.			
c Net investment earnings, gains, and losses	1063435.	-2,398,865.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7200002.	4859787.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 15.00 %
b Permanent endowment ▶ 85.00 %
c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		658,905.	435,172.	223,733.
e Other		542,092.	302,107.	239,985.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				463,718.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASE	63,865.
DEFERRED RENT	434,714.
DEPOSITS	9,795.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	508,374.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,699,216.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,590,797.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-891,581.
4	Net unrealized gains (losses) on investments	4	1,170,430.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,170,430.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	278,849.

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

1	Total revenue, gains, and other support per audited financial statements			1	11,073,835.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,170,430.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	204,189.		
e	Add lines 2a through 2d			2e	1,374,619.
3	Subtract line 2e from line 1			3	9,699,216.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	9,699,216.

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

1	Total expenses and losses per audited financial statements			1	10,794,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	204,189.		
e	Add lines 2a through 2d			2e	204,189.
3	Subtract line 2e from line 1			3	10,590,797.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	10,590,797.

Part XIV Supplemental Information

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

PART V, LINE 4: THE EARNINGS FROM THE ORGANIZATION'S ENDOWMENT ARE TO BE USED TO SUPPLEMENT GENERAL OPERATING SUPPORT AND SPECIAL PROGRAMS AND PROJECTS AS APPROVED BY OUR BOARD OF DIRECTORS.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2009, CFED AND NFED HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10

Part XIV Supplemental Information *(continued)*

AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE SHOWN AS EXEPNSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990 PART VIII, LINE 8B

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE SHOWN AS EXEPNSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990 PART VIII, LINE 8B

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number
52-1141804

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
IRAINMAKERS, LTD	FUNDRAISING COUNSEL TO CONNECT		X	0.	62,162.	-62,162.
Total ▶					62,162.	-62,162.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

932081 02-03-10

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

Revenue		(a) Event #1 FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	214,352.			214,352.
	2 Less Charitable contributions	91,822.			91,822.
	3 Gross income (line 1 minus line 2)	122,530.			122,530.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	108,626.			108,626.
	7 Food and beverages	84,851.			84,851.
	8 Entertainment				
	9 Other direct expenses	10,712.			10,712.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(204,189.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	-81,659.

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
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 ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number

52-1141804

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) 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
CAPITAL AREA ASSET BUILDERS 1801 K STREET NW STE M100 WASHINGTON, DC 20006	52-2002672	501(C)(3)	20,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
HAWAII ALLIANCE FOR COMMUNITY BASED ECONOMIC FUND - 677 ALA MOANA BLVD. #702 - HONOLULU, HI 96813	99-0308587	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
IDA AND ASSET-BUILDING COLLABORATIVE OF NORTH CAROLINA - DONNA GALLAGHER PO BOX 27386 - RALEIGH, NC 27611	04-3728351	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
ISED VENTURS 1111 NINTH STREET SUITE 380 DES MOINES, IA 50314 - DES MOINES, IA 50314	20-1037604	501(C)(3)	10,000.	0.			ESTABLISH STATEWIDE COALITION IN IOWA TO AFFECT POSITIVE STATE-LEVEL POLICY
KANSAS ACTION FOR CHILDREN GARY BRUNK 720 SW JACKSON ST SUITE TOPEKA, KS 66603	48-0879502	501(C)(3)	20,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET

2 Enter total number of section 501(c)(3) and government organizations ▶ 37.

3 Enter total number of other organizations ▶ 0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) 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
GRANTS	2	100,000.	0.		

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

SCHEDULE I, PART I, LINE 2: 1. CFED/NFED DEVELOP REQUEST FOR PROPOSAL (RFP) AND DISSEMINATE THE RFP PUBLICLY.

2. CFED/NFED ASSEMBLE A PANEL CONSISTING OF REPRESENTATIVES FROM THE PRIMARY GRANT FUNDER, INDEPENDENT PERSONS KNOWLEDGEABLE ABOUT THE INDUSTRY, AND CFED/NFED STAFF.

3. THE RFPS ARE REVIEWED BY THE PANEL AGAINST THE SELECTION CRITERIA.

4. THE AWARDEES ARE PROVIDED A GRANT AGREEMENT SPELLING OUT THE DELIVERABLES, GRANT TERMS AND CONDITIONS, AND GRANT AMOUNT.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number
52-1141804

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
OKLAHOMA POLICY INSTITUTE MATT GUILORY EXEC. DIR 228 ROBERT S OKLAHOMA CITY, OK 73102	73-1623517	501(C)(3)	20,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
POLICY MATTERS OHIO 3631 PERKINS AVE, SUITE 4C EAST CLEVELAND, OH 44114	34-1921881	501(C)(3)	20,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
SARGENT SHRIVER NATINAL CENTER ON POVERTY LAW - JOHN BOUMAN EXECUTIVE DIR 50 EAST WASHINGTON SUITE - CHICAGO, IL 60602	36-3151279	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
SOUTHERN GOOD FAITH FUND 1400 W. MARKHAM, SUITE 400 LITTLE ROCK, AR 72201 - LITTLE ROCK, AR 72201	80-0015988	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
CENTER FOR PUBLIC POLICY PRIORITIES - 900 LYDIA STREET - AUSTIN, TX 78702	74-2898197	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
THE COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF MICHIGAN - 1000 SOUTH WASHINGTON AVE SUITE 101 - LANSING, MI 46026	38-3445097	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
NEIGHBORHOOD PARTNERSHIP FUND 1020 SW TAYLOR ST. SUITE 680 PORTLAND, OR 97205	91-1943624	501(C)(3)	10,000.	0.			ESTABLISH STATEWIDE COALITION IN OREGON TO AFFECT POSITIVE STATE-LEVEL POLICY
THE KENTUCKY DOMESTIC VIOLENCE ASSOCIATION - 111 DARBY SHIRE CIRCLE - FRANKFORT, KY 40601	61-1110432	501(C)(3)	20,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET

SCHEDULE I-1
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Internal Revenue Service

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Employer identification number
52-1141804

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
WASHINGTON STATE MICROENTERPRISE ASSOCIATION - P.O. BOX 23580 - FEDERAL WAY, WA 98093	30-0434103	501(C)(3)	75,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
MIDAS COLLABORATIVE 20 LINDEN STREET SUITE 288 ALLSTON, MA 02134	83-0485169	501(C)(3)	50,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
COMMUNITY ACTION NEW MEXICO ONA PORTER 400 CENTRAL AVE SE #101 ALBUQUERQUE, NM 87102	85-0466059	501(C)(3)	25,000.	0.			FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET
SAVE TOGETHER 2701 CALIFORNIA AVENUE SW #247 SEATTLE, WA 98116	26-3455579	501(C)(3)	100,000.	0.			HELP WORKING POOR ACCESS SAVINGS ACCOUNTS, BUILD ASSETS, & ACHIEVE FINANCIAL SECURITY USING
RUPRI CENTER FOR RURAL ENTREPENERUSHIP - DON MACKE 650 J ST. STE 305-D PO BOX 83107 - LINCOLN, NE 68501	26-3114011	501(C)(3)	25,000.	0.			TO DETERMINE IF/HOW ENTREPRENEURSHIP CAN BE AN INTEGRAL PART OF ECON. DEVELOPMENT FOR RURAL
NEW HAMPSHIRE COMMUNITY LOAN FUND 7 WALL STREET CONCORD, NH 03301	22-2524015	501(C)(3)	50,000.	0.			PROVIDE INFORMATION ON RESIDENTIAL PROPERTIES PURCHASED BEFORE FEB 15, 2008 BY PARTICIPANTS IN
MAINE STATE HOUSING AUTHORITY 353 WATER ST AUGUSTA, ME 04330	01-0528097	501(C)(3)	75,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
FRONTIER HOUSING 5445 FLEMINGSBURG ROAD MOREHEAD, KY 40351	61-0863958	501(C)(3)	45,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Employer identification number
52-1141804

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
NATIONAL CONSUMER LAW CENTER 7 WINTHROP SQUARE 4TH FLOOR BOSTON, MA 02110	04-2488502	501(C)(3)	104,000.	0.			ADVANCMENT OF THE MH POLICY AGENDA(RESEARCH, EXPERTISE, SUPPORT)
CASA OF OREGON 212 EAST FIRST STREET NEWBERG, OR 97132	93-0977842	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
COOPERATIVE DEVELOPMENT INSITUTE, INC. - 126 ELM STREET - GREENFIELD, MA 01301	04-3241596	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
MANUFACTURED HOME OWNERS ASSOCIATION OF AMERICA - 37 TEE DEE DRIVE - BELMONT, NH 03220	61-1413822	501(C)(3)	120,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
NORTHCOUNTY COOPERATIVE FOUNDATION 219 MAIN STREET SE SUITE 500 MINNEAPOLIS, MN 55414	41-1953515	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
NORTHCOUNTY COOPERATIVE FOUNDATION 219 MAIN STREET SE SUITE 500 MINNEAPOLIS, MN 55414	41-1953515	501(C)(3)	100,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
NORTHWEST COOPERATIVE DEVELOPMENT CENTER - 1063 SOUTH CAPITOL WAY STE 211 - OLYMPIA, WA 98501	91-1355457	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 14607	16-1183242	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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52-1141804

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
REAL ESTATE ADVISORY AND DEVELOPMENT SERVICES - 280 AMBOY AVE 3RD FLOOR - METUCHEN, NJ 08840	14-1882064	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
RURAL COMMUNITY ASSISTANCE CORPORATION - 3120 FREEBOARD DRIVE SUITE 201 WEST - SACRAMENTO, CA 95691	94-2512284	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
THE GENISIS FUND, INC. 26 WATER STREET P.O. BOX 609 DAMARISCOTTA, ME 04543	01-0461436	501(C)(3)	100,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
UTAH RESIDENT OWNED COMMUNITIES 1874 CONNOR STREET SALT LAKE CITY, UT 84108	26-2901912	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
COMMUNITY RESOURCE PROJECT 28 EAST OSTEND STREET BALTIMORE, MD 21230	94-2280427	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
MONTANA HOMEOWNERSHIP NETWORK DBA NEIGHBORWORKS MONTANA - 509 1ST AVENUE NORTH - GREAT FALLS, MT 59407	81-0543240	501(C)(3)	50,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING
RURAL DYNAMICS, INC. 2022 CENTRAL AVENUE GREAT FALLS GREAT FALLS, MT 59401	81-0303443	501(C)(3)	10,000.	0.			ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA ASSET BUILDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT VOICES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT:
HAWAII ALLIANCE FOR COMMUNITY BASED ECONOMIC FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT:
IDA AND ASSET-BUILDING COLLABORATIVE OF NORTH CAROLINA

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: ISED VENTURS

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH STATEWIDE COALITION IN IOWA TO AFFECT POSITIVE STATE-LEVEL POLICY CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS ACTION FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA POLICY INSTITUTE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: POLICY MATTERS OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT:

SARGENT SHRIVER NATINAL CENTER ON POVERTY LAW

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN GOOD FAITH FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR PUBLIC POLICY PRIORITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD PARTNERSHIP FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH STATEWIDE COALITION IN OREGON TO AFFECT POSITIVE STATE-LEVEL POLICY CHANGE.

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE KENTUCKY DOMESTIC VIOLENCE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON STATE MICROENTERPRISE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: MIDAS COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: FRAME A COMPREHENSIVE FINANCIAL SECURITY POLICY AGENDA, RAISE AWARENESS ON IMPORTANCE OF ASSET BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: SAVE TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP WORKING POOR ACCESS SAVINGS ACCOUNTS, BUILD ASSETS, & ACHIEVE FINANCIAL SECURITY USING AN INTERNET-BASED COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

RUPRI CENTER FOR RURAL ENTREPENERUSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DETERMINE IF/HOW ENTREPRENEURSHIP CAN BE AN INTEGRAL PART OF ECON. DEVELOPMENT FOR RURAL AMERICA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEW HAMPSHIRE COMMUNITY LOAN FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE INFORMATION ON RESIDENTIAL PROPERTIES PURCHASED BEFORE FEB 15, 2008 BY PARTICIPANTS IN THE NH IDA PROGRAM USING IDA FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: MAINE STATE HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: FRONTIER HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF OREGON

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

COOPERATIVE DEVELOPMENT INSITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

MANUFACTURED HOME OWNERS ASSOCIATION OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTHCOUNTY COOPERATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHCOUNTY COOPERATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST COOPERATIVE DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: PATHSTONE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

REAL ESTATE ADVISORY AND DEVELOPMENT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

RURAL COMMUNITY ASSISTANCE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: THE GENISIS FUND, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: UTAH RESIDENT OWNED COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RESOURCE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:
MONTANA HOMEOWNERSHIP NETWORK DBA NEIGHBORWORKS MONTANA

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: RURAL DYNAMICS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS PROBLEMS IN THE MH SECTOR AND REALIZE MH AS A SOURCE OF AFFORDABLE, APPRECIATING HOUSING.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number

52-1141804

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT E. FRIEDMAN	(i)	162,439.	0.	0.	12,336.	11,508.	186,283.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREA LEVERE	(i)	237,018.	20,000.	0.	19,245.	6,758.	283,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
IRVIN A. ALEXANDER III	(i)	184,821.	5,644.	0.	14,744.	6,644.	211,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH COIT	(i)	139,751.	0.	0.	10,631.	6,608.	156,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

PART I, LINE 4A: JEROME UHER WAS PAID $28,756 IN SEVERANCE PAYMENTS IN 2009.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CORPORATION FOR ENTERPRISE DEVELOPMENT

Employer identification number

52-1141804

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS PROGRAM

EXPENSES $ 1072001. INCLUDING GRANTS OF $ 5144. REVENUE $ 6133.

FIELD DEVELOPMENT PROGRAM

EXPENSES $ 929785. INCLUDING GRANTS OF $ 31673. REVENUE $ 738252.

AMERICAN DREAM MATCH FUNDS PROGRAM

EXPENSES $ 354194. INCLUDING GRANTS OF $ 101946. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY THE FINANCE/INVESTMENT COMMITTEE. A FINAL COPY OF THE 990 IS PROVIDED TO EACH BAORD MEMBER BEFORE BEING SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: CFED'S CONFLICTS OF INTEREST POLICY AND A CONFLICT OF INTEREST DECLARATION STATEMENT ARE DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY. THE DIRECTORS MUST ANSWER A SERIES OF QUESTIONS TO DISCLOSE ANY CONFLICTS OF INTEREST AND SIGN THE STATEMENT. ALSO, CFED'S EMPLOYEES HANDBOOK CONTAINS A CONFLICT OF INTEREST POLICY THAT ALL EMPLOYEES MUST SIGN.

UPON THE FIRST KNOWLEDGE BY AN INTERSETED PERSON THAT CFED IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN INTEREST, THE INTERESTED PERSON MUST DISLCOSE THE EXISTENCE AND NATURE OF HIS OR HER INTEREST TO THE

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Department of the Treasury
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Employer identification number: 52-1141804

PRESIDENT.

AFTER DISCLOSURE OF THE INTEREST, THE INTERESTED PERSON MAY NOT PARTICIPATE IN CONSIDERATION OF THE PROPOSED TRANSACTION OR ARRANGEMENT AND WILL NOT BE PRESENT FOR THE CONSIDERATION OF OR VOTE ON SUCH TRANSACTION UNLES THE PRESIDENT REQUESTS INFORMATION FROM THE INTERESTED PERSON.

FORM 990, PART VI, SECTION B, LINE 15A: TO DETERMINE THE CEO'S COMPENSATION, THE ORGANIZATION COMPILED 990 DATA FOR LIKE ORGANIZATIONS AND USED DATA FROM INDEPENDENT SURVEYS. THIS DATA WAS REVIEWED AND DELIBERATED BY THE ORGANIZATION'S COMPENSATION COMMITTEE, WHICH ALSO CONDUCTED A FORMAL REVIEW OF THE CEO'S PERFORMANCE. THE COMPENSATION COMMITTEE VOTED ON AND APPROVED THE CEO'S 2009 COMPENSTION AND DOCUMENTED THEIR DELIBERATIONS FOR THE ORGANIZATION'S RECORDS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:
THE AUDIT COMMITTEE MEETS ANNUALLY TO REVIEW AND APPROVE THE AUDIT ENGAGEMENT. THEY ALSO MEET WITH THE AUDITORS BEFORE THE AUDIT STARTS. ONCE THE AUDIT IS COMPLETE, THE AUDITORS MEET WITH THE AUDIT COMMITTEE TO REVIEW ALL AUDIT FINDINGS. THE STAFF IS REQUESTED TO PROVIDE A WRITTEN RESPONSE TO EACH AUDIT FINDING AND SUBMIT TO THE AUDIT COMMITTEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

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Employer identification number

52-1141804

SCHEDULE G, PART I, LINE 2B, COLUMN (V): SERVES AS FUNDRAISING COUNSEL TO CONNECT CFED TO CORPORATE CONTRIBUTION IN SUPPORT OF CFED'S PROGRAMS AND BIANNUAL CONFERENCE.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NFED - 52-2281617 1200 G STREET, NW WASHINGTON, DC 20005	SERVES AS A NATIONAL FINANCIAL INTERMEDIARY AND SUPPORT ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A	N/A
ROC USA - 35-2319441 7 WALL STREET CONCORD, NH 03301	ECONOMIC ASSISTANCE	NEW HAMPSHIRE	501(C)(3)	LINE 7	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) NFED	P	611,793.
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No