

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 private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ENTERPRISE COMMUNITY INVESTMENT INC		D Employer identification number 52-1206840
	Doing business as		E Telephone number (410) 772-2787
	Number and street (or P O box if mail is not delivered to street address) Room/suite 11000 BROKEN LAND PARKWAY NO 700	G Gross receipts \$ 46,859,143	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD 21044		
F Name and address of principal officer CRAIG MELLENDICK 11000 BROKEN LAND PARKWAY NO 700 COLUMBIA, MD 21044		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTP //WWW.ENTRPREISECOMMUNITY.COM/			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1981	M State of legal domicile MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES	
	2 Check this box <input type="checkbox"/> 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 individuals employed in calendar year 2015 (Part V, line 2a)	5 132	
6 Total number of volunteers (estimate if necessary)	6 0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 0 Current Year: 0
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 38,995,075 Current Year: 33,895,412
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	Prior Year: 82,949 Current Year: 218,061
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 14,347,602 Current Year: 12,745,670
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 53,425,626 Current Year: 46,859,143
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year: 2,750,000 Current Year: 3,400,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: 0 Current Year: 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: 21,716,235 Current Year: 20,142,634
	16a Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: 0 Current Year: 0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year: 25,970,763 Current Year: 25,262,370
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 50,436,998 Current Year: 48,805,004	
19 Revenue less expenses Subtract line 18 from line 12	Prior Year: 2,988,628 Current Year: -1,945,861	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 123,581,507 End of Year: 131,842,005
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 22,324,062 End of Year: 19,519,245
	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year: 101,257,445 End of Year: 112,322,760

Part II Signature Block

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

Signature of officer: _____ Date: 2016-10-24
 CRAIG MELLENDICK SVP & CFO
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JOHN W SADOFF JR	Preparer's signature JOHN W SADOFF JR	Date 2016-10-24	Check <input type="checkbox"/> if self-employed	PTIN P00540589
	Firm's name DELOITTE TAX LLP			Firm's EIN 86-1065772	
	Firm's address 191 PEACHTREE STREET NE STE 2000 ATLANTA, GA 30303			Phone no (404) 220-1500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES CENTRAL TO THIS MISSION, ENTERPRISE'S FUNDAMENTAL COMMITMENT TO GIVE PEOPLE LIVING IN POVERTY AN OPPORTUNITY TO MOVE UP AND OUT WE BELIEVE THAT THESE OPPORTUNITIES ARE BEST PROVIDED IN COMMUNITIES WITH A DIVERSE MIX OF AFFORDABLE AND MARKET HOUSING OPTIONS, ACCESS TO JOBS AND SOCIAL SUPPORTS, AND A STRONG COMMITMENT TO THE ENVIRONMENT AND CIVIC PARTICIPATION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 39,105,484 including grants of \$ 3,400,000) (Revenue \$ 33,895,412)

THE ORGANIZATION PROVIDES TECHNICAL, ACQUISITION, AND FINANCING ASSISTANCE RELATED TO INVESTMENT IN LOW INCOME AFFORDABLE HOUSING ECI PARTNERS WITH OTHER ORGANIZATIONS THAT PROVIDE ASSET MANAGEMENT AND OTHER SERVICES RELATED TO PRESERVING THE STABILITY OF LOW INCOME HOUSING NATIONWIDE

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 39,105,484

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who 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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Yes	
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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MD
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> CRAIG MELLENDICK 11000 BROKEN LAND PARKWAY SUITE 800 COLUMBIA, MD 21044 (410) 964-0552

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							9,391,955	575,626	1,707,752	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 62**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP 7501 WISCONSIN AVE SUITE 400E BETHESDA, MD 208146583	ACCOUNTING & TAX	2,338,977
GALLAGHER EVELIUS & JONES LLP 218 NORTH CHARLES STREET BALTIMORE, MD 21201	LEGAL	1,664,676
BOCARSLY EMDEN COHEN ESMAIL & ARNDT L 7700 OLD GEORGETOWN ROAD BETHESDA, MD 20814	LEGAL	955,000
GTG CONSULTANTS 350 WEST ONTARIO ST SUITE 5 WEST CHICAGO, IL 60654	CONSULTING	696,516
DLA PIPER RUDNICK GRAY CARY 6225 SMITH AVE BALTIMORE, MD 21209	LEGAL	425,271

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 13**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	LOW INCOME HOUSING REVENUE	531390	33,895,412	33,895,412		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		33,895,412			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		218,061		218,061	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b			Less direct expenses b				
c	Net income or (loss) from fundraising events						
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	FEES FOR PARENT SERVICES	561000	12,745,670			12,745,670	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		12,745,670				
12	Total revenue. See Instructions		46,859,143	33,895,412	0	12,963,731	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,400,000	3,400,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,175,192	6,609,088	3,566,104	
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	5,723,312	5,569,447	153,865	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	457,877	350,742	107,135	
9	Other employee benefits	2,382,415	1,797,798	584,617	
10	Payroll taxes	1,403,838	1,075,365	328,473	
11	Fees for services (non-employees)				
a	Management				
b	Legal	322,469	322,469		
c	Accounting	504,726	504,726		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,420,057	2,737,038	1,683,019	
12	Advertising and promotion	2,348,477	2,348,477		
13	Office expenses	2,916,362	1,298,554	1,617,808	
14	Information technology	753,079		753,079	
15	Royalties				
16	Occupancy	1,012,079	785,785	226,294	
17	Travel	668,185	575,249	92,936	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	140,732	132,042	8,690	
20	Interest	915,631	915,631		
21	Payments to affiliates	6,544,037	6,277,037	267,000	
22	Depreciation, depletion, and amortization	1,885,439	1,574,939	310,500	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	OVERHEAD	1,438,912	1,438,912		
b	OTHER PROGRAM EXPENSES	1,392,185	1,392,185		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,805,004	39,105,484	9,699,520	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	30,084,733	1	42,032,434
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	42,867,332	4	43,461,497
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,439,994	9	1,772,192
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,443,544		
	b Less accumulated depreciation	10b 6,827,640	6,820,192	10c 6,615,904
	11 Investments—publicly traded securities	6,338,008	11	5,621,083
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	36,031,248	13	32,338,895
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	123,581,507	16	131,842,005	
Liabilities	17 Accounts payable and accrued expenses	20,234,522	17	17,956,528
	18 Grants payable		18	
	19 Deferred revenue	2,089,540	19	1,562,717
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	22,324,062	26	19,519,245
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	101,257,445	27	112,322,760
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	101,257,445	33	112,322,760	
34 Total liabilities and net assets/fund balances	123,581,507	34	131,842,005	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,859,143
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,805,004
3	Revenue less expenses Subtract line 2 from line 1	3	-1,945,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,257,445
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,011,176
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,322,760

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARLENE ISAACS-LOWE DIRECTOR	1 00 0 00	X						0	0	0
BARRY C CURTIS DIRECTOR	1 00 0 00	X						0	0	0
BILL BECKMANN DIRECTOR	1 00 0 00	X						0	0	0
DAVID D LEOPOLD DIRECTOR	1 00 0 00	X						0	0	0
ELIZABETH M STOHR DIRECTOR	1 00 0 00	X						0	0	0
J RONALD TERWILLIGER DIRECTOR	1 00 0 00	X						0	0	0
JUDD S LEVY DIRECTOR	1 00 0 00	X						0	0	0
KEITH D NISBET DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL BERMAN DIRECTOR	1 00 0 00	X						0	0	0
RONALD GRZYWINSKI DIRECTOR	1 00 0 00	X						0	0	0
SAL K MIRRAN DIRECTOR	1 00 0 00	X						0	0	0
SHEKAR NARASIMHAN DIRECTOR	1 00 0 00	X						0	0	0
TERRI LUDWIG DIRECTOR	0 00 40 00	X						0	575,626	39,808
TONY SALAZAR DIRECTOR	1 00 0 00	X						0	0	0
W KIMBALL GRIFFITH DIRECTOR	1 00 0 00	X						0	0	0
CHARLES WERHANE PRESIDENT	40 00 0 00	X		X				923,245	0	123,673
AMY DICKERSON V PRESIDENT	40 00 0 00			X				236,000	0	53,197
ARON WEISNER V PRESIDENT	40 00 0 00			X				218,616	0	53,245
ASHIS BOSE V PRESIDENT	40 00 0 00			X				204,374	0	14,120
B SUE WILSON V PRESIDENT	40 00 0 00			X				246,442	0	49,377
BRIAN WINDLEY V PRESIDENT	40 00 0 00			X				402,672	0	58,656
BRUCE ROTHSCHILD SENIOR V PRESIDENT	40 00 0 00			X				456,802	0	73,300
CHRISTOPHER HERRMANN SENIOR DIRECTOR	40 00 0 00			X				240,606	0	62,944
CRAIG SWEET V PRESIDENT	40 00 0 00			X				196,420	0	28,854
DANIEL MAGIDSON V PRESIDENT	40 00 0 00			X				333,155	0	58,620

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELAINE DIPIETRO V PRESIDENT	40 00 0 00			X				243,842	0	51,750
JEFFREY GALENTINE TREAS V PRESIDENT	40 00 0 00			X				223,042	0	55,907
JOHN BRANDENBURG V PRESIDENT	40 00 0 00			X				271,576	0	52,412
JOSEPH WESOLOWSKI SENIOR V PRESIDENT	40 00 0 00			X				499,806	0	90,340
KARI DOWNES V PRESIDENT	40 00 0 00			X				305,398	0	58,889
PHILIP PORTER V PRESIDENT	40 00 0 00			X				330,232	0	54,552
PRADIP SITARAM V PRESIDENT	40 00 0 00			X				362,462	0	96,404
RAOUL MOORE V PRESIDENT	40 00 0 00			X				547,330	0	88,319
ROBIN HYERSTAY V PRESIDENT	40 00 0 00			X				178,275	0	38,638
SALLY HEBNER V PRESIDENT	40 00 0 00			X				357,648	0	86,297
SCOTT HOEKMAN SENIOR V PRESIDENT	40 00 0 00			X				430,290	0	86,297
STEPHANIE ARNOLD V PRESIDENT	40 00 0 00			X				223,706	0	48,939
STEPHEN GIMILARO V PRESIDENT	40 00 0 00			X				215,755	0	53,035
STEPHEN SMITH V PRESIDENT	40 00 0 00			X				325,577	0	25,837
THOMAS EASTMAN V PRESIDENT	40 00 0 00			X				412,874	0	54,460
ALYSSA LANNER SENIOR DIRECTOR	40 00 0 00					X		211,011	0	15,454
ERIK APAHNIS SENIOR DIRECTOR	40 00 0 00					X		197,974	0	33,776
MARIAN O'CONOR ASSOCIATE GENERAL COUNSEL	40 00 0 00					X		191,139	0	33,161
MATTHEW DOWLING SENIOR DIRECTOR	40 00 0 00					X		213,633	0	35,185
OMAR K BOYD III SENIOR DIRECTOR	40 00 0 00					X		192,053	0	32,306

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number 52-1206840

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total acreage, monitoring expenses, and reporting requirements.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN UNCONSOLIDATED PARTNERSHIPS	2,614,445	C
(2) BRIDGE LOANS TO UNCONSOLIDATED PARTNERSHIPS	8,244,590	C
(3) INVESTMENTS IN SUBS	21,479,860	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶ 32,338,895	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	WE CONDUCT BUSINESS THROUGHOUT THE UNITED STATES AND, AS A RESULT, WE FILE INCOME TAX RETURNS IN FEDERAL AND VARIOUS STATE JURISDICTIONS THE STATUTE OF LIMITATIONS HAS NOT YET EXPIRED ON SEVERAL OF OUR TAXABLE SUBSIDIARIES AND AS SUCH THEY REMAIN SUBJECT TO EXAMINATION BY THE FEDERAL AUTHORITIES AND VARIOUS STATE GOVERNMENTS THE FILING OF INCOME TAX RETURNS REQUIRES MANAGEMENT TO ASSESS AND MEASURE UNCERTAIN TAX POSITIONS UPON EXAMINATION OF TAX POSITIONS TAKEN, MANAGEMENT CONCLUDED THAT ALL POSITIONS TAKEN ON ITS TAX RETURNS EXCEED THE MORE-LIKELY-THAN-NOT THRESHOLD AND EXPECTS TO REALIZE THE BENEFIT OF ALL POSITIONS IF EXAMINED BY A TAXING AUTHORITY AS A RESULT, MANAGEMENT CONCLUDED THAT WERE NO UNCERTAIN POSITIONS THAT REQUIRED MEASUREMENT IN OR ADJUSTMENT TO OUR CONSOLIDATED FINANCIAL STATEMENTS

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2015

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

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

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? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044	52-1231931	501(C)(3)	3,400,000				GENERAL SUPPORT

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	IN THE NORMAL COURSE OF BUSINESS, ENTERPRISE COMMUNITY INVESTMENT MAY MAKE GRANTS TO OTHER ORGANIZATIONS, INCLUDING ITS PARENT, FOR THE PURPOSE OF SUPPORTING THEIR OPERATING ACTIVITIES THE USE OF GRANT FUNDS IS MONITORED THROUGH THE REVIEW OF OPERATING RESULTS AND DISCUSSIONS WITH MANAGEMENT GRANTS MADE TO THIRD PARTIES ALSO INCLUDE ASSESSING THE IMPACT THOSE ORGANIZATIONS MAKE ON THEIR POPULATION SERVED, SUCH AS NUMBER OF UNITS PRODUCED, SERVICES PROVIDED, ETC

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in 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.</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>4a Receive a severance payment or change-of-control payment?</p>		No								
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>5a The organization?</p>	Yes									
<p>5b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>6a The organization?</p>	Yes									
<p>6b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	Yes									
<p>7 For persons listed on 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.</p>	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	THE PLAN PROVIDES FOR EMPLOYER ANNUAL DISCRETIONARY CONTRIBUTIONS FOR EMPLOYEES THAT ARE UNDER THE AGE OF 55 OR WITH LESS THAN 5 YEARS OF SERVICE CONTRIBUTIONS TO THE PLAN VEST AFTER 3 YEARS AND UPON VESTING, THE EMPLOYER CONTRIBUTIONS ARE PAID TO THE COVERED EMPLOYEES FOR EMPLOYEES THAT ARE AT LEAST 55 YEARS OF AGE AND WITH FIVE YEARS OF SERVICE THE CONTRIBUTIONS VEST IMMEDIATELY EMPLOYEES WHO RECEIVED PAYMENTS ARE CHARLES WERHANE \$198,603, RAOUL MORRE \$127,379, JOSEPH WESOLOWSKI \$124,783, BRUCE ROTHSCHILD \$113,411, SCOTT HOEKMAN \$56,448, JOHN BRANDENBURG \$48,736, B SUE WILSON \$36,830, STEPHANIE ARNOLD \$17,628, KARI DOWNES \$18,776, THOMAS EASTMAN \$20,419, JEFFREY GALENTINE \$14,536, PHILIP PORTER \$16,315, STEPHEN SMITH \$15,747, BRIAN WINDLEY \$22,162, ELAINE DIPIETRO \$15,955, STEPHEN GIMILARO \$15,955 AND SALLY HEBNER \$24,022
PART I, LINE 5	PRODUCTION STAFF RECEIVE COMPENSATION BASED ON JOB PERFORMANCE AND THE AMOUNT OF ACQUISITION FEES GENERATED ON PROPERTIES ACQUIRED THAT FULFILL THE MISSION OF PROVIDING AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS AND FAMILIES
PART I, LINE 6A	THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF THE ORGANIZATION AS WELL AS SPECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE
PART I, LINE 6B	THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF THE RELATED ORGANIZATION AS WELL AS SPECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE
PART I, LINE 7	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 SALLY HEBNER V PRESIDENT	(i)	232,500	101,126	24,022	66,784	19,513	443,945	24,022
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1 SCOTT HOEKMAN SENIOR V PRESIDENT	(i)	231,365	142,205	56,720	66,784	19,513	516,587	56,448
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2 STEPHANIE ARNOLD V PRESIDENT	(i)	151,582	54,496	17,628	34,300	14,639	272,645	17,628
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3 STEPHEN GIMILARO V PRESIDENT	(i)	150,033	49,767	15,955	33,522	19,513	268,790	15,955
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4 STEPHEN SMITH V PRESIDENT	(i)	125,147	181,821	18,609	7,950	17,887	351,414	15,747
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5 THOMAS EASTMAN V PRESIDENT	(i)	153,420	239,035	20,419	39,821	14,639	467,334	20,419
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6 ALYSSA LANNER SENIOR DIRECTOR	(i)	153,750	57,000	261	15,436	18	226,465	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7 ERIK APAHNIS SENIOR DIRECTOR	(i)	156,920	40,788	266	14,263	19,513	231,750	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8 MARIAN O'CONOR ASSOCIATE GENERAL COUNSEL	(i)	151,084	39,798	257	13,648	19,513	224,300	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9 MATTHEW DOWLING SENIOR DIRECTOR	(i)	171,690	41,671	272	15,672	19,513	248,818	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10 MAR K BOYD III SENIOR DIRECTOR	(i)	160,554	31,228	271	12,793	19,513	224,359	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE STOCKHOLDER OF ECI IS IT'S PARENT, ENTERPRISE COMMUNITY PARTNERS, A 501 C (3) ORGANIZATION THE MISSION OF ENTERPRISE COMMUNITY PARTNERS IS TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES
FORM 990, PART VI, SECTION A, LINE 7A	CEO AND CHAIRPERSON OF PARENT, ENTERPRISE COMMUNITY PARTNERS, CONSULT WITH CEO OF ECI CHAIRPERSON OF PARENT HAS THE RIGHT TO APPROVE BOARD NOMINATIONS
FORM 990, PART VI, SECTION B, LINE 11	THE ENTIRE BOARD IS GIVEN A COPY OF THE FORM 990 FOR REVIEW THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE 990 IN A MEETING
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE IS PERFORMED BY THE ORGANIZATION EACH JANUARY THE EXERCISE REQUIRES EACH EMPLOYEE TO READ THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN BY THE EMPLOYEE NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING THE EXECUTIVE OFFICE INCLUDES THE CONFLICT OF INTEREST POLICY AND THE DISCLOSURE STATEMENT IN ITS MAILING TO DIRECTORS IN ADVANCE OF THE ANNUAL BOARD MEETING DIRECTORS ARE ASKED TO RETURN THE COMPLETED DISCLOSURE PRIOR TO THE ANNUAL MEETING THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DISCLOSURE DOCUMENT CONTENT, AND FOLLOWS UP ON ANY CONCERNS WITH EMPLOYEES FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCE THE EXECUTIVE OFFICE MONITORS AND FOLLOWS UP ON THE STATUS OF ANY UNRETURNED DISCLOSURE FORMS THE GENERAL COUNSEL REVIEWS ALL DISCLOSURE FORMS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURE SET FORTH IN THE POLICY
FORM 990, PART VI, SECTION B, LINE 15	ECI PERFORMS FREQUENT MARKET ANALYSIS TO ASSESS ITS COMPENSATION STRUCTURE FOR ITS CEO, OFFICERS, AND OTHER EMPLOYEES THE ANALYSIS IS REVIEWED BY THE BOARD OF DIRECTORS THE HUMAN RESOURCES COMMITTEE SETS THE CEO COMPENSATION AND APPROVES THE COMPENSATION OF OFFICERS OF ECI THE HUMAN RESOURCES COMMITTEE REPORTS ITS FINDINGS AND RECOMMENDATIONS TO THE FULL BOARD THESE PROCESSES ARE DOCUMENTED THROUGH MEETING MINUTES
FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO PUBLIC
FORM 990, PART VII, LINE 1D, TOTAL COMPENSATION	INCLUDED IN TOTAL COMPENSATION FOR THE CURRENT PERIOD ARE PAYMENTS OF PRIOR YEAR DEFERRED COMPENSATION AWARDS THESE AMOUNTS WHICH CAN BE FOUND ON SCHEDULE J COLUMN F FOR EACH INDIVIDUAL HAD BEEN REPORTED IN PREVIOUS YEARS AS WELL AS INCLUDED IN THE CURRENT YEAR COMPENSATION TOTALS
FORM 990, PART XI, LINE 9	FEDERAL INCOME TAX REFUND 5,885,659 INVESTMENT IN CAPITAL ADVISORS 733,444 EQUITY IN EARNINGS OF SUBS 6,392,073

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE BUSINESS PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4154371	SUPPORT SERVICES	MD	-742,368	1,303,898	ECI
(2) ENTERPRISE HOLDINGS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332039	INVESTMENT IN LIHTC HOUSING	MD	0	112,373	ECI
(3) ENTERPRISE MIDDLE MANAGER LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-4033363	INVESTMENT IN LIHTC HOUSING	MD	-31,199	-453,758	ECI
(4) ENTERPRISE REALTY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 02-0620992	NEW MKTS ADVISORY	MD	1,489,090	15,053,442	ECI
(5) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-1583082	INVESTMENT IN NEW MKTS TAX CREDITS	MD	-1,537	-8,483	ECI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 52-1206840
Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ENTERPRISE COMMUNITY LOAN FUND 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1092004	FINANCING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
ENTERPRISE HOME OWNERSHIP PARTNERS INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 31-1737642	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
EHOP- DALLAS INC 500 AKARD STREET DALLAS, TX 75201 72-1590088	AFF HOUSING	TX	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
NEIGHBORHOOD PARTNERSHIP HOUSING DEVEL 1 WHITEHALL STREET NEWYORK, NY 10004 13-3811616	AFF HOUSING	NY	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
ENTERPRISE MARYLAND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3262997	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
IAC ENTERPRISE NEHEMIAH DEVELOPMENT 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742031	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
CORNERSTONE HOUSING CORPORATION 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742293	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1231931	AFF HOUSING	MD	501(C)(3)	LINE 7 170(B)(1) (A)	NONE		No
CITY HOMES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1479114	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
ENTERPRISE ADVISORS INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
AFFORDABLE HOUSING SOLUTIONS 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2389470	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
ENTERPRISE COMMUNITY DEVELOPMENT INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-3048058	AFF HOUSING	DE	501(C)(4)	N/A	ECI	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
ESIC NEW MARKETS PARTNERS LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 02-0552042	INVESTMENT IN NEW MKTS CREDITS	MD	ECI	RELATED	1,169	55,946		No		Yes		99.990%
ENTERPRISE HOUSING PARTNERS XVI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707012	LOW INCOME HOUSING	MD	ECAM	RELATED	-651	6,552		No		Yes		0.010%
ENTERPRISE HOUSING PARTNERS XVI INVESTOR LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707054	LOW INCOME HOUSING	MD	ECAM	RELATED	-603	6,091		No		Yes		0.010%
ENTERPRISE HOUSING PARTNERS XVII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-1848528	LOW INCOME HOUSING	MD	ECAM	RELATED	-770	7,666		No		Yes		0.010%
ENTERPRISE HOUSING PARTNERS XVIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-1848605	LOW INCOME HOUSING	MD	ECAM	RELATED	-782	7,084		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND I LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-5112196	LOW INCOME HOUSING	DE	ECAM	RELATED	-176	1,582		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND I SERIES II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-1163243	LOW INCOME HOUSING	DE	ECAM	RELATED	-122	1,011		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 86-1170270	LOW INCOME HOUSING	DE	ECAM	RELATED	-373	1,406		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-5071960	LOW INCOME HOUSING	DE	ECAM	RELATED	-361	3,946		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS FUND IV LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-4032460	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,012	16,210		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS V LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-4734359	LOW INCOME HOUSING	MD	ECAM	RELATED	-214	2,239		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS VI LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 37-1707544	LOW INCOME HOUSING	MD	ECAM	RELATED	-907	17,003		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD PARTNERS VII LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0829862	LOW INCOME HOUSING	MD	ECAM	RELATED	-435	10,635		No		Yes		0.010%
ENTERPRISE NEIGHBORHOOD IMPACT FUND I LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 32-0381276	LOW INCOME HOUSING	DE	ECAM	RELATED	-519	8,513		No		Yes		0.010%
ENTERPRISE RB FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-2457927	LOW INCOME HOUSING	DE	ECAM	RELATED	-1,888	15,089	Yes				No	0.010%

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							Yes	No		Yes	No	
ENTERPRISE RB FUND II LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1520644	LOW INCOME HOUSING	DE	ECAM	RELATED	-2,064	21,273		No		Yes		0.010 %
ENTERPRISE-UIG AFFORDABLE HOUSING FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3308441	LOW INCOME HOUSING	MD	ECAM	RELATED	-360	4,098		No		Yes		0.010 %
FLORIDA HOUSING TAX CREDIT FUND LTD 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1781530	LOW INCOME HOUSING	FL	ECAM	RELATED	-2,153	233,543		No		Yes		12.510 %
FLORIDA HOUSING TAX CREDIT FUND II LTD 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1969165	LOW INCOME HOUSING	FL	ECI	RELATED	-134,620	92,322		No		Yes		8.090 %
FREDDIE MAC EQUITY PLUS I-ESIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2316462	LOW INCOME HOUSING	MD	ECAM	RELATED	-403	256		No		Yes		0.010 %
FREDDIE MAC EQUITY PLUS II-ESIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 01-0728494	LOW INCOME HOUSING	MD	ECAM	RELATED	-579	2,339		No		Yes		0.010 %
THE HOUSING OUTREACH FUND VI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1995502	LOW INCOME HOUSING	DC	ECAM	RELATED	-283,347	349,251		No		Yes		100.000 %
THE HOUSING OUTREACH FUND VII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2059388	LOW INCOME HOUSING	DC	ECAM	RELATED	-2,519,184	1,058,932		No		Yes		100.000 %
THE HOUSING OUTREACH FUND VIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2186795	LOW INCOME HOUSING	DC	ECAM	RELATED	-4,317,389	1,379,296		No		Yes		100.000 %
THE HOUSING OUTREACH FUND IX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282441	LOW INCOME HOUSING	DC	ECAM	RELATED	-324	374		No		Yes		0.010 %
THE HOUSING OUTREACH FUND X LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0276712	LOW INCOME HOUSING	DC	ECAM	RELATED	-521	2,599		No		Yes		0.010 %
THE HOUSING OUTREACH FUND XI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1413560	LOW INCOME HOUSING	DC	ECAM	RELATED	-441	2,732		No		Yes		0.010 %
THE HOUSING OUTREACH FUND XII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270454	LOW INCOME HOUSING	DC	ECAM	RELATED	-413	4,333		No		Yes		0.010 %
THE HOUSING OUTREACH FUND XIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270497	LOW INCOME HOUSING	DC	ECAM	RELATED	-353	2,781		No		Yes		0.010 %
M&T BANK AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2064052	LOW INCOME HOUSING	DE	ECAM	RELATED	-4,253	2,605		No		Yes		0.010 %

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							Yes	No		Yes	No	
M&T BANK AFFORDABLE HOUSING FUND II LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1528572	LOW INCOME HOUSING	DE	ECAM	RELATED	-294	3,299		No		Yes		0.010 %
MARYLAND HOUSING EQUITY FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1854655	LOW INCOME HOUSING	MD	ECI	RELATED	-14,449	4,786		No		Yes		15.530 %
NATIVE AMERICAN HOUSING FUND I LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 02-0535639	LOW INCOME HOUSING	DC	ECAM	RELATED	-84			No		Yes		
NATIVE AMERICAN HOUSING FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0302735	LOW INCOME HOUSING	DC	ECAM	RELATED	-86	617		No		Yes		0.050 %
PRUDENTIAL HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2003113	LOW INCOME HOUSING	DE	ECAM	RELATED	-218	152		No		Yes		0.100 %
US AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 60-0001701	LOW INCOME HOUSING	DE	ECAM	RELATED	2,836	1,246		No		Yes		0.010 %
WAMU AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2102708	LOW INCOME HOUSING	DE	ECAM	RELATED	7,272	918		No		Yes		0.010 %
IBERIABANK AFFORDABLE HOUSING FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 32-2460340	LOW INCOME HOUSING	MD	ECAM	RELATED	-67	974		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XIX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-4326201	LOW INCOME HOUSING	MD	ECAM	RELATED	-740	7,251		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2146836	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,475	15,072		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XXI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-1733217	LOW INCOME HOUSING	MD	ECAM	RELATED	-408	6,264		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XXII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-2684029	LOW INCOME HOUSING	MD	ECAM	RELATED	-607	7,830		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XXIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2452040	LOW INCOME HOUSING	MD	ECAM	RELATED	-694	9,983		No		Yes		0.010 %
481 ENTERPRISE AFFORDABLE HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1445201	LOW INCOME HOUSING	MD	ECAM	RELATED	-856	10,838		No		Yes		0.010 %
481 ENTERPRISE AFFORDABLE HOUSING FUND II LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0865768	LOW INCOME HOUSING	MD	ECAM	RELATED	-765	7,355		No		Yes		0.010 %

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							Yes	No		Yes	No	
481 ENTERPRISE AFFORDABLE HOUSING FUND III LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 37-1753892	LOW INCOME HOUSING	MD	ECAM	RELATED	-650	9,780		No		Yes		0.010 %
AMERICAN EXPRESS - UTAH EQUITY FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2041772	LOW INCOME HOUSING	DE	ECAM	RELATED	-15,357	22,004		No		Yes		0.100 %
AMERICAN EXPRESS WEST EQUITY FUND LP 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0895254	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,603	27,050		No		Yes		1.000 %
ATLANTA HOUSING EQUITY FUND II LP 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1969157	LOW INCOME HOUSING	GA	ECAM	RELATED	-43,446	42,362		No		Yes		12.090 %
BANK OF AMERICA HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1932672	LOW INCOME HOUSING	MD	ECAM	RELATED	61,291	26		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND I LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1826758	LOW INCOME HOUSING	MD	ECAM	RELATED	-657	220		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1907935	LOW INCOME HOUSING	MD	ECAM	RELATED	-279	70		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2100730	LOW INCOME HOUSING	MD	ECAM	RELATED	-713	109		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIIA LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2193746	LOW INCOME HOUSING	MD	ECI	RELATED	-80	9		No		Yes		0.500 %
BANC OF AMERICA HOUSING FUND IIIB LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2209525	LOW INCOME HOUSING	MD	ECI	RELATED	-85	50		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2209526	LOW INCOME HOUSING	MD	ECI	RELATED	-61	40		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIID LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2212426	LOW INCOME HOUSING	MD	ECI	RELATED	1,410	60		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIIF LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2212431	LOW INCOME HOUSING	MD	ECI	RELATED	1,355	70		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIIG LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2286685	LOW INCOME HOUSING	MD	ECI	RELATED	820	260		No		Yes		0.010 %
BANC OF AMERICA HOUSING FUND IIIH LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2286686	LOW INCOME HOUSING	MD	ECI	RELATED	-97	151		No		Yes		0.010 %

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							Yes	No		Yes	No	
THE BANC OF AMERICA HOUSING FUND IV LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282447	LOW INCOME HOUSING	MD	ECI	RELATED	-667	1,863		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND IVA LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 04-3631847	LOW INCOME HOUSING	MD	ECI	RELATED	-273	6,262		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND IVB LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 01-0649967	LOW INCOME HOUSING	MD	ECI	RELATED	-60	215		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND V LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282701	LOW INCOME HOUSING	MD	ECAM	RELATED	-95	710		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND VI LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1975415	LOW INCOME HOUSING	MD	ECAM	RELATED	-749	4,756		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND VII LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-5583537	LOW INCOME HOUSING	MD	ECAM	RELATED	-294	1,916		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND VIII LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-0336462	LOW INCOME HOUSING	MD	ECAM	RELATED	-277	2,222		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND IX LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-2404936	LOW INCOME HOUSING	MD	ECAM	RELATED	-635	8,289		No		Yes		0.010 %
THE BANC OF AMERICA HOUSING FUND X PARTNERSHIP LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 90-0999696	LOW INCOME HOUSING	MD	ECAM	RELATED	-223	14,143		No		Yes		0.010 %
COMMUNITY HOUSING ALLIANCE LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 75-3118119	LOW INCOME HOUSING	MD	ECAM	RELATED	-556	1,804		No		Yes		0.010 %
COMMUNITY HOUSING ALLIANCE II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 65-1240099	LOW INCOME HOUSING	MD	ECAM	RELATED	-584	5,050		No		Yes		0.010 %
COMMUNITY HOUSING ALLIANCE III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4238319	LOW INCOME HOUSING	MD	ECAM	RELATED	-851	7,678		No		Yes		0.010 %
JP MORGAN CHASE AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2138751	LOW INCOME HOUSING	MD	ECAM	RELATED	-486	193		No		Yes		0.010 %
ESIC CITIGROUP CCDE INVESTMENT FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2362647	LOW INCOME HOUSING	MD	ECAM	RELATED	-103	77		No		Yes		0.010 %
CORPORATE HOUSING INITIATIVES LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1714746	LOW INCOME HOUSING	MD	ECI	RELATED	-38,699	226,368		No		Yes		27.760 %

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							Yes	No		Yes	No	
CORPORATE HOUSING INITIATIVES II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1854657	LOW INCOME HOUSING	MD	ECI	RELATED	374,928	579,551	Yes			Yes		23.360 %
CORPORATE HOUSING INITIATIVES III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2059385	LOW INCOME HOUSING	MD	ECI	RELATED	-1,251,692	1,164,113		No		Yes		46.890 %
DELAWARE EQUITY FUND FOR HOUSING LP I 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1859433	LOW INCOME HOUSING	DE	ECAM	RELATED	77,242		Yes			Yes		
ENTERPRISE CALIFORNIA GREEN COMMUNITIES LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3246728	LOW INCOME HOUSING	MD	ECAM	RELATED	-333	1,969		No		Yes		0.010 %
ENTERPRISE COMMUNITY OPPORTUNITY FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-0472729	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,049	16,684		No		Yes		0.010 %
EMPIRE GARDEN AND STATE EQUITY FUND 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1821222	LOW INCOME HOUSING	MD	ECAM	RELATED	-380	1,594		No		Yes		0.010 %
ENTERPRISE HOUSING ALLIANCE FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270372	LOW INCOME HOUSING	MD	ECAM	RELATED	-570	3,466		No		Yes		0.010 %
ENTERPRISE HOUSING ALLIANCE FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4670450	LOW INCOME HOUSING	MD	ECAM	RELATED	-796	8,073		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS 1992 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-6538578	LOW INCOME HOUSING	MD	ECAM	RELATED	-50	560		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS 1994 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1910361	LOW INCOME HOUSING	MD	ECAM	RELATED	-18,839	72,977		No		Yes		9.710 %
ENTERPRISE HOUSING PARTNERS 1995 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1952868	LOW INCOME HOUSING	MD	ECAM	RELATED	104,924	22,933	Yes			Yes		7.810 %
ENTERPRISE HOUSING PARTNERS III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1788574	LOW INCOME HOUSING	MD	ECAM	RELATED	-52,329	70,947	Yes			Yes		1.000 %
ENTERPRISE HOUSING PARTNERS III SERIES II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0405235	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,079	6,384		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS VII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1995500	LOW INCOME HOUSING	MD	ECI	RELATED	-945,141	208,927		No		Yes		10.090 %
ENTERPRISE HOUSING PARTNERS VIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2138749	LOW INCOME HOUSING	MD	ECAM	RELATED	-363	80		No		Yes		0.010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ENTERPRISE HOUSING PARTNERS IX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282444	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,686	1,510		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS X LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 03-0386841	LOW INCOME HOUSING	MD	ECAM	RELATED	-795	1,253		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 59-3763774	LOW INCOME HOUSING	MD	ECAM	RELATED	7,557	2,583		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1004093	LOW INCOME HOUSING	MD	ECAM	RELATED	-607	7,830		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-2675276	LOW INCOME HOUSING	MD	ECAM	RELATED	-635	4,632		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XIV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4670098	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,327	9,350		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3152647	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,045	10,544		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XV INVESTOR LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707086	LOW INCOME HOUSING	MD	ECAM	RELATED	-965	9,693		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XXIV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 46-2915500	LOW INCOME HOUSING	MD	ECAM	RELATED	-871	12,038		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS XXV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3913092	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,120	22,800		No		Yes		0.010 %
ENTERPRISE HOUSING OPPORTUNITY FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-4024947	LOW INCOME HOUSING	MD	ECAM	RELATED	-307	3,562		No		Yes		0.010 %
ENTERPRISE MULTI-STATE LIHTC FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-2714779	LOW INCOME HOUSING	MD	ECAM	RELATED	-472	10,596		No		Yes		0.010 %
ENTREPRISE HOUSING CALGREEN FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0702801	LOW INCOME HOUSING	MD	ECAM	RELATED	-689	8,349		No		Yes		0.010 %
CALIFORNIA COMMUNITY HOUSING FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2440376	LOW INCOME HOUSING	MD	ECAM	RELATED	-144	2,153		No		Yes		0.010 %
ENTERPRISE KEY HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2465349	LOW INCOME HOUSING	MD	ECAM	RELATED	-2	1,716		No		Yes		0.010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ENTERPRISE GREEN COMMUNITIES WEST LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-4326163	LOW INCOME HOUSING	MD	ECAM	RELATED	-3	367		No		Yes		0.010 %
ENTERPRISE GREEN COMMUNITIES WEST II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2146723	LOW INCOME HOUSING	MD	ECAM	RELATED	-442	4,099		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS CALGREEN II FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0839276	LOW INCOME HOUSING	MD	ECAM	RELATED	-356	4,044		No		Yes		0.010 %
BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC ING CENTER SUITE 300 1360 E 9TH STR CLEVELAND, OH 44114 26-2916887	AFF HOUSING	OH	EOWN	RELATED	4,715,591	120,424,639		No		Yes		58.230 %
ENTERPRISE FIRST NIAGARA AFFORDABLE HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3923041	LOW INCOME HOUSING	MD	ECAM	RELATED	-102	2,426		No		Yes		0.010 %
ENTERPRISE WF EQUITY FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2514024	LOW INCOME HOUSING	MD	ECAM	RELATED	-291	3,259		No		Yes		0.010 %
SUNTRUST ENTERPRISE PARTNERS FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3940720	LOW INCOME HOUSING	MD	ECAM	RELATED	-31	702		No		Yes		0.010 %
HOUSING THE NATION 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2051087	LOW INCOME HOUSING	MD	ECI	RELATED	-110,987	332,005		No			No	50.000 %
ENTERPRISE HOUSING PARTNERS XXVI 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0853211	LOW INCOME HOUSING	MD	ECAM	RELATED	-32	15,315		No		Yes		0.010 %
ENTERPRISE HOUSING PARTNERS CALGREEN III FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 61-1757440	LOW INCOME HOUSING	MD	ECAM	RELATED	-9	4,163		No		Yes		0.010 %
CHASE NMTC LOS ANGELES YWCA LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1211209	NEW MARKETS TAX CREDIT DEVELOPMENT	MD	ECI	RELATED		3,066		No		Yes		0.010 %
CHASE NMTC AHS INVESTMENT FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-3915998	NEW MARKETS TAX CREDIT DEVELOPMENT	MD	ECI	RELATED	-4	814		No		Yes		0.010 %
CHASE NMTC FHSCD INVESTMENT FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0886870	NEW MARKETS TAX CREDIT DEVELOPMENT	MD	ECI	RELATED	-4	700		No		Yes		0.010 %
CHASE NMTC SA QUICY INVESTMENT FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2792075	NEW MARKETS TAX CREDIT DEVELOPMENT	MD	ECI	RELATED		2,299		No		Yes		0.010 %
CHASE NMTC FHCW INVESTMENT FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2485015	NEW MARKETS TAX CREDIT DEVELOPMENT	MD	ECI	RELATED	-3	610		No		Yes		0.010 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ENTERPRISE OWNERSHIP INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-5572028	INVESTMENTS IN LIHTC HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	1,531,013	103,404,314	100 000 %		No
(1) ENTERPRISE HOMES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1456419	DEVELOPMENT SERVICES	MD	ENTERPRISE OWNERSHIP INC	C	-733,614	29,001,050	100 000 %		No
(2) EMPLOYMENT OPPORTUNITIES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1962418	NEWMKTS ADVISORY	MD	ENTERPRISE COMMUNITY INVESTMENTS	C		9,540	100 000 %		No
(3) ENTERPRISE EQUITIES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1669796	BROKER / DEALER	MD	ENTERPRISE OWNERSHIP INC	C	7,700	186,664	100 000 %		No
(4) ENTERPRISE HOUSING INITIATIVE OF NY INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1751213	INVESTMENTS IN LIHTC HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-3,718	381,136	100 000 %		No
(5) EAM ASSOCIATES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2332045	AFF HOUSING	MD	ECAM	C	-1,128	160,366	100 000 %		No
(6) ENTERPRISE COMMUNITY HOUSING ORGANIZATION INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1440653	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	770,130	7,994,082	100 000 %		No
ENTERPRISE COMMUNITY ASSET (7) MANAGEMENT INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 90-0863384	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	-566,831	28,023,255	100 000 %		No
(8) ENTERPRISE MORTGAGE HOLDING INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0830074	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	1,197,145	-2,963,190	100 000 %		No
ENTERPRISE GRATZ ST HOUSING (9) CORP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1770274	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	-1,140	16,027	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) 481 ENTERPRISE AFFORDABLE HOUSING FUND II LLLP	D	196,000	COST
(1) THE BANC OF AMERICA HOUSING FUND X LIMITED PARTNERSHIP LLLP	D	2,724,828	COST
(2) ENTERPRISE COMMUNITY OPPORTUNITY FUND LLLP	D	3,164,635	COST
(3) ENTERPRISE HOUSING PARTNERS XXII LIMITED PARTNERSHIP	D	259,795	COST
(4) IBERIABANK AFFORDABLE HOUSING FUND LLLP	D	233,772	COST
(5) WINCOPIN CIRCLE LLLP	D	5,590,327	COST
(6) ENTERPRISE COMMUNITY PARTNERS	L	4,120,946	COST
(7) ENTERPRISE COMMUNITY LOAN FUND INC	E	17,000,000	COST
(8) ENTERPRISE COMMUNITY PARTNERS	M	6,313,946	COST
(9) ENTERPRISE COMMUNITY PARTNERS	B	3,400,000	COST