

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden



hours per response.....16.00

UNITORNI ENITTED OFFERING EXEMI	05076214
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	V V V V V V V V V V V V V V V V V V V
Community Housing Alliance II L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Community Housing Alliance II L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10227 Wincopin Circle, Suite 810, Columbia, MD 21044	410) 964-0552
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The Issuer will make investments in residential rental properties that qualify for the low incomhistoric rehabilitation credit under Sections 42 and 47 of the Internal Revenue Code of 1986,	
Type of Business Organization  corporation business trust  Iimited partnership, already formed business trust  Iimited partnership, to be formed	ease specify): PROCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization: O 1 O 5 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) MD	JAN 0 3 2005 THOMSON
GENERAL INSTRUCTIONS	100ATECIAL

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIO	IDENTIFICATION D	ATA	
2. Enter the information re	equested for the f	following:			
<ul> <li>Each promoter of t</li> </ul>	the issuer, if the	issuer has been organiz	zed within the past five ye	ears;	
<ul> <li>Each beneficial ow</li> </ul>	ner having the po	wer to vote or dispose,	or direct the vote or dispo	sition of, 10% or more	of a class of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director	of corporate issuers an	nd of corporate general an	d managing partners o	f partnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	✓ Promoter	Beneficial Ow	ner Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first, i	•	ration			
The Enterprise Social Inv					
Business or Residence Addre 10227 Wincopin Circle, S			ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🔲 Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Enterprise Community He	ousing Organiz	ration, Inc.			
Business or Residence Addre			ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🛮 Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first, it See Attachment	f individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and	d Street, City, State, Zi	in Code)		
	(**====================================		,,		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<del></del>		·	
Business or Residence Addre	ss (Number and	1 Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Off	ficer Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)		:		
Business or Residence Address	ss (Number and	1 Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Off	icer Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Off	icer Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zi	p Code)		
<del></del>	(Use bl	ank sheet, or copy and	use additional copies of	his sheet, as necessary	y)

					B. 1	NFORMAT	ION ABOU	T OFFER	ING				
1.	Has the	issuer solo	l, or does th	ne issuer i	ntend to se	ell, to non-	accredited i	investors i	n this offer	ing?		Yes	No <b>⊠</b>
	Answer also in Appendix, Column 2, if filing under ULOE.									<b>.</b>	E-COUNTY.		
2.	What is the minimum investment that will be accepted from any individual?									\$1,0	000,000.00		
3.	Does th	e offering	nermit inint	ownerch	in of a sind	de unit?						Yes	No
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	•	Last name : Equities, In	first, if indi C.	vidual)									
			Address (N	umber and	d Street, C	ity, State, 2	Zip Code)				.,		
1022	27 Wince	opin Circle	, Suite 810	, Columbi	ia, MD 21	044							
Nam	e of Ass	ociated Br	oker or Dea	aler									
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<del></del>			<del></del>	
	(Check	'All States	" or check i	individual	States)	••••••	•••••					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC.	FL	[GA]	HI	ID
İ	īL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	[UT]	[VT]	VA	WA	WV	WI	WY	PR
Full	Name (L	ast name f	irst, if indi	vidual)	,								
Busi	ness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)			·		<u> </u>	
								,					
Nam	e of Ass	ociated Bro	oker or Dea	ler									
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	,					
•	(Check	'All States'	or check i	ndividual	States)					•••••	···········	☐ Al	States
{	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH		OR	PA
(	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	[wv]	(WI)	WY	PR
Full	Name (L	ast name f	irst, if indiv	vidual)									-
Busin	ness or	Residence	Address (N	umber an	d Street, C	ity, State, 2	Zip Code)	<del></del>		T		•	
			<del></del>			·						· · · · · ·	
Name	e of Ass	ociated Bro	ker or Dea	ler									*
State	s in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
(	(Check "	'All States'	' or check i	ndividual	States)	••••••						☐ All	States
[	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	НІ	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV		OR WY	PA PR
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### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5	\$
	Equity		
	Common Preferred	<u></u>	
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	130,000,000.00	\$_130,000,000.00
	Other (Specify)	S	\$
	Total	130,000,000.00	\$_130,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number	Dollar Amount
	Accredited Investors	Investors	of Purchases \$ 130,000,000.00
			<u> </u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_80,000.00
	Accounting Fees		\$_0.00
	Engineering Fees	<b>7</b>	\$0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify) bridge loan fees and expenses		§ 145,000.00
	Total		\$ 225,000.00

Total Payments Listed (column totals added)		29,775,000.00
Column Totals	<del>_</del>	
housing projects	\$_0.00	✓ \$ 114,175,000
Investments through the acquisitions of limited partnership interests in low income		
Other (specify): Expenses incurred in connection with the acquisition of properties	<b>☑</b> \$_0.00	\$ 650,000.00
Working capital		<b>2</b> \$ 4,550,000.
Repayment of indebtedness		<b>✓</b> \$ 0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		<b> √</b> \$ 0.00
Construction or leasing of plant buildings and facilities		<b>✓</b> \$ 0.00
Purchase, rental or leasing and installation of machinery and equipment		<b>☑</b> \$_0.00
Purchase of real estate		. <b>▽</b> \$ <u>0</u>
Salaries and fees	Affiliates <b>3</b> \$_10,400,000	Others 9.00
	Payments to Officers, Directors, &	Payments to
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed teach of the purposes shown. If the amount for any purpose is not known, furnish an check the box to the left of the estimate. The total of the payments listed must equal the a proceeds to the issuer set forth in response to Part C — Question 4.b above.	estimate and	
b. Enter the difference between the aggregate offering price given in response to Part C – and total expenses furnished in response to Part C — Question 4.a. This difference is the "a proceeds to the issuer."	adjusted gross	\$

Th sig

Issuer (Print or Type)	Signature / /	Date / 1 / 2 / 2
Community Housing Alliance II L.P.	L'auth Court	12/22/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

The Enterprise Social Investment Corporation, General Partner of the Issuer

KIMBERLEE RHODES CORNETT VICE PRESIDENT

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date ( )
Community Housing Alliance II L.P.	Kimble Coat	(2/2P/05)
Name (Print or Type)	Title (Print or Type)	
- KIMBERLEE RHODES CORNE	The Enterprise Social Investment C	Corporation, General Partner of the Issuer
VICE PRESIDENT		

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intend to non-a investor	1 to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE										
DC		×	LP Interests	1	\$40,000,000	0	\$0.00		×	
FL										
GA										
ні										
ID										
IL										
IN										
_ IA										
KS										
KY										
LA										
ME										
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MA										
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MN										
MS										

	APPENDIX									
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOF (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		×	LP Interests	1	\$30,000,000	0	\$0.00		×	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
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ОК										
OR										
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SC										
SD										
TN										
TX										
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VT						·				
VA		×	LP Interests	1	\$60,000,000	0	\$0.00		×	
WA										
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WI				!						

				APP	ENDIX		and the second s	i i i i i i i i i i i i i i i i i i i			
1	to non-a	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
PR			·								

### FORM D

### ATTACHMENT TO (A) BASIC IDENTIFICATION DATA

Listed below are the names of the Directors and Executive Officers of The Enterprise Social Investment Corporation, the promoter and sole general partner of the issuer, Community Housing Alliance II L.P.:

### Directors:

Laura Bailey

Richard O. Berndt

David R. Bock

Jeffrey H. Donahue

Gary Gensler

Daryl Hall

F. Barton Harvey III

Arlene Isaacs-Lowe

Marilyn Melkonian

Felice L. Michetti

Terri Montague

Joseph F. Reilly

Mary K. Reilly

Lee Rosenberg

Patricia T. Rouse

Jerome D. Smalley

Thomas J. Watt

Thomas W. White

### **Executive Officers:**

F. Barton Harvey III Chairman of the Board

Jeffrey H. Donahue President

Helen W. Whitehead Chief Administrative Officer

Frank Narron Senior Vice President, National Equity Initiatives
Holly J. Stagmer Senior Vice President, Strategic Planning and Finance

Barbara J. Sonberg Senior Vice President

Jeff Galentine Treasurer

Randall Lott Chief Financial Officer

Charlie Werhane Executive Vice-President and Chief Operating Officer

The address for each of the Officers listed above is 10227 Wincopin Circle, Suite 810, Columbia, Maryland 21044.