

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
ENTERPRISE COMMUNITY INVESTMENT INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
11000 BROKEN LAND PARKWAY NO 700

City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MD 21044

D Employer identification number
52-1206840

E Telephone number
(410) 772-2787

G Gross receipts \$ 60,064,973

F Name and address of principal officer
SALLY HEBNER
11000 BROKEN LAND PARKWAY NO 700
COLUMBIA, MD 21044

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW ENTERPRISECOMMUNITY ORG/

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1981

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH AFFORDABLE HOUSING IN DIVERSE, THRIVING COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	221
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	9,307,049
9 Program service revenue (Part VIII, line 2g)	33,895,412	33,108,944
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	218,061	135,667
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,745,670	17,513,313
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,859,143	60,064,973
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,400,000	9,430,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,142,634	30,762,448
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,262,370	24,523,009
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,805,004	64,715,457
19 Revenue less expenses Subtract line 18 from line 12	-1,945,861	-4,650,484

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	131,842,005	139,933,196
21 Total liabilities (Part X, line 26)	19,519,245	24,678,896
22 Net assets or fund balances Subtract line 21 from line 20	112,322,760	115,254,300

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2017-11-15
SALLY HEBNER SVP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2017-11-15
Check 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 Phone no: (404) 220-1500
ATLANTA, GA 30303

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 \$ 61,575,867 including grants of \$ 9,430,000) (Revenue \$ 33,108,944)
See Additional Data















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 ▶ 61,575,867

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>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
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>	3	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>	4	
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>	5	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> 	6	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> 	7	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> 	8	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> 	9	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> 	10	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> 	11a	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> 	11b	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> 	11c	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> 	11d	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> 	11e	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> 	11f	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> 	12a	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> 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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)	17	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>	18	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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		
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>		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	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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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); 7b 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: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MD, CA); 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: [] Own website, [] Another's website, [X] Upon request, [] 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 (SALLY HEBNER, 11000 BROKEN LAND PARKWAY NO 700, COLUMBIA, MD 21044 (410) 772-2683)

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	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		9,704,391	625,497
				2,043,000

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 ▶ 91

	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>	3 Yes	
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>	4 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>	5	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	TAX AND AUDITING	2,228,955
GALLAGHER EVELIUS & JONES LLP 218 N CHARLES ST SUITE 400 BALTIMORE, MD 21201	LEGAL	2,052,065
GTG CONSULTANTS 350 W ONTARIO ST SUITE 5 WEST CHICAGO, IL 60654	CONSTRUCTION CONSULTANTS	869,586
BOCARSLY EMDEN COWAN ESMail & ARNDT L 7700 OLD GEORGETOWN ROAD SUITE 600 BETHESDA, MD 20814	LEGAL	535,000
DLA PIPER RUDNICK GRAY CARY 6225 SMITH AVE BALTIMORE, MD 21209	LEGAL	504,646

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 ▶ 16

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	9,307,049				
	g Noncash contributions included in lines 1a-1f \$		9,307,049				
	h Total. Add lines 1a-1f		9,307,049				
Program Service Revenue			Business Code				
	2a LOW INCOME HOUSING REVENUE		531390	33,108,944	33,108,944		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		33,108,944					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			135,667		135,667	
	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		566100	17,513,313			17,513,313	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			17,513,313				
12 Total revenue. See Instructions			60,064,973	33,108,944	0	17,648,980	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,430,000	9,430,000		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,209,358	2,867,334	342,024	
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.	21,796,224	19,457,576	2,338,648	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,927,838	1,721,168	206,670	
9 Other employee benefits.	2,219,307	1,981,391	237,916	
10 Payroll taxes.	1,609,721	1,437,154	172,567	
11 Fees for services (non-employees)				
a Management.				
b Legal.	216,394	216,394		
c Accounting.	589,783	484,336	105,447	
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).	3,622,246	1,772,740	1,849,506	
12 Advertising and promotion.	2,128,742	2,106,847	21,895	
13 Office expenses.	2,086,284	2,036,474	49,810	
14 Information technology.	2,614,199	2,821	2,611,378	
15 Royalties.	2,592,097	2,592,097		
16 Occupancy.	1,509,318	1,255,237	254,081	
17 Travel.	787,361	734,926	52,435	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	174,007	144,024	29,983	
20 Interest.	773,695	773,695		
21 Payments to affiliates.	103,476	103,476		
22 Depreciation, depletion, and amortization.	2,064,306	1,992,340	71,966	
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 IMPAIRMENT OF INVESTMEN	8,081,001	8,081,001		
b ACQ EXPENSES	2,226,166	2,226,166		
c EQUITY IN PARTNERSHIP L	311,293	267,424	43,869	
d INCOME TAX BENEFIT	-108,754	-108,754		
e All other expenses	-5,248,605		-5,248,605	
25 Total functional expenses. Add lines 1 through 24e.	64,715,457	61,575,867	3,139,590	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	42,032,434	1	33,896,928
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	43,461,497	4	41,763,723
	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	1,772,192	9	1,487,944
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	14,683,074		
	b Less accumulated depreciation	8,629,946		
	11 Investments—publicly traded securities	5,621,083	11	5,207,429
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	32,338,895	13	51,524,044
	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)	131,842,005	16	139,933,196	
Liabilities	17 Accounts payable and accrued expenses	17,956,528	17	24,189,814
	18 Grants payable		18	
	19 Deferred revenue	1,562,717	19	489,082
	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	19,519,245	26	24,678,896
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	112,322,760	27	115,254,300
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	112,322,760	33	115,254,300
	34 Total liabilities and net assets/fund balances	131,842,005	34	139,933,196

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	60,064,973
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,715,457
3	Revenue less expenses Subtract line 2 from line 1	3	-4,650,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,322,760
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	7,582,024
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,254,300

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>b 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</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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

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

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			
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	1 00 39 00	X						0	625,497	34,801
TONY SALAZAR DIRECTOR	1 00 0 00	X						0	0	0
W KIMBALL GRIFFITH DIRECTOR	1 00 0 00	X						0	0	0
CAROL J GALANTE DIRECTOR	1 00 0 00	X						0	0	0
BARRY LIBERT DIRECTOR	1 00 0 00	X						0	0	0
CHARLES WERHANE PRESIDENT	40 00 0 00	X		X				771,904	0	170,360
AMY DICKERSON V PRESIDENT	40 00 0 00			X				243,080	0	67,394
ARON WEISNER V PRESIDENT	40 00 0 00			X				213,479	0	65,415

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			
B SUE WILSON V PRESIDENT	40 00 0 00			X				221,852	0	67,467
BRIAN WINDLEY V PRESIDENT	40 00 0 00			X				584,371	0	65,785
BRUCE ROTHSCHILD SENIOR V PRESIDENT	40 00 0 00			X				346,195	0	91,384
CHRISTOPHER HERRMANN V PRESIDENT	40 00 0 00			X				345,009	0	81,642
CRAIG MELLENDICK OFFICER	40 00 0 00			X				460,291	0	44,286
ELAINE DIPIETRO OFFICER (ENDED 6/16)	40 00 0 00			X				189,930	0	14,314
JOHN BRANDENBURG OFFICER (ENDED 4/16)	40 00 0 00			X				97,129	0	12,892
DANIEL MAGIDSON V PRESIDENT	40 00 0 00			X				371,022	0	72,020
JEFFREY GALENTINE TREAS , V PRESIDENT	40 00 0 00			X				185,643	0	68,770
JOSEPH WESOLOWSKI SENIOR V PRESIDENT	40 00 0 00			X				392,566	0	110,251

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			
JOSEPH FUSCO V PRESIDENT	40 00 0 00			X				174,637	0	47,751
KARI DOWNES V PRESIDENT	40 00 0 00			X				308,397	0	105,329
PHILIP PORTER V PRESIDENT	40 00 0 00			X				731,904	0	66,817
RAOUL MOORE V PRESIDENT	40 00 0 00			X				424,695	0	118,686
ROBIN HYERSTAY V PRESIDENT	40 00 0 00			X				218,045	0	54,499
SALLY HEBNER V PRESIDENT	40 00 0 00			X				312,700	0	101,990
SCOTT HOEKMAN SENIOR V PRESIDENT	40 00 0 00			X				385,050	0	109,135
STEPHANIE ARNOLD V PRESIDENT	40 00 0 00			X				224,047	0	63,952
STEPHEN GIMILARO V PRESIDENT	40 00 0 00			X				211,825	0	67,668
THOMAS EASTMAN V PRESIDENT	40 00 0 00			X				515,421	0	67,318

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			
ANDREW JOHNSTON V PRESIDENT	40 00 0 00			X				291,022	0	36,100
PRADIP SITARAM SVP AND CIO - EBP	40 00 0 00					X		371,916	0	109,200
EUN SHIN V PRESIDENT, ECP	40 00 0 00					X		222,925	0	17,119
FAITH THOMAS SR VP & GEN COUNSEL, ECP	40 00 0 00					X		283,072	0	41,095
MATTHEW HOFFMAN V PRESIDENT, ECP	40 00 0 00					X		223,301	0	35,287
MARY JO BARRANCO V PRESIDENT, ECP	40 00 0 00					X		223,301	0	34,273
STEPHEN SMITH FORMER OFFICER	40 00 0 00						X	159,662	0	0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		271,654	92,427	179,227
d Equipment		2,941,355	746,839	2,194,516
e Other		11,470,065	7,790,680	3,679,385
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,053,128

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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	-4,937,204	C
(2) BRIDGE LOANS TO UNCONSOLIDATED PARTNERSHIPS	18,907,250	C
(3) INVESTMENTS IN SUBS	37,553,998	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	51,524,044	

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Supplemental 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 EXCEEDED 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 THERE WERE NO UNCERTAIN POSITIONS THAT REQUIRED MEASUREMENT IN OR ADJUSTMENT TO OUR CONSOLIDATED FINANCIAL STATEMENTS.

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: ENTERPRISE COMMUNITY PARTNERS INC, 52-1231931, 501(C)(3), 9,430,000, FMV, GENERAL SUPPORT.

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)

Department of the Treasury
Internal Revenue Service

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.**

2015
Open to Public Inspection

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

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> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b 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>	1b	
<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>	2	
<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> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<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>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes
<p>c 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>	4c	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>a The organization?</p>	5a	Yes
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	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>a The organization?</p>	6a	Yes
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	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>	7	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>	8	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>	9	

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
	(i) Base 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
See Additional Data	

Additional Data

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

Part III, Supplemental 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 RECIEVED PAYMENTS ARE JOHN BRANDENBURG \$424,990, CHARLES WERHANE \$88,739, CRAIG MELLENDICK \$70,049, SCOTT HOEKMAN \$69,637, JOSEPH WESOLOWSKI \$50,532, RAOUL MOORE \$48,511, BRUCE ROTHSCHILD \$46,489, PRADIP SITARAM \$31,081, SALLY HEBNER \$22,359, KARI DOWNES \$20,024, BRIAN WINDLEY \$19,950, THOMAS EASTMAN \$19,828, ROBIN HYERSTAY \$19,632, ELAINE DIPIETRO \$19,445, B SUE WILSON \$19,428, STEPHANIE ARNOLD \$18,536, PHILIP PORTER \$17,306, STEPHEN GIMILARO \$16,924, JEFFREY GALENTINE \$15,202

Part III, Supplemental Information

Return Reference	Explanation
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 III, Supplemental Information

Return Reference	Explanation
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 III, Supplemental Information

Return Reference	Explanation
PART I, LINE 6B	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 III, Supplemental Information

Return Reference	Explanation
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				
1TERRI LUDWIGDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	471,083	154,414	0	0	34,801	660,298	0
1CHARLES WERHANE PRESIDENT	(i)	442,858	328,774	272	128,962	41,398	942,264	88,739
	(ii)	0	0	0	0	0	0	0
2AMY DICKERSON V PRESIDENT	(i)	168,920	74,160	0	31,164	36,230	310,474	0
	(ii)	0	0	0	0	0	0	0
3ARON WEISNER V PRESIDENT	(i)	142,526	70,953	0	26,294	39,121	278,894	0
	(ii)	0	0	0	0	0	0	0
4B SUE WILSON V PRESIDENT	(i)	159,728	62,124	0	29,557	37,910	289,319	19,428
	(ii)	0	0	0	0	0	0	0
5BRIAN WINDLEY V PRESIDENT	(i)	152,531	431,840	0	28,140	37,645	650,156	19,950
	(ii)	0	0	0	0	0	0	0
6BRUCE ROTHSCHILD SENIOR V PRESIDENT	(i)	222,923	123,000	272	57,317	34,067	437,579	46,489
	(ii)	0	0	0	0	0	0	0
7CHRISTOPHER HERRMANN V PRESIDENT	(i)	205,000	139,737	272	37,820	43,822	426,651	0
	(ii)	0	0	0	0	0	0	0
8CRAIG MELLENDICK OFFICER	(i)	357,961	102,330	0	0	44,286	504,577	70,049
	(ii)	0	0	0	0	0	0	0
9ELAINE DIPIETRO OFFICER (ENDED 6/16)	(i)	87,168	102,762	0	0	14,314	204,244	19,445
	(ii)	0	0	0	0	0	0	0
10DANIEL MAGIDSON V PRESIDENT	(i)	152,238	218,525	259	28,086	43,934	443,042	0
	(ii)	0	0	0	0	0	0	0
11JEFFREY VALENTINE TREAS , V PRESIDENT	(i)	171,427	14,216	0	31,626	37,144	254,413	15,202
	(ii)	0	0	0	0	0	0	0
12JOSEPH WESOLOWSKI SENIOR V PRESIDENT	(i)	247,566	145,000	0	64,481	45,770	502,817	50,532
	(ii)	0	0	0	0	0	0	0
13JOSEPH FUSCO V PRESIDENT	(i)	160,139	14,226	272	29,460	18,291	222,388	0
	(ii)	0	0	0	0	0	0	0
14KARI DOWNES V PRESIDENT	(i)	196,397	112,000	0	64,481	40,848	413,726	20,024
	(ii)	0	0	0	0	0	0	0
15PHILIP PORTER V PRESIDENT	(i)	158,022	573,613	269	29,153	37,664	798,721	17,306
	(ii)	0	0	0	0	0	0	0
16RAOUL MOORE V PRESIDENT	(i)	264,695	160,000	0	71,646	47,040	543,381	48,511
	(ii)	0	0	0	0	0	0	0
17ROBIN HYERSTAY V PRESIDENT	(i)	158,875	58,900	270	29,310	25,189	272,544	19,632
	(ii)	0	0	0	0	0	0	0
18SALLY HEBNER V PRESIDENT	(i)	241,900	70,800	0	57,317	44,673	414,690	22,359
	(ii)	0	0	0	0	0	0	0
19SCOTT HOEKMAN SENIOR V PRESIDENT	(i)	238,307	146,471	272	64,481	44,654	494,185	69,637
	(ii)	0	0	0	0	0	0	0

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				
21STEPHANIE ARNOLD V PRESIDENT	(i)	159,168	64,879	0	29,469	34,483	287,999	18,536
	(ii)	0	0	0	0	0	0	0
1STEPHEN GIMILARO V PRESIDENT	(i)	154,534	57,291	0	28,510	39,158	279,493	16,924
	(ii)	0	0	0	0	0	0	0
2THOMAS EASTMAN V PRESIDENT	(i)	158,022	357,399	0	29,153	38,165	582,739	19,828
	(ii)	0	0	0	0	0	0	0
3ANDREW JOHNSTON V PRESIDENT	(i)	227,750	63,000	272	0	36,100	327,122	0
	(ii)	0	0	0	0	0	0	0
4PRADIP SITARAM SVP AND CIO - EBP	(i)	304,916	67,000	0	64,481	44,719	481,116	31,081
	(ii)	0	0	0	0	0	0	0
5EUN SHIN V PRESIDENT, ECP	(i)	189,625	33,300	0	0	17,119	240,044	0
	(ii)	0	0	0	0	0	0	0
6FAITH THOMAS SR VP & GEN COUNSEL, ECP	(i)	240,096	42,704	272	0	41,095	324,167	0
	(ii)	0	0	0	0	0	0	0
7MATTHEW HOFFMAN V PRESIDENT, ECP	(i)	189,945	33,356	0	0	35,287	258,588	0
	(ii)	0	0	0	0	0	0	0
8MARY JO BARRANCO V PRESIDENT, ECP	(i)	189,945	33,356	0	0	34,273	257,574	0
	(ii)	0	0	0	0	0	0	0
9STEPHEN SMITH FORMER OFFICER	(i)	0	159,662	0	0	0	159,662	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2016

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) OPENMATTERS LLC	SEE PART V	358,509	SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, COLUMN B	OPENMATTERS, LLC MR BARRY LIBERT, BOARD MEMBER OF ENTERPRISE COMMUNITY INVESTMENT, INC , IS THE OWNER OF OPENMATTERS, LLC, WHICH PROVIDES MANAGEMENT ADVISORY CONSULTING SERVICES TO ECI

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

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 ITS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ENTIRE BOARD IS GIVEN A COPY OF THE 990 RETURN PRIOR TO FILING THE FINANCE AND AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND OFFICER POSITIONS OF ENTERPRISE COMMUNITY INVESTMENT IS AS FOLLOWS INVESTMENT ENGAGES AN INDEPENDENT CONSULTING FIRM TO PROVIDE A COMPENSATION STUDY FOR THE CEO & OFFICER POSITIONS TO ESTABLISH A MARKET VALUE THE MARKET ANALYSIS IS REVIEWED BY THE BOARD OF TRUSTEES AND THE HR AND COMPENSATION COMMITTEE THE BOARD OF TRUSTEES DISCUSSES AND SETS THE CEO AND CFO COMPENSATION THE BOARD HR AND COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES THE CEO'S RECOMMENDATIONS FOR THE OTHER OFFICERS' COMPENSATION THIS PROCESS IS DOCUMENTED THROUGH THE BOARD MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1F	ON JULY 15, 2016, ENTERPRISE COMMUNITY INVESTMENT, INC ("ECI") BEGAN CONTROLLING ENTERPRISE HOUSING CORPORATION ("EHC"), A PREVIOUSLY UNRELATED 501(C)(3) ORGANIZATION THE EHC BOARD APPROVED AN AMENDMENT TO THEIR ARTICLES OF INCORPORATION AND BYLAWS MAKING IT A MEMBERSHIP CORPORATION AND NAMING ECI AS THE SOLE MEMBER AS SOLE MEMBER, ECI HAS THE POWER TO APPOINT THE BOARD OF DIRECTORS OF EHC PURSUANT TO THE ACCOUNTING GUIDANCE IN ASC 958 AND ASC 805, THE ASSETS AND LIABILITIES OF EHC WERE ADJUSTED TO FAIR VALUE AT THE ACQUISITION DATE (JULY 15, 2016) SIMULTANEOUSLY, EHC CHANGED ITS LEGAL NAME TO ENTERPRISE HOMES, INC , A CONTROLLED ENTITY WHICH IS REPORTED ON SCHEDULE R, PART II AS A RESULT OF THE ADJUSTMENT TO FAIR VALUE, ECI RECOGNIZED CONTRIBUTION INCOME IN THE AMOUNT OF \$9,307,049 FOR THE YEAR ENDED DECEMBER 31, 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBS 7,582,024

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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

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

See Additional Data Table

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

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 I - Identification of Disregarded Entities

(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	I T SERVICES	MD	-1,649,769	231,180	ECI
(1) ENTERPRISE HOLDINGS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332039	INVESTMENT IN LIHTC HOUSING	MD	0	112,373	ECI
(2) ENTERPRISE FUND MANAGER LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-3759868	INVESTMENT IN AFFORDABLE HOUSING	MD	-50,282	-273,038	ECAM
(3) ENTERPRISE REALTY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 02-0620992	NEW MKTS ADVISORY	MD	1,438,107	15,983,923	ECI
(4) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-1583082	INVESTMENT IN NEW MKTS TAX CREDITS	MD	-2	-8,847	ECI
(5) EHCG GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-3675104	INVESTMENT IN LIHTC HOUSING	MD	-646	7,623	ECAM
(6) EHCG II GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-0701954	INVESTMENT IN LIHTC HOUSING	MD	-368	3,472	ECAM
(7) EHCG III GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-3418797	INVESTMENT IN LIHTC HOUSING	MD	-264	7,411	ECAM
(8) EHCG IV GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-2252199	INVESTMENT IN LIHTC HOUSING	MD	-15	4,726	ECAM
(9) EHPF I GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-2759401	INVESTMENT IN LIHTC HOUSING	MD			ECAM
(10) EHP XIX GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4798827	INVESTMENT IN LIHTC HOUSING	MD	-748	6,350	ECAM
(11) EHP XX GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2146780	INVESTMENT IN LIHTC HOUSING	MD	-1,369	13,648	ECAM
(12) EHP XXI GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-1732988	INVESTMENT IN LIHTC HOUSING	MD	-406	5,814	ECAM
(13) EHP XXII GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-2683946	INVESTMENT IN LIHTC HOUSING	MD	-595	7,158	ECAM
(14) EHP XXIII GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-0718891	INVESTMENT IN LIHTC HOUSING	MD	-786	9,250	ECAM
(15) EHP XXIV GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 37-1733974	INVESTMENT IN LIHTC HOUSING	MD	-990	11,770	ECAM
(16) EHP XXV GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-3087701	INVESTMENT IN LIHTC HOUSING	MD	-1,691	23,699	ECAM
(17) EHP XXVI GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 47-2630003	INVESTMENT IN LIHTC HOUSING	MD	-834	23,504	ECAM
(18) EHP XXVII GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-1680944	INVESTMENT IN LIHTC HOUSING	MD	-25	5,873	ECAM
(19) EHP XXVIII GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-2992992	INVESTMENT IN LIHTC HOUSING	MD	-22	9,506	ECAM

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) CCHF GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-2629201	INVESTMENT IN LIHTC HOUSING	MD	-178	1,919	ECI
(1) ENTERPRISE GP LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-5585379	INVESTMENT IN LIHTC HOUSING	MD	1,367,655	0	ECAM
(2) ENTERPRISE MIDDLE MANAGER LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 27-4033363	INVESTMENT IN LIHTC HOUSING	MD	-56	582	ECI
(3) WINCOPIN CIRCLE LLLP 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2331442	INVESTMENT IN LIHTC HOUSING	MD	-28,253	108,161,888	ECHO
(4) ENTERPRISE FUND MANAGER II LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 81-3924524	INVESTMENT IN LIHTC HOUSING	MD	-1	0	ECAM
(5) FSGP INN TRANSITION LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-1760018	INVESTMENT IN LIHTC HOUSING	MD	-131,959	385	ECAM

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
(1) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1092004	FINANCING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(1) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 31-1737642	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(2) 500 AKARD STREET DALLAS, TX 75201 72-1590088	AFF HOUSING	TX	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(3) 1 WHITEHALL STREET NEW YORK, NY 10004 13-3811616	AFF HOUSING	NY	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(4) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3262997	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(5) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742031	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(6) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1742293	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(7) 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
(8) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1479114	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(9) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(10) 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2389470	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECPINC		No
(11) 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 52-1888775	AFF HOUSING	MD	501(C)(3)	LINE 11, TYPE I 509	ECI	Yes	

(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	
(1) ESIC NEW MARKETS PARTNERS LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 02-0552042	INVESTMENT IN NEW MKTS CREDITS	MD	ECI	RELATED	498	58,547		No		Yes		99.990 %
(1) ENTERPRISE HOUSING PARTNERS XVI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707012	LOW INCOME HOUSING	MD	ECAM	RELATED	-585	5,089		No		Yes		0.010 %
(2) ENTERPRISE HOUSING PARTNERS XVI INVESTOR LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707054	LOW INCOME HOUSING	MD	ECAM	RELATED	-635	5,553		No		Yes		0.010 %
(3) ENTERPRISE HOUSING PARTNERS XVII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-1848528	LOW INCOME HOUSING	MD	ECAM	RELATED	-682	6,736		No		Yes		0.010 %
(4) ENTERPRISE HOUSING PARTNERS XVIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-1848605	LOW INCOME HOUSING	MD	ECAM	RELATED	-726	6,269		No		Yes		0.010 %
(5) ENTERPRISE NEIGHBORHOOD PARTNERS FUND I LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-5112196	LOW INCOME HOUSING	DE	ECAM	RELATED	-189	1,228		No		Yes		0.010 %
(6) 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	-110	810		No		Yes		0.010 %
(7) ENTERPRISE NEIGHBORHOOD PARTNERS FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 86-1170270	LOW INCOME HOUSING	DE	ECAM	RELATED	-276	1,033		No		Yes		0.010 %
(8) ENTERPRISE NEIGHBORHOOD PARTNERS FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-5071960	LOW INCOME HOUSING	DE	ECAM	RELATED	-327	3,437		No		Yes		0.010 %
(9) ENTERPRISE NEIGHBORHOOD PARTNERS FUND IV LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-4032460	LOW INCOME HOUSING	MD	ECAM	RELATED	-824	12,454		No		Yes		0.010 %
(10) ENTERPRISE NEIGHBORHOOD PARTNERS V LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-4734359	LOW INCOME HOUSING	MD	ECAM	RELATED	-201	1,857		No		Yes		0.010 %
(11) ENTERPRISE NEIGHBORHOOD PARTNERS VI LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 37-1707544	LOW INCOME HOUSING	MD	ECAM	RELATED	-2,823	14,872		No		Yes		0.010 %
(12) ENTERPRISE NEIGHBORHOOD PARTNERS VII LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0829862	LOW INCOME HOUSING	MD	ECAM	RELATED	-427	14,439		No		Yes		0.010 %
(13) ENTERPRISE NEIGHBORHOOD IMPACT FUND I LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 32-0381276	LOW INCOME HOUSING	DE	ECAM	RELATED	-508	8,136		No		Yes		0.010 %
(14) ENTERPRISE RB FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-2457927	LOW INCOME HOUSING	DE	ECAM	RELATED	-1,715	12,795	Yes				No	0.010 %

(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	
(16) ENTERPRISE RB FUND II LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1520644	LOW INCOME HOUSING	DE	ECAM	RELATED	-2,012	19,833		No		Yes		0 010 %
(1) ENTERPRISE-UIG AFFORDABLE HOUSING FUND LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3308441	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,331	3,837		No		Yes		0 010 %
(2) FLORIDA HOUSING TAX CREDIT FUND LTD 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1781530	LOW INCOME HOUSING	FL	ECAM	RELATED	-9,279	97,590		No		Yes		12 510 %
(3) FREDDIE MAC EQUITY PLUS I-ESIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2316462	LOW INCOME HOUSING	MD	ECAM	RELATED	-280	930		No		Yes		0 010 %
(4) FREDDIE MAC EQUITY PLUS II-ESIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 01-0728494	LOW INCOME HOUSING	MD	ECAM	RELATED	-626	1,012		No		Yes		0 010 %
(5) THE HOUSING OUTREACH FUND VI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1995502	LOW INCOME HOUSING	DC	ECAM	RELATED	76,342	349,251		No		Yes		100 000 %
(6) THE HOUSING OUTREACH FUND VII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2059388	LOW INCOME HOUSING	DC	ECAM	RELATED	3,135,597	1,059,106		No		Yes		100 000 %
(7) THE HOUSING OUTREACH FUND VIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2186795	LOW INCOME HOUSING	DC	ECAM	RELATED	-2,437,045	1,491,964		No		Yes		100 000 %
(8) THE HOUSING OUTREACH FUND IX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282441	LOW INCOME HOUSING	DC	ECAM	RELATED	-1,202	4,917		No		Yes		0 010 %
(9) THE HOUSING OUTREACH FUND X LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0276712	LOW INCOME HOUSING	DC	ECAM	RELATED	-499	1,428		No		Yes		0 010 %
(10) THE HOUSING OUTREACH FUND XI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1413560	LOW INCOME HOUSING	DC	ECAM	RELATED	-516	1,744		No		Yes		0 010 %
(11) THE HOUSING OUTREACH FUND XII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270454	LOW INCOME HOUSING	DC	ECAM	RELATED	-49	3,255		No		Yes		0 010 %
(12) THE HOUSING OUTREACH FUND XIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270497	LOW INCOME HOUSING	DC	ECAM	RELATED	-331	2,087		No		Yes		0 010 %
(13) M&T BANK AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2064052	LOW INCOME HOUSING	DE	ECAM	RELATED	-4,051	2,077		No		Yes		0 010 %
(14) 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	-308	3,956		No		Yes		0 010 %

(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	
(31) MARYLAND HOUSING EQUITY FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1854655	LOW INCOME HOUSING	MD	ECI	RELATED	-16,096	5,195		No		Yes		16.530 %
(1) NATIVE AMERICAN HOUSING FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0302735	LOW INCOME HOUSING	DC	ECAM	RELATED	-80	87		No		Yes		0.050 %
(2) PRUDENTIAL HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2003113	LOW INCOME HOUSING	DE	ECAM	RELATED	19,071			No		Yes		0.100 %
(3) US AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 60-0001701	LOW INCOME HOUSING	DE	ECAM	RELATED	-424	808		No		Yes		0.010 %
(4) WAMU AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2102708	LOW INCOME HOUSING	DE	ECAM	RELATED	-409			No		Yes		0.010 %
(5) IBERIABANK AFFORDABLE HOUSING FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 32-2460340	LOW INCOME HOUSING	MD	ECAM	RELATED	-62	947		No		Yes		0.010 %
(6) ENTERPRISE HOUSING PARTNERS XIX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-4326201	LOW INCOME HOUSING	MD	ECAM	RELATED	-748	6,350		No		Yes		0.010 %
(7) ENTERPRISE HOUSING PARTNERS XX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2146836	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,369	13,648		No		Yes		0.010 %
(8) ENTERPRISE HOUSING PARTNERS XXI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-1733217	LOW INCOME HOUSING	MD	ECAM	RELATED	-406	5,814		No		Yes		0.010 %
(9) ENTERPRISE HOUSING PARTNERS XXII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-2684029	LOW INCOME HOUSING	MD	ECAM	RELATED	-595	7,158		No		Yes		0.010 %
(10) ENTERPRISE HOUSING PARTNERS XXIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2452040	LOW INCOME HOUSING	MD	ECAM	RELATED	-786	9,250		No		Yes		0.010 %
(11) 481 ENTERPRISE AFFORDABLE HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-1445201	LOW INCOME HOUSING	MD	ECAM	RELATED	-685	10,772		No		Yes		0.010 %
(12) 481 ENTERPRISE AFFORDABLE HOUSING FUND II LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0865768	LOW INCOME HOUSING	MD	ECAM	RELATED	-565	7,360		No		Yes		0.010 %
(13) 481 ENTERPRISE AFFORDABLE HOUSING FUND III LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 37-1753892	LOW INCOME HOUSING	MD	ECAM	RELATED	-343	6,806		No		Yes		0.010 %
(14) AMERICAN EXPRESS - UTAH EQUITY FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2041772	LOW INCOME HOUSING	DE	ECAM	RELATED	-18,512	212,428		No		Yes		0.100 %

(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) Disproprtionate 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	
(46) AMERICAN EXPRESS WEST EQUITY FUND LP 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0895254	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,881	2,690,250		No		Yes		1 000 %
(1) ATLANTA HOUSING EQUITY FUND II LP 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1969157	LOW INCOME HOUSING	GA	ECAM	RELATED	-13,677	41,512		No		Yes		12 540 %
(2) BANK OF AMERICA HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1932672	LOW INCOME HOUSING	MD	ECAM	RELATED	-6	238		No		Yes		0 010 %
(3) BANC OF AMERICA HOUSING FUND I LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1826758	LOW INCOME HOUSING	MD	ECAM	RELATED	1,323,894	3,622		No		Yes		0 010 %
(4) 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	501	702		No		Yes		0 010 %
(5) BANC OF AMERICA HOUSING FUND III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2100730	LOW INCOME HOUSING	MD	ECAM	RELATED	-516	276		No		Yes		0 010 %
(6) BANC OF AMERICA HOUSING FUND IIIA LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2193746	LOW INCOME HOUSING	MD	ECI	RELATED	1,927	4,445		No		Yes		0 500 %
(7) BANC OF AMERICA HOUSING FUND IIIB LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2209525	LOW INCOME HOUSING	MD	ECI	RELATED	27	10		No		Yes		0 010 %
(8) BANC OF AMERICA HOUSING FUND IIIC LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2209526	LOW INCOME HOUSING	MD	ECI	RELATED	-63	8		No		Yes		0 010 %
(9) BANC OF AMERICA HOUSING FUND IIID LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2212426	LOW INCOME HOUSING	MD	ECI	RELATED	-232	10		No		Yes		0 010 %
(10) BANC OF AMERICA HOUSING FUND IIIF LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2212431	LOW INCOME HOUSING	MD	ECI	RELATED	-94	15		No		Yes		0 010 %
(11) BANC OF AMERICA HOUSING FUND IIIG LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2286685	LOW INCOME HOUSING	MD	ECI	RELATED	-52	46		No		Yes		0 010 %
(12) BANC OF AMERICA HOUSING FUND IIIH LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2286686	LOW INCOME HOUSING	MD	ECI	RELATED	-168	22		No		Yes		0 010 %
(13) 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	-764	231		No		Yes		0 010 %
(14) 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	-268	497		No		Yes		0 010 %

(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) Disproprtionate 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	
(61) 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	-114	37		No		Yes		0.010 %
(1) 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	-78	65		No		Yes		0.010 %
(2) 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	-812	3,641		No		Yes		0.010 %
(3) 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	-263	1,629		No		Yes		0.010 %
(4) 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	-222	2,004		No		Yes		0.010 %
(5) 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	-627	7,749		No		Yes		0.010 %
(6) 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	-590	13,628		No		Yes		0.010 %
(7) COMMUNITY HOUSING ALLIANCE LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 75-3118119	LOW INCOME HOUSING	MD	ECAM	RELATED	-358	660		No		Yes		0.010 %
(8) COMMUNITY HOUSING ALLIANCE II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 65-1240099	LOW INCOME HOUSING	MD	ECAM	RELATED	-543	3,772		No		Yes		0.010 %
(9) COMMUNITY HOUSING ALLIANCE III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4238319	LOW INCOME HOUSING	MD	ECAM	RELATED	-983	5,957		No		Yes		0.010 %
(10) JP MORGAN CHASE AFFORDABLE HOUSING FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2138751	LOW INCOME HOUSING	MD	ECAM	RELATED	7,036			No		Yes		0.010 %
(11) ESIC CITIGROUP CCDE INVESTMENT FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2362647	LOW INCOME HOUSING	MD	ECAM	RELATED	-89	73		No		Yes		0.010 %
(12) CORPORATE HOUSING INITIATIVES LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1714746	LOW INCOME HOUSING	MD	ECI	RELATED	-29,418	204,398		No		Yes		27.760 %
(13) CORPORATE HOUSING INITIATIVES II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1854657	LOW INCOME HOUSING	MD	ECI	RELATED	-120,148	564,654	Yes			Yes		23.360 %
(14) CORPORATE HOUSING INITIATIVES III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2059385	LOW INCOME HOUSING	MD	ECI	RELATED	1,046,523	779,447	Yes			Yes		46.890 %

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	
(76) ENTERPRISE CALIFORNIA GREEN COMMUNITIES LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3246728	LOW INCOME HOUSING	MD	ECAM	RELATED	-346	1,600		No		Yes		0 010 %
(1) ENTERPRISE COMMUNITY OPPORTUNITY FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-0472729	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,011	21,058		No		Yes		0 010 %
(2) EMPIRE GARDEN AND STATE EQUITY FUND 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1821222	LOW INCOME HOUSING	MD	ECAM	RELATED	-280	1,096		No		Yes		0 010 %
(3) ENTERPRISE HOUSING ALLIANCE FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3270372	LOW INCOME HOUSING	MD	ECAM	RELATED	-358	660		No		Yes		0 010 %
(4) ENTERPRISE HOUSING ALLIANCE FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4670450	LOW INCOME HOUSING	MD	ECAM	RELATED	-798	6,501		No		Yes		0 010 %
(5) ENTERPRISE HOUSING PARTNERS 1992 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-6538578	LOW INCOME HOUSING	MD	ECAM	RELATED	528	58,695		No		Yes		10 950 %
(6) ENTERPRISE HOUSING PARTNERS 1994 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1910361	LOW INCOME HOUSING	MD	ECAM	RELATED	42,985			No		Yes		9 710 %
(7) ENTERPRISE HOUSING PARTNERS 1995 LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1952868	LOW INCOME HOUSING	MD	ECAM	RELATED	49,885	86,895	Yes			Yes		32 380 %
(8) ENTERPRISE HOUSING PARTNERS III LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1788574	LOW INCOME HOUSING	MD	ECAM	RELATED	-46,652	1,651	Yes			Yes		1 000 %
(9) ENTERPRISE HOUSING PARTNERS III SERIES II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-0405235	LOW INCOME HOUSING	MD	ECAM	RELATED	-990	4,596		No		Yes		0 010 %
(10) ENTERPRISE HOUSING PARTNERS VII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1995500	LOW INCOME HOUSING	MD	ECI	RELATED	-367,939	682,374		No		Yes		36 640 %
(11) ENTERPRISE HOUSING PARTNERS VIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2138749	LOW INCOME HOUSING	MD	ECAM	RELATED	-741	57		No		Yes		0 010 %
(12) ENTERPRISE HOUSING PARTNERS IX LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2282444	LOW INCOME HOUSING	MD	ECAM	RELATED	-454	179		No		Yes		0 010 %
(13) ENTERPRISE HOUSING PARTNERS X LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 03-0386841	LOW INCOME HOUSING	MD	ECAM	RELATED	-731	723		No		Yes		0 010 %
(14) ENTERPRISE HOUSING PARTNERS XI LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 59-3763774	LOW INCOME HOUSING	MD	ECAM	RELATED	-589	1,078		No		Yes		0 010 %

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							Yes	No		Yes	No	
(91) ENTERPRISE HOUSING PARTNERS XII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-1004093	LOW INCOME HOUSING	MD	ECAM	RELATED	-962	3,912		No		Yes		0 010 %
(1) ENTERPRISE HOUSING PARTNERS XIII LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-2675276	LOW INCOME HOUSING	MD	ECAM	RELATED	-600	3,329		No		Yes		0 010 %
(2) ENTERPRISE HOUSING PARTNERS XIV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-4670098	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,415	7,110		No		Yes		0 010 %
(3) ENTERPRISE HOUSING PARTNERS XV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 20-3152647	LOW INCOME HOUSING	MD	ECAM	RELATED	-973	8,645		No		Yes		0 010 %
(4) ENTERPRISE HOUSING PARTNERS XV INVESTOR LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-0707086	LOW INCOME HOUSING	MD	ECAM	RELATED	-892	7,898		No		Yes		0 010 %
(5) ENTERPRISE HOUSING PARTNERS XXIV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 46-2915500	LOW INCOME HOUSING	MD	ECAM	RELATED	699	11,770		No		Yes		0 010 %
(6) ENTERPRISE HOUSING PARTNERS XXV LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3913092	LOW INCOME HOUSING	MD	ECAM	RELATED	-1,619	23,699		No		Yes		0 010 %
(7) ENTERPRISE HOUSING OPPORTUNITY FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-4024947	LOW INCOME HOUSING	MD	ECAM	RELATED	-340	2,831		No		Yes		0 010 %
(8) ENTERPRISE MULTI-STATE LIHTC FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-2714779	LOW INCOME HOUSING	MD	ECAM	RELATED	-566	10,976		No		Yes		0 010 %
(9) ENTREPRISE HOUSING CALGREEN FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0702801	LOW INCOME HOUSING	MD	ECAM	RELATED	-646	7,622		No		Yes		0 010 %
(10) CALIFORNIA COMMUNITY HOUSING FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2440376	LOW INCOME HOUSING	MD	ECAM	RELATED	-178	1,919		No		Yes		0 010 %
(11) ENTERPRISE KEY HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2465349	LOW INCOME HOUSING	MD	ECAM	RELATED	-44	897		No		Yes		0 010 %
(12) ENTERPRISE GREEN COMMUNITIES WEST LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-4326163	LOW INCOME HOUSING	MD	ECAM	RELATED	-6	3,204		No		Yes		0 010 %
(13) ENTERPRISE GREEN COMMUNITIES WEST II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-2146723	LOW INCOME HOUSING	MD	ECAM	RELATED	-368	3,668		No		Yes		0 010 %
(14) ENTERPRISE HOUSING PARTNERS CALGREEN II FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0839276	LOW INCOME HOUSING	MD	ECAM	RELATED	-368	3,473		No		Yes		0 010 %

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							Yes	No		Yes	No	
(106) BELLWETHER ENTERPRISE REAL ESTATE CAPITAL LLC ING CENTER SUITE 300 1360 E 9TH STR CLEVELAND, OH 44114 26-2916887	AFF HOUSING	OH	EOWN	RELATED	6,133,890	141,009,062		No		Yes		58.230 %
(1) 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	2,304		No		Yes		0.010 %
(2) ENTERPRISE WF EQUITY FUND LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2514024	LOW INCOME HOUSING	MD	ECAM	RELATED	-191	3,021		No		Yes		0.010 %
(3) SUNTRUST ENTERPRISE PARTNERS FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3940720	LOW INCOME HOUSING	MD	ECAM	RELATED	-41	699		No		Yes		0.010 %
(4) HOUSING THE NATION 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2051087	LOW INCOME HOUSING	MD	N/A									
(5) ENTERPRISE HOUSING PARTNERS XXVI 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0853211	LOW INCOME HOUSING	MD	ECAM	RELATED	-834	23,504		No		Yes		0.010 %
(6) ENTERPRISE HOUSING PARTNERS CALGREEN III FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 61-1757440	LOW INCOME HOUSING	MD	ECAM	RELATED	-264	7,411		No		Yes		0.010 %
(7) ENTERPRISE AFFORDABLE HOUSING FUND I LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3984252	LOW INCOME HOUSING	MD	ECAM	RELATED	-1	4,129		No		Yes		0.010 %
(8) 481 ENTERPRISE AFFORDABLE HOUSING FUND IV LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2551595	LOW INCOME HOUSING	MD	ECAM	RELATED	-13	2,065		No		Yes		0.010 %
(9) THE BANC OF AMERICA HOUSING FUND XI LP LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 61-1794073	LOW INCOME HOUSING	MD	ECAM	RELATED	-1	1,769		No		Yes		0.010 %
(10) ENTERPRISE HOUSING PARTNERS XXVII L P 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 36-4830385	LOW INCOME HOUSING	MD	ECAM	RELATED	-25	5,873		No		Yes		0.010 %
(11) ENTERPRISE HOUSING PARTNERS XXVIII L P 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 30-0943789	LOW INCOME HOUSING	MD	ECAM	RELATED	-21,613	9,506,568		No		Yes		0.010 %
(12) THE ENTERPREISE MULTIFAMILY OPPORTUNITY FUND I LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 90-1025647	LOW INCOME HOUSING	MD	ECAM	RELATED	-56,966	1,375,687		No		Yes		0.010 %
(13) ENTERPRISE HOUSING PARTNERS CALGREEN IV FUND LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 61-1790836	LOW INCOME HOUSING	MD	ECAM	RELATED	-15	4,741		No		Yes		0.010 %
(14) AMERICAN EXPRESS-UTAH EQUITY FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 37-1824311	LOW INCOME HOUSING	MD	ECAM	RELATED	-4	6,826		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	
(121) AMERICAN EXPRESS-WEST EQUITY FUND II LP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 32-0492768	LOW INCOME HOUSING	MD	ECAM	RELATED	-7	8,079		No		Yes		0.010 %
(1) FLORIDA HOUSING TAX CREDIT FUND II LTD 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1969165	LOW INCOME HOUSING	MD	ECAM	RELATED	-115	780		No		Yes		0.010 %
(2) ENTERPRISE NEIGHBORHOOD PARTNERS VIII LLLP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 38-3989465	LOW INCOME HOUSING	MD	ECAM	RELATED	-135	8,603		No		Yes		0.010 %
(3) THE ENTERPRISE MUTIFAMILY OPPORTUNITY FUND II LLC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 61-1803597	LOW INCOME HOUSING	MD	ECAM	RELATED	-1			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	-2,665,288	-5,809,956	100 000 %	Yes	
(1) 1070 WASHINGTON MIDDLE MANAGER INC 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-5468464	INVESTMENTS IN LIHTC HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-72	-150	0 010 %		No
(2) EMPLOYMENT OPPORTUNITIES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1962418	NEW MKTS ADVISORY	MD	ENTERPRISE COMMUNITY INVESTMENTS	C		9,347	100 000 %	Yes	
(3) ENTERPRISE EQUITIES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1669796	BROKER / DEALER	MD	ENTERPRISE OWNERSHIP INC	C	6,318	187,679	100 000 %	Yes	
(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	-3,572	377,616	100 000 %	Yes	
(5) EAM ASSOCIATES INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-2332045	AFF HOUSING	MD	ECAM	C	283,988	179,103	100 000 %	Yes	
(6) ENTERPRISE COMMUNITY HOUSING ORGANIZATION INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1440653	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	-118,534	108,498,398	100 000 %	Yes	
(7) ENTERPRISE COMMUNITY ASSET MANAGEMENT INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 90-0863384	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-1,733,001	23,859,954	100 000 %	Yes	
(8) ENTERPRISE MORTGAGE HOLDING INC 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 80-0830074	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	1,551,939	130,046,336	100 000 %	Yes	
(9) ENTERPRISE GRATZ ST HOUSING CORP 11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1770274	AFF HOUSING	MD	ENTERPRISE OWNERSHIP INC	C	-46	15,998	100 000 %	Yes	
(10) ARTHUR AVENUE MIDDLE MANAGER INC 11001 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 46-5366073	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C			0 010 %		No
(11) ENTERPRISE MIDDLE MANAGER INC 11002 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-4033363	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-50,282	-273,038	0 010 %		No
(12) GRAYSLAKE MIDDLE MANAGER INC 11002 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-4023719	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-84	1,612	0 010 %		No
(13) WEST FARMS MIDDLE MANAGER INC 11002 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 45-0921316	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-99	1,736	0 010 %		No
(14) HARLEM RBI MIDDLE MANAGER INC 11002 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 90-0916246	AFF HOUSING	MD	ENTERPRISE COMMUNITY INVESTMENTS	C	-105	853	0 010 %		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 III LLLP	D	888,837	COST
(1)	AMERICAN EXPRESS WEST EQUITY FUND II LP	D	340,343	COST
(2)	ENTERPRISE HOUSING PARTNERS CALGREEN IV LP	D	159,239	COST
(3)	ENTERPRISE -FIRST NIAGARA AFFORDABLE HOUSING FUND ILLP	D	682,576	COST
(4)	ENTERPRISE NEIGHBORHOOD PARTNERS FUND VIII LP	D	525,629	COST
(5)	ENTERPRISE- UIG AFFORDABLE HOUSING FUND LLC	D	100,902	COST
(6)	WINCOPIN CIRCLE LLLP	D	15,518,860	COST
(7)	ENTERPRISE COMMUNITY LOAN FUND INC	E	17,000,000	COST
(8)	ENTERPRISE COMMUNITY PARTNERS	L	13,258,861	COST
(9)	ENTERPRISE COMMUNITY PARTNERS	M	2,260,978	COST
(10)	ENTERPRISE COMMUNITY PARTNERS	B	9,430,000	COST
(11)	ENTERPRISE COMMUNITY PARTNERS	P	4,011,170	COST
(12)	ENTERPRISE COMMUNITY PARTNERS	Q	1,760,801	COST