

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018
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
D Employer identification number: 52-1206840
E Telephone number: (410) 772-2787
F Name and address of principal officer: CHARLES WERHANE, 11000 BROKEN LAND PARKWAY NO 700, COLUMBIA, MD 21044
G Gross receipts \$ 204,432,628
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c)(4) 4947(a)(1) or 527
J Website: HTTP://WWW.ENTERPRISECOMMUNITY.ORG/
K Form of organization: Corporation
L Year of formation: 1981
M State of legal domicile: MD

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 1 Briefly describe the organization's mission... TO CREATE OPPORTUNITIES FOR LOW AND MODERATE INCOME PEOPLE...; 2-7a Summary rows; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 2019-09-16, SALLY HEBNER SVP & CFO, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2019-09-23, Check if self-employed, Firm's name DELOITTE TAX LLP, Firm's EIN 86-1065772, Firm's address 7900 TYSONS ONE PLACE STE 800, MCLEAN, VA 22102, Phone no (703) 251-1000.

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 \$ 59,706,500 including grants of \$ 7,580,000) (Revenue \$ 62,382,499)
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 ▶ 59,706,500

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 248

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.**If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country **▶** _____
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year **7d** _____

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds.
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **10a** _____

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b** _____

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders **11a** _____

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b** _____

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b** _____

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O **13a** _____

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b** _____

c Enter the amount of reserves on hand **13c** _____

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** _____

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* **14b** _____

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N **15** Yes

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O **16** No

2b	Yes	
3a	Yes	
3b	Yes	
4a		No
5a		No
5b		No
5c		
6a		No
6b		
7a		No
7b		
7c		No
7e		No
7f		No
7g		
7h		
8		No
9a		
9b		
12a		
13a		
14a		No
14b		
15	Yes	
16		No

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



Section A. Governing Body and Management

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 (17); 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: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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? a The organization's CEO, Executive Director, or top management official (Yes); b 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 (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, Upon request (checked), 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, COLUMBIA, MD 21044 (410) 772-2787.

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)	12,655,941	1,356,558	2,378,724

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 **▶ 112**

	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>	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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP 7501 WISCONSIN AVE BETHESDA, MD 208146583	TAX & AUDITING	2,330,228
GALLAGHER EVELIUS & JONES LLP 218 N CHARLES ST BALTIMORE, MD 21201	LEGAL	1,663,227
GTG CONSULTANTS PC 350 W ONTARIO ST CHICAGO, IL 60654	CONSTRUCTION CONSULTANTS	1,099,151
KEVIN HARKINS 3190 S WADSWORTH BLVD SUITE 230 LAKEWOOD, CO 80227	CONSTRUCTION CONSULTANT	554,801
BOCARSLY EMDEN COWAN & ESMAIL 7700 OLD GEORGETOWN RD BETHESDA, MD 20814	LEGAL	459,500

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 **▶ 17**

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	142,028,757		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$		142,028,757		
h Total. Add lines 1a-1f		142,028,757			

Program Service Revenue			Business Code				
	2a FEES FOR SERVICES				36,827,274	36,827,274	0
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				36,827,274			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21,372			21,372
	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	24,550,476	24,550,476			
b GAINS ON DISPOSITIONS OF			1,004,749	1,004,749			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			25,555,225				
12 Total revenue. See Instructions			204,432,628	62,382,499	0		21,372

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	7,580,000	7,580,000		
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	3,564,329	3,242,276	322,053	
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	26,794,653	24,373,636	2,421,017	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,107,042	1,916,661	190,381	
9 Other employee benefits	1,465,158	1,332,774	132,384	
10 Payroll taxes	1,325,244	1,205,502	119,742	
11 Fees for services (non-employees)				
a Management				
b Legal	101,479	84,620	16,859	
c Accounting	480,941	58,145	422,796	
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)	3,490,757	3,195,645	295,112	
12 Advertising and promotion	2,245,651	2,243,669	1,982	
13 Office expenses	2,688,083	2,456,292	231,791	
14 Information technology	713,443	708,397	5,046	
15 Royalties	3,103,575	3,103,575		
16 Occupancy	1,655,886	1,573,321	82,565	
17 Travel	807,653	712,527	95,126	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	143,184	140,410	2,774	
20 Interest	286,780	286,780		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,250,310	2,226,927	23,383	
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 ACQ FEES	2,625,308	2,625,308		
b SERVICES FROM AFFILIATE	930,063	624,996	305,067	
c MISC	83,237	15,039	68,198	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	64,442,776	59,706,500	4,736,276	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	6,492,501	1	23,938,865
	2 Savings and temporary cash investments		2	236,519
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	44,355,564	4	65,439,317
	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	1,575,788	9	1,327,308
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	17,563,219		
	b Less accumulated depreciation	12,002,967	10c	5,560,252
	11 Investments—publicly traded securities	5,644,082	11	5,888,688
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	93,075,709	13	193,568,027
	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)	157,517,839	16	295,958,976	
Liabilities	17 Accounts payable and accrued expenses	19,963,412	17	20,858,438
	18 Grants payable		18	
	19 Deferred revenue	4,448,771	19	4,015,308
	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	24,412,183	26	24,873,746
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	133,105,656	27	251,705,215
	28 Temporarily restricted net assets		28	19,380,015
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	133,105,656	33	271,085,230	
34 Total liabilities and net assets/fund balances	157,517,839	34	295,958,976	

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	204,432,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,442,776
3	Revenue less expenses Subtract line 2 from line 1	3	139,989,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,105,656
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	-2,010,278
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,085,230

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1206840

Name: ENTERPRISE COMMUNITY INVESTMENT INC

Form 990 (2018)

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			
ALICE CARR DIRECTOR	1 00 0 00	X						0	0	0
ARLENE ISACCS-LOWE DIRECTOR	1 00 0 00	X						0	0	0
BARRY C CURTIS DIRECTOR	1 00 0 00	X						0	0	0
BARRY LIBERT ENDED 1118 DIRECTOR	1 00 0 00	X						0	0	0
BILL BECKMANN DIRECTOR	1 00 0 00	X						0	0	0
BRIAN P MCLAUGHLIN 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
JAMES BRODSKY 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			
JUDD S LEVY DIRECTOR	1 00 0 00	X						0	0	0
LAURA BAILEY DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL BERMAN DIRECTOR	1 00 0 00	X						0	0	0
RONALD GRZYWINSKI DIRECTOR	1 00 0 00	X						0	0	0
SAL K MIRRAN DIRECTOR	1 00 0 00	X						0	0	0
SHEKAR NARASIMHAN DIRECTOR	1 00 0 00	X						0	0	0
TERRI LUDWIG ENDED 1218 DIRECTOR	1 00 39 00	X						0	703,752	57,840
TONY M SALAZAR DIRECTOR	1 00 0 00	X						0	0	0
W KIMBALL GRIFFITH DIRECTOR	1 00 0 00	X						0	0	0
CHARLES WERHANE PRESIDENT	40 00 0 00	X		X				1,152,651	0	258,273

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			
AMY DICKERSON V PRESIDENT	40 00 0 00			X				286,529	0	71,996
ANDREW C JOHNSTON SENIOR V PRESIDENT	20 00 20 00			X				331,423	0	40,852
ANTONIETA RAMOS ASST V PRESIDENT	1 00 39 00			X				0	227,396	52,635
ARON WEISNER V PRESIDENT	40 00 0 00			X				456,002	0	66,776
BENJAMIN NICHOLS BEG 0318 V PRESIDENT	40 00 0 00			X				227,574	0	77,986
BRIAN WINDLEY V PRESIDENT	40 00 0 00			X				532,274	0	66,258
CHRISTOPHER HERRMANN V PRESIDENT	40 00 0 00			X				511,394	0	82,349
DANIEL MAGIDSON V PRESIDENT	40 00 0 00			X				375,295	0	80,508
ERIK APAHNIS BEG 0318 V PRESIDENT	40 00 0 00			X				206,096	0	67,582
EUN SHIN V PRESIDENT	1 00 39 00			X				217,994	0	15,872

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			
JEFFREY GALENTINE V PRESIDENT	40 00 0 00			X				217,540	0	61,465
JOSEPH A WESOLOWSKI SENIOR V PRESIDENT	40 00 0 00			X				613,430	0	55,659
JOSEPH FUSCO V PRESIDENT	40 00 0 00			X				240,390	0	49,866
KARI DOWNES SENIOR V PRESIDENT	40 00 0 00			X				381,388	0	180,262
KELLY SHIFLETT BEG 0118 SENIOR V PRESIDENT	40 00 0 00			X				285,397	0	106,396
LORI CHATMAN SENIOR V PRESIDENT	1 00 39 00			X				0	425,410	22,916
LORRAINE GORDON BEG 0118 V PRESIDENT	20 00 20 00			X				230,616	0	24,388
MARIAN O'CONOR ENDED 1218 ASST SECRETARY	40 00 0 00			X				209,041	0	23,379
PHILIP PORTER V PRESIDENT	40 00 0 00			X				704,662	0	74,393
PRADIP SITARAM SENIOR V PRESIDENT	40 00 0 00			X				585,257	0	53,823

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			
RAOUL MOORE ENDED 1218 SENIOR V PRESIDENT	40 00 0 00			X				609,022	0	48,064
ROBIN HYERSTAY V PRESIDENT	40 00 0 00			X				304,034	0	30,391
SALLY HEBNER SENIOR V PRESIDENT	40 00 0 00			X				521,167	0	56,473
SCOTT HOEKMAN SENIOR V PRESIDENT	40 00 0 00			X				527,841	0	56,413
STEPHANIE ARNOLD V PRESIDENT	40 00 0 00			X				254,814	0	78,581
STEPHANIE SHACK SENIOR V PRESIDENT	40 00 0 00			X				274,577	0	129,394
STEPHEN GIMILARO V PRESIDENT	40 00 0 00			X				239,204	0	69,617
SUE B WILSON V PRESIDENT	40 00 0 00			X				285,247	0	31,558
THOMAS EASTMAN V PRESIDENT	40 00 0 00			X				429,696	0	67,119
ASHIS BOSE V PRESIDENT	1 00 39 00					X		242,092	0	35,341

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			
BRYAN HOLLANDER DIRECTOR OF SYNDICATION	40 00 0 00					X		285,039	0	56,426
FAITH THOMAS V PRESIDENT	0 00 40 00					X		316,090	0	41,547
MARY JO BARRANCO V PRESIDENT	0 00 40 00					X		235,118	0	51,001
PETER DAMON MANAGING DIRECTOR	40 00 0 00					X		231,233	0	35,325
BRYAN PITTINGER FORMER OFFICER	0 00 0 00						X	135,814	0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
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.

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		950,991	234,559	716,432
d Equipment		2,650,931	1,533,650	1,117,281
e Other		13,961,297	10,234,758	3,726,539
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,560,252

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	3,148,918	C
(2) BRIDGE LOANS TO UNCONSOLIDATED PARTNERSHIPS	2,766,723	C
(3) INVESTMENTS IN SUBS	187,652,386	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	193,568,027	

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.

1. (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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>AS ENTERPRISE COMMUNITY INVESTMENT, INC ("ECI") DOES NOT CONDUCT A SEPARATE AUDIT OF ITS FINANCIAL STATEMENTS, BELOW IS THE FIN48 FOOTNOTE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDE ECI AND ITS RELATED FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS "WE ARE RECOGNIZED AS A 501(C)(4) SOCIAL WELFARE ORGANIZATION AND ARE EXEMPT FROM INCOME TAXES WITH RESPECT TO OUR CHARITABLE ACTIVITIES HOWEVER, WE ARE LIABLE FOR FEDERAL AND STATE INCOME TAXES WITH RESPECT TO OUR MORTGAGE, LIHTC ASSET MANAGEMENT, AND NON-TAX CREDIT AFFORDABLE HOUSING INVESTMENT FUND ACTIVITIES AND, AS SUCH, RECOGNIZE CURRENT TAX EXPENSE FOR THE AMOUNT OF INCOME TAXES THAT ARE PAYABLE EACH YEAR AS PREVIOUSLY MENTIONED, DURING 2016, OUR DEVELOPMENT ACTIVITIES BECAME TAX-EXEMPT PRIOR TO THAT, OUR DEVELOPMENT ACTIVITIES WERE SUBJECT TO TAXATION WE USE THE ASSET AND LIABILITY METHOD TO RECORD DEFERRED INCOME TAXES UNDER THIS METHOD, ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THEIR RESPECTIVE TAX BASIS DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATE IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE WE ONLY RECOGNIZE DEFERRED TAX ASSETS TO THE EXTENT THAT IT IS MORE LIKELY THAN NOT THAT THEY WILL BE REALIZED BASED ON CONSIDERATION OF AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGIES AND OTHER FACTORS WE RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION IF THE MORE-LIKELY-THAN-NOT THRESHOLD IS MET, THE TAX POSITION IS TO BE MEASURED AT THE LARGEST AMOUNT OF THE BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT TAX REFORM ON DECEMBER 22, 2017, THE U S GOVERNMENT ENACTED COMPREHENSIVE TAX LEGISLATION COMMONLY REFERRED TO AS THE TAX CUTS AND JOBS ACT ("TAX ACT") THE TAX ACT MAKES NUMEROUS CHANGES TO U S CORPORATE TAXATION INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING 1) MODIFYING THE U S FEDERAL CORPORATE TAX RATE STRUCTURE FROM A GRADUATED RATE STRUCTURE WITH A TOP RATE OF 35 PERCENT TO A FLAT RATE OF 21 PERCENT, 2) ELIMINATING THE CORPORATE ALTERNATIVE MINIMUM TAX, 3) ELIMINATING, WITH CERTAIN EXCEPTIONS, THE ABILITY TO CARRYBACK NET OPERATING LOSSES (NOLS) GENERATED AFTER DECEMBER 31, 2017, AND REPLACING THE 20-YEAR CARRYFORWARD PERIOD WITH AN INDEFINITE CARRYFORWARD PERIOD FOR NOLS GENERATED AFTER DECEMBER 31, 2017, 4) LIMITING THE DEDUCTIBILITY OF NOLS GENERATED AFTER DECEMBER 31, 2017, TO 80 PERCENT OF TAXABLE INCOME, AND 5) INTRODUCING A NEW LIMITATION ON THE DEDUCTIBILITY OF INTEREST EXPENSE WE RE MEASURED OUR DEFERRED TAX ASSETS AND DEFERRED TAX LIABILITIES AS OF DECEMBER 31, 2017, TO ACCOUNT FOR THE CHANGE IN THE</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>FEDERAL CORPORATE TAX RATE THAT TOOK EFFECT IN 2018 THE REMEASUREMENT RESULTED IN AN ADJUSTMENT TO DECREASE DEFERRED TAX ASSETS, NET BY \$30,000 THE ADJUSTMENT TO DEFERRED TAX ASSETS LED TO A CORRESPONDING DECREASE IN DEFERRED TAX EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2017 UNCERTAIN TAX POSITIONS WE CONDUCT BUSINESS THROUGHOUT THE UNITED STATES AND, AS A RESULT, WE FILE INCOME TAX RETURNS IN FEDERAL AND VARIOUS STATE JURISDICTIONS ALTHOUGH THERE ARE CURRENTLY NO ONGOING EXAMINATIONS BY STATE JURISDICTIONS, THE STATUTE OF LIMITATIONS HAS NOT YET EXPIRED ON SEVERAL OF OUR TAX FILINGS WE ALSO REMAIN SUBJECT TO EXAMINATION OF ALL OF OUR FEDERAL INCOME TAX RETURNS FOR 2015 AND SUBSEQUENT YEARS WE ALSO GENERALLY REMAIN SUBJECT TO THE EXAMINATION OF OUR VARIOUS STATE INCOME TAX RETURNS FOR A PERIOD OF FOUR TO FIVE YEARS FROM THE DATE THE RETURN WAS FILED OUR MOST SIGNIFICANT STATE TAX EXPOSURE IS WITHIN MARYLAND, THE LOCATION OF OUR HEADQUARTERS THE FILING OF INCOME TAX RETURNS REQUIRES MANAGEMENT TO ASSESS AND MEASURE UNCERTAIN TAX POSITIONS UPON EXAMINATION OF TAX POSITIONS TAKEN, MANAGEMENT CONCLUDED THAT ALL POSITIONS TAKEN ON ITS TAX RETURNS EXCEED THE MORE-LIKELY-THAN-NOT THRESHOLD AND EXPECTS TO REALIZE THE BENEFIT OF ALL POSITIONS IF EXAMINED BY A TAXING AUTHORITY AS A RESULT, MANAGEMENT CONCLUDED THAT THERE WERE NO UNCERTAIN POSITIONS THAT REQUIRED MEASUREMENT IN OR ADJUSTMENT TO OUR CONSOLIDATED FINANCIAL STATEMENTS</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: ENTERPRISE COMMUNITY PARTNERS INC, 52-1231931, 501(C)(3), 7,580,000, FMV, GENERAL SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 501(C)(3) 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

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<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)			
<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>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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	Yes			
	4b	Yes			
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes			
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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
PART I, LINES 4A-B	THESE EMPLOYEES HAD ONE TIME SEVERANCE PAYMENTS BRYAN PITTINGER \$117,041 PETER DAMON \$60,470

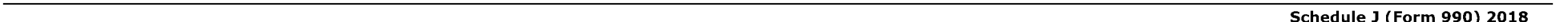
Return Reference	Explanation
PART I, LINES 4A-B	THE PLAN PROVIDES FOR EMPLOYER ANNUAL DISCRETIONARY CONTRIBUTIONS FOR EMPLOYEES THAT ARE UNDER THE AGE OF 55 OR WITH LESS THAN 5 YEARS OF SERVICE CONTRIBUTIONS TO THE PLAN VEST AFTER 3 YEARS AND UPON VESTING, THE EMPLOYER CONTRIBUTIONS ARE PAID TO THE COVERED 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 IN 2018 INCLUDED STEPHANIE ARNOLD \$28,519, KARI DOWNES \$23,270, AMY DICKERSON \$21,499, THOMAS EASTMAN \$28,513, JEFFREY GALENTINE \$17,667, STEPHEN GIMILARO \$19,668, SALLY HEBNER \$53,754, SCOTT HOEKMAN \$64,497, ROBIN HYERSTAY \$47,205, DANIEL MAGIDSON \$27,921, RAOUL MOORE \$137,409, PHILIP PORTER \$19,786, PRADIP SITARAM \$156,149, CHARLES WERHANE \$186,669, JOSEPH WESOLOWSKI \$145,187, SUE B WILSON \$49,796, BRIAN WINDLEY \$26,887, CRAIG MELLENDICK \$22,737, ARON WEISNER \$18,140

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

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

Return Reference	Explanation
PART I, LINE 6B	THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT IS PARTIALLY CALCULATED BASED ON THE NET INCOME OF RELATED ORGANIZATIONS AS WELL AS SPECIFIC QUALITATIVE GOALS MET BY THE EMPLOYEE

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				
PHILIP PORTER V PRESIDENT	(i)	155,295	529,067	20,300	42,603	31,790	779,055	19,786
	(ii)	0	0	0	0	0	0	0
PRADIP SITARAM SENIOR V PRESIDENT	(i)	316,328	110,458	158,471	20,898	32,925	639,080	156,149
	(ii)	0	0	0	0	0	0	0
RAOUL MOORE ENDED 1218 SENIOR V PRESIDENT	(i)	272,979	191,776	144,267	20,898	27,166	657,086	137,409
	(ii)	0	0	0	0	0	0	0
ROBIN HYERSTAY V PRESIDENT	(i)	185,257	69,896	48,881	19,333	11,058	334,425	47,205
	(ii)	0	0	0	0	0	0	0
SALLY HEBNER SENIOR V PRESIDENT	(i)	361,059	105,060	55,048	20,898	35,575	577,640	53,754
	(ii)	0	0	0	0	0	0	0
SCOTT HOEKMAN SENIOR V PRESIDENT	(i)	273,562	187,460	66,819	20,898	35,515	584,254	64,497
	(ii)	0	0	0	0	0	0	0
STEPHANIE ARNOLD V PRESIDENT	(i)	161,626	64,148	29,040	51,415	27,166	333,395	28,519
	(ii)	0	0	0	0	0	0	0
STEPHANIE SHACK SENIOR V PRESIDENT	(i)	248,941	24,829	807	118,336	11,058	403,971	0
	(ii)	0	0	0	0	0	0	0
STEPHEN GIMILARO V PRESIDENT	(i)	157,990	60,780	20,434	37,624	31,993	308,821	19,668
	(ii)	0	0	0	0	0	0	0
SUE B WILSON V PRESIDENT	(i)	165,137	70,890	49,220	17,850	13,708	316,805	44,796
	(ii)	0	0	0	0	0	0	0
THOMAS EASTMAN V PRESIDENT	(i)	162,460	238,210	29,026	42,603	24,516	496,815	28,513
	(ii)	0	0	0	0	0	0	0
ASHIS BOSE V PRESIDENT	(i)	208,236	31,937	1,919	17,045	18,296	277,433	0
	(ii)	0	0	0	0	0	0	0
BRYAN HOLLANDER DIRECTOR OF SYNDICATION	(i)	114,457	170,362	220	18,210	38,216	341,465	0
	(ii)	0	0	0	0	0	0	0
FAITH THOMAS V PRESIDENT	(i)	247,670	64,860	3,560	20,898	20,649	357,637	0
	(ii)	0	0	0	0	0	0	0
MARY JO BARRANCO V PRESIDENT	(i)	212,993	21,048	1,077	17,874	33,127	286,119	0
	(ii)	0	0	0	0	0	0	0
PETER DAMON MANAGING DIRECTOR	(i)	136,549	23,588	71,096	3,918	31,407	266,558	0
	(ii)	0	0	0	0	0	0	0
BRYAN PITTINGER FORMER OFFICER	(i)	0	14,280	121,534	0	0	135,814	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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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	117,012	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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number
52-1206840

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SCH O)	X	1	83,939,040	FMV
26 Other ▶ (SEE SCH O)	X	1	58,089,717	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury

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 FINANCE AND AUDIT COMMITTEE OF THE BOARD IS GIVEN A COPY OF THE DRAFT RETURN FOR REVIEW AND COMMENTS ONCE ALL COMMENTS AND QUESTIONS HAVE BEEN ADDRESSED THE COMMITTEE 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 ENTERPRISE COMMUNITY INVESTMENT, INC 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 DIRECTORS AND THE HR AND COMPENSATION COMMITTEE THE BOARD OF DIRECTORS 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 XI, LINE 9	EQUITY IN EARNINGS OF SUBS 1,819,276 LESS NON-CONTROLLING INTEREST -3,829,554

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE M, PART I, LINE 25	<p>ACQUISITION OF CPDC ON JANUARY 1, 2018, WE OBTAINED CONTROL OF COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION AND SUBSIDIARIES, NAMELY COMMUNITY HOUSING, INC ("CHI") (COLLECTIVELY, "CPDC") COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION AND CHI ARE BOTH 501(C)(3) NOT-FOR-PROFIT ORGANIZATIONS AS OF THE ACQUISITION DATE, CPDC CONTROLLED SEVEN OPERATING AFFORDABLE HOUSING PROPERTIES AND SEVEN AFFORDABLE HOUSING PROPERTIES IN THE PREDEVELOPMENT STAGE WE OBTAINED CONTROL OF CPDC AS A RESULT OF AMENDMENTS MADE TO CPDC'S GOVERNANCE DOCUMENTS WHICH PROVIDED US WITH CONTROL OF THE APPOINTMENT OF CPDC'S BOARD OF DIRECTORS</p> <p>CPDC IS AN AFFORDABLE HOUSING DEVELOPER HEADQUARTERED IN MARYLAND, AND IT HOLDS INTERESTS IN AFFORDABLE HOUSING PROJECTS IN WASHINGTON, D C, MARYLAND AND VIRGINIA CPDC SPECIALIZES IN THE ACQUISITION, REDEVELOPMENT, AND OPERATION OF AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES IN ADDITION, CPDC PROVIDES COMPREHENSIVE RESIDENT SERVICES TO THE RESIDENTS OF CERTAIN OF ITS DEVELOPMENTS AIMED PRIMARILY AT YOUTH AND SENIORS WE ACCOUNTED FOR THIS TRANSACTION IN ACCORDANCE WITH BUSINESS COMBINATIONS GUIDANCE AS THERE WAS NO CONSIDERATION PAID BY US WHEN CONTROL WAS OBTAINED, AND THE FAIR VALUE OF ASSETS ACQUIRED EXCEEDED THE FAIR VALUE OF LIABILITIES ACQUIRED, CONTRIBUTION INCOME WAS RECOGNIZED UPON ACQUISITION (AMOUNTS IN THOUSANDS) CASH AND CASH EQUIVALENTS 4,303 RESTRICTED CASH AND CASH EQUIVALENTS 13,211 ACCOUNTS AND OTHER RECEIVABLES 5,841 INVESTMENTS IN UNCONSOLIDATED PARTNERSHIPS 25,746 INTANGIBLE ASSETS 10,352 PREPAID EXPENSES AND OTHER ASSETS 1,040 LOANS RECEIVABLE 16,056 PROPERTY AND EQUIPMENT 68,153 ACCOUNTS PAYABLE AND ACCRUED EXPENSES (4,860) FUNDS HELD FOR OTHERS (456) LOANS AND NOTES PAYABLE (55,430) DEFERRED REVENUE (17)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE M, PART I, LINE 26	<p>ACQUISITION OF ENTERPRISE COMMUNITY LOAN FUND ON APRIL 1, 2018, WE OBTAINED CONTROL OF ENTERPRISE COMMUNITY LOAN FUND, INC ("LOAN FUND"), A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION THAT WAS PREVIOUSLY A DIRECT AFFILIATE OF PARTNERS WE OBTAINED CONTROL AS A RESULT OF AMENDMENTS TO LOAN FUND'S GOVERNANCE DOCUMENTS WHICH PROVIDED US WITH CONTROL OF THE APPOINTMENT OF LOAN FUND'S BOARD OF DIRECTORS ADDITIONALLY, LOAN FUND FILED IRS FORM 8940 WHICH ALERTED THE IRS OF A CHANGE IN LOAN FUND'S PUBLIC CHARITY STATUS LOAN FUND'S MISSION IS TO DELIVER INNOVATIVE FINANCIAL PRODUCTS AND TECHNICAL ASSISTANCE TO MISSION-ALIGNED ORGANIZATIONS TO ACQUIRE, DEVELOP, AND PRESERVE QUALITY AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME FAMILIES, AND TO REVITALIZE THEIR COMMUNITIES BY PROVIDING ACCESS TO GOOD JOBS, QUALITY AFFORDABLE HOUSING, FIRST-RATE SCHOOLS, TRANSPORTATION, AND HEALTHY LIVING ENVIRONMENTS WE ACCOUNTED FOR THIS TRANSACTION IN ACCORDANCE WITH BUSINESS COMBINATIONS GUIDANCE AS CONTROL OF LOAN FUND WAS OBTAINED FROM OUR PARENT, LOAN FUND'S ASSETS AND LIABILITIES WERE CONSOLIDATED INTO THESE FINANCIAL STATEMENTS AT THEIR CARRYING VALUES AS OF APRIL 1, 2018, AS OPPOSED TO THEIR FAIR VALUES BECAUSE THERE WAS NO CONSIDERATION PAID BY ENTERPRISE WHEN CONTROL WAS OBTAINED, AND THE CARRYING VALUE OF ASSETS ACQUIRED EXCEEDED THE CARRYING VALUE OF LIABILITIES ACQUIRED, CONTRIBUTION INCOME WAS RECOGNIZED UPON ACQUISITION (AMOUNTS IN THOUSANDS) CASH AND CASH EQUIVALENTS 7,892 RESTRICTED CASH AND CASH EQUIVALENTS 20,160 ACCOUNTS AND OTHER RECEIVABLES, NET 8,604 INVESTMENTS IN UNCONSOLIDATED PARTNERSHIPS 5,337 PREPAID EXPENSES AND OTHER ASSETS 15 LOANS RECEIVABLE, NET 184,252 RESTRICTED INVESTMENTS 8,953 PROPERTY AND EQUIPMENT, NET 37 ACCOUNTS PAYABLE AND ACCRUED EXPENSES (656) FUNDS HELD FOR OTHERS (5,047) DUE TO PARENT, NET (884) LINE OF CREDIT BORROWINGS, NET 17,000 LOANS AND NOTES PAYABLE, NET (187,573)</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ENTERPRISE COMMUNITY INVESTMENT INC

Employer identification number

52-1206840

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE BUSINESS PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4154371	I T SERVICES	MD	6	299,891	ECI
(2) ENTERPRISE REALTY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 46-1163730	NEW MARKETS ADVISORY	MD	2,160,603	19,818,379	ECI
(3) ESIC COMMUNITY PARTNERS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 45-1583082	INVESTMENT IN NEW MKTS TAX CREDITS	MD	-219	9,249	ECI

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

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)	Yes	
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 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
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-0192004	FINANCING	MD	501(C)(3)	LINE 12A	ECI INC	Yes	
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 26-3262997	AFF HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
1 WHITHALL STREET NEW YORK, NY 10004 13-3811616	AFF HOUSING	NY	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 27-3846733	AFF HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 35-2389470	AFF HOUSING	MD	501(C)(3)	LINE 12A	ECP INC		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1206840	AFF HOUSING	MD	501(C)(3)	LINE 7	N/A		No
11000 BROKEN LAND PKWY SUITE 700 COLUMBIA, MD 21044 52-1888775	AFF HOUSING	MD	501(C)(3)	LINE 12A	ECI INC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1804975	R E DEVELOPMENT	MD	501(C)(3)	LINE 12	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-2274027	R E DEVELOPMENT	DC	501(C)(3)	LINE 10	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1662186	R E DEVELOPMENT	MD	501(C)(3)	LINE 10	ECI INC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1939680	R E DEVELOPMENT	DC	501(C)(3)	LINE 12A	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1985835	R E DEVELOPMENT	MD	501(C)(3)	LINE 12A	CPDC	Yes	
8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910 52-1985836	R E DEVELOPMENT	MD	501(C)(3)	LINE 12A	CPDC	Yes	

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	
(1) 481 ENTERPRISE AFFORDABLE HOUSING FUND III LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1753892	LOW INCOME HOUSING	MD	N/A									
(1) 481 ENTERPRISE AFFORDABLE HOUSING FUND I LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-1445201	LOW INCOME HOUSING	MD	N/A									
(2) 481 ENTERPRISE AFFORDABLE HOUSING FUND II LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 80-0865768	LOW INCOME HOUSING	MD	N/A									
(3) 481 ENTERPRISE AFFORDABLE HOUSING FUND IV LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 35-2551595	LOW INCOME HOUSING	MD	N/A									
(4) 481 ENTERPRISE AFFORDABLE HOUSING FUND V LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 36-4894176	LOW INCOME HOUSING	MD	N/A									
(5) AMERICAN EXPRESS - UTAH EQUITY FUND LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2041772	LOW INCOME HOUSING	DE	N/A									
(6) AMERICAN EXPRESS - WEST EQUITY FUND LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-0895254	LOW INCOME HOUSING	DE	N/A									
(7) AMERICAN EXPRESS-UTAH EQUITY FUND II LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 37-1824311	LOW INCOME HOUSING	MD	N/A									
(8) AMERICAN EXPRESS-WEST EQUITY FUND II LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 32-0492768	LOW INCOME HOUSING	MD	N/A									
(9) BANC OF AMERICA HOUSING FUND II LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1907935	LOW INCOME HOUSING	MD	N/A									
(10) BANC OF AMERICA HOUSING FUND III LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2100730	LOW INCOME HOUSING	GA	N/A									
(11) BANC OF AMERICA HOUSING FUND III B LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209525	LOW INCOME HOUSING	GA	ECI	RELATED	-49	199		No		Yes		1 000 %
(12) BANC OF AMERICA HOUSING FUND III C LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2209526	LOW INCOME HOUSING	GA	ECI	RELATED	-7	80		No		Yes		0 010 %
(13) BANC OF AMERICA HOUSING FUND III D LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2212426	LOW INCOME HOUSING	GA	ECI	RELATED	214			No		Yes		0 010 %
(14) BANC OF AMERICA HOUSING FUND III F LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2212431	LOW INCOME HOUSING	GA	ECI	RELATED	323	125		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	
(16) BANC OF AMERICA HOUSING FUND IIIIG LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286685	LOW INCOME HOUSING	GA	ECI	RELATED	-117	32		No		Yes		0.010 %
(1) BANC OF AMERICA HOUSING FUND IIIIH LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2286686	LOW INCOME HOUSING	GA	ECI	RELATED	-237	68		No		Yes		0.010 %
(2) BANC OF AMERICA HOUSING FUND IV LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2282447	LOW INCOME HOUSING	DE	N/A									
(3) BANC OF AMERICA HOUSING FUND IVA LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 04-3631847	LOW INCOME HOUSING	DE	ECI	RELATED	4,461	158		No		Yes		0.010 %
(4) BANC OF AMERICA HOUSING FUND IVB LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 01-0649967	LOW INCOME HOUSING	DE	ECI	RELATED	-13	325		No		Yes		0.010 %
(5) BANC OF AMERICA HOUSING FUND VI LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-1975415	LOW INCOME HOUSING	DE	N/A									
(6) BANC OF AMERICA HOUSING FUND VII LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-5583537	LOW INCOME HOUSING	DE	N/A									
(7) BANC OF AMERICA HOUSING FUND VIII LP LLLC 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-0336462	LOW INCOME HOUSING	MD	N/A									
(8) CALIFORNIA COMMUNITY HOUSING FUND LLLP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 27-2440376	LOW INCOME HOUSING	MD	N/A									
(9) COMMUNITY HOUSING ALLIANCE II LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 65-1240099	LOW INCOME HOUSING	MD	N/A									
(10) COMMUNITY HOUSING ALLIANCE III LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 20-4238319	LOW INCOME HOUSING	MD	N/A									
(11) COMMUNITY HOUSING ALLIANCE LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 75-3118119	LOW INCOME HOUSING	MD	N/A									
(12) CORPORATE HOUSING INITIATIVES II LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1854657	LOW INCOME HOUSING	DC	ECI	RELATED	83,194			No		Yes		1.000 %
(13) CORPORATE HOUSING INITIATIVES III LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-2059385	LOW INCOME HOUSING	DC	ECI	RELATED	-1,879	166		No		Yes		10.000 %
(14) CORPORATE HOUSING INITIATIVES LP 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044 52-1714746	LOW INCOME HOUSING	DC	ECI	RELATED	306,732			No		Yes		27.750 %

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	
(271) T & C LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1693916	R E OWNERSHIP	MD	N/A									
(1) SOUTHERN RIDGE LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1851355	R E OWNERSHIP	DC	N/A									
(2) EDGEWOOD GARDENS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2134864	R E OWNERSHIP	DC	N/A									
(3) PARK MONTGOMERY LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2257504	R E OWNERSHIP	MD	N/A									
(4) EDGEWOOD SENIORS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2331706	R E OWNERSHIP	DC	N/A									
(5) EDGEWOOD IV LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2341211	R E OWNERSHIP	DC	N/A									
(6) OXFORD MANOR LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213495	R E OWNERSHIP	DC	N/A									
(7) 1330 SEVENTH STREET LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594072	R E OWNERSHIP	DC	N/A									
(8) ISLAND WALK LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 56-2363820	R E OWNERSHIP	VA	N/A									
(9) HOWARD HILL LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966593	R E OWNERSHIP	DC	N/A									
(10) FINNSBURY SQUARE LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102	R E OWNERSHIP	DC	N/A									
(11) TRENTON PARK APARTMENTS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343499	R E OWNERSHIP	DC	N/A									
(12) FT STEVENS PLACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2007604	R E OWNERSHIP	DC	N/A									
(13) FINSBURY SQUARE 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102	R E OWNERSHIP	DC	N/A									
(14) APACHE RIDGE TOWNHOMES LP PO BOX 550 MCNARY, AZ 85930 86-0988370	LOW INCOME HOUSING	AZ	ECI	RELATED	-11,430	1,120,258		No		Yes		

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	
(286) BAKerview REDEVELOPMENT PARTNERS LLLP 208 UNITY ST BELLINGTON, WA 98225 82-0607460	LOW INCOME HOUSING	WA	N/A									
(1) COLDSRING LP 218 N CHARLES ST BALTIMORE, MD 21201 52-2116802	LOW INCOME HOUSING	MD	ECI	RELATED	-20	330		No		Yes		0 010 %
(2) BLADENSBURG LLLP 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 46-0715737	LOW INCOME HOUSING	MD	N/A									
(3) BELLEVUW DEVELOPMENT ASSOCIATES LP 224 DEXTER ST PROVIDENCE, RI 02907 05-0493384	LOW INCOME HOUSING	RI	ECI	RELATED	-62,141	1,223,100		No		Yes		99 990 %

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 COLUMBIA, MD 21044 45-5572028	LIHTC	MD	ECI	C	205,176	7,868,723	100 000 %		No
(1) EMPLOYMENT OPPORTUNITIES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1962418	NEW MKT ADVISORY	MD	EOWN	C		9,347	100 000 %		No
(2) ENTERPRISE EQUITIES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1669796	BROKERS\DEALER	MD	EOWN	C		187,349	100 000 %		No
(3) ENTERPRISE HOUSING INITIATIVES OF NY INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1751213	LIHTC	MD	EOWN	C	-3,525	397,590	100 000 %		No
(4) EAM ASSOCIATES INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-2332045	AFF HOUSING	MD	ECAM	C	-2,563	186,387	100 000 %		No
(5) ENTERPRISE COMMUNITY HOUSING ORGANIZATION 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1440653	AFF HOUSING	MD	ECAM	C	18,212	492,935	100 000 %		No
(6) ENTERPRISE COMMUNITY ASSET MANAGEMENT 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 90-0863384	AFF HOUSING	MD	EOWN	C	3,229,122	16,858,653	100 000 %		No
(7) ENTERPRISE MORTGAGE HOLDINGS 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 80-0830074	AFF HOUSING	MD	EOWN	C	9,084,422	56,780,868	100 000 %		No
(8) ENTERPRISE GRATZ 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1770274	AFF HOUSING	MD	EOWN	C		13,497	100 000 %		No
(9) ENTERPRISE GROUP INC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 52-1348268	AFF HOUSING	MD	ECP INC	C			100 000 %		No
(10) ENTERPRISE NEW ORLEANS LLC 11000 BROKEN LAND PKWY COLUMBIA, MD 21044 26-4201991	AFF HOUSING	MD	ECP INC	C	-86	4,671,019	100 000 %		No
(11) CPDC III INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333995	R E OWNERSHIP	DC	CPDC	C	-1,860	416,164	100 000 %		No
(12) CPDC IV INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2331704	R E OWNERSHIP	DC	CPDC	C	-1,865	114,762	100 000 %		No
(13) CPDC V INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-2333997	R E OWNERSHIP	DC	CPDC	C	-1,525	276,063	100 000 %		No
(14) CPDC BATES INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 02-0593843	R E OWNERSHIP	DC	CPDC	C	-1,910	2,830,940	100 000 %		No

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
(16) CPDC ISLAND WALK INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 41-2098344	R E OWNERSHIP	DC	CPDC	C	619,240	719,224	100 000 %		No
(1) CPDC 1330 7TH STREET INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 77-0594065	R E OWNERSHIP	DC	CPDC	C	271,115	852,975	100 000 %		No
(2) CPDC INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 52-1675960	R E OWNERSHIP	DC	CPDC	C	-200,633	5,946,184	100 000 %		No
(3) CPDC OXFORD MANOR INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 33-1081385	R E OWNERSHIP	MD	CPDC	C	-3,325	62,357	100 000 %		No
(4) CPDC PARKSIDE TERRACE INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-3970185	R E OWNERSHIP	DC	CPDC	C	-1,825	744	100 000 %		No
(5) CPDC WHEELER TERRACE INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-8946425	R E OWNERSHIP	DC	CPDC	C	-1,973	4,476,276	100 000 %		No
(6) CPDC MAYFAIR MANSIONS INC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 20-4762456	R E OWNERSHIP	DC	CPDC	C	-1,593	48,720	100 000 %		No
(7) CPDC ADMIRAL LLC 8403 COLESVILLE RD SUITE 1150 SILVER SPRING, MD 20910 26-3145362	R E OWNERSHIP	MD	CPDC	C	-1,631	-595	100 000 %		No
(8) MAYFAIR MANSIONS RENTAL GP LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762570	R E OWNERSHIP	DC	CPDC	C	7,412	4,981	100 000 %		No
(9) CPDC BUCKMAN ROAD LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887423	R E OWNERSHIP	VA	CPDC	C	-76	2,458	100 000 %		No
(10) CPDC HIGHLAND PARK SENIOR HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4330975	R E OWNERSHIP	VA	CPDC	C	-24	1,130	100 000 %		No
(11) CPDC ESSEX HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-1626639	R E OWNERSHIP	MD	CPDC	C	-158,912	2,040	100 000 %		No
(12) HOWARD HILL GP LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966653	R E OWNERSHIP	DC	CPDC	C	-149,938	247	100 000 %		No
(13) CPDC EDGEWOOD ONE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3623472	R E OWNERSHIP	DC	CPDC	C	-45	4,205	100 000 %		No
(14) CPDC HOLLINS HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4758923	R E OWNERSHIP	MD	CPDC	C			100 000 %		No

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
(31) HOLLINS HOUSE DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5040461	R E OWNERSHIP	MD	CPDC	C	321,060	2,206	100 000 %		No
(1) CPDC SUBURBIA FAIRFAX LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-2014315	R E OWNESHIP	VA	CPDC	C	-11	204	100 000 %		No
(2) CPDC HOWARD MANOR LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839536	R E OWNERSHIP	MD	CPDC	C	80,743	1,947	100 000 %		No
(3) CPDC FORT STEVENS PLACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2108522	R E OWNESHIP	DC	CPDC	C		1,676	100 000 %		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ENTERPRISE COMMUNITY PARTNERS	B	13,592,086	COST
(1)	ENTERPRISE COMMUNITY LOAN FUND	C	58,089,717	COMPARABLE VALUE
(2)	COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION	C	83,939,040	COMPARABLE VALUE
(3)	481 ENTERPRISE AFFORDABLE HOUSING FUND IV	D	1,123,321	COST
(4)	ENTERPRISE AFFORDABLE HOUSING FUND I	D	75,000	COST
(5)	ENTERPRISE CALIFORNIA OPPORTUNITY FUND	D	1,567,485	COST
(6)	ENTERPRISE HOUSING PARTNERS XXIX	D	1,062,444	COST
(7)	ENTERPRISE HOUSING PARTNERS XXVI	D	190,659	COST
(8)	ENTERPRISE HOUSING PARTNERS XXX	D	791,232	COST
(9)	HERITAGE BANK FUND I	D	512,295	COST
(10)	ENTERPRISE COMMUNITY LOAN FUND	E	17,000,000	COST
(11)	ENTERPRISE COMMUNITY PARTNERS	L	13,395,455	COST
(12)	ENTERPRISE COMMUNITY PARTNERS	M	2,377,823	COST
(13)	ENTERPRISE COMMUNITY PARTNERS	P	1,351,910	COST
(14)	ENTERPRISE COMMUNITY PARTNERS	Q	1,684,579	COST